Performance

Report

**1800 951 822**

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| Name of service: | Cabanda Aged Care |
| Service address: | 59 John Street ROSEWOOD QLD 4340 |
| Commission ID: | 5023 |
| Approved provider: | Cabanda Care Inc. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 October 2022 to 28 October 2022 |
| Performance report date: | 22 November 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Cabanda Aged Care (**the service**) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 17 November 2022
* the provider’s response to the request for information sent 14 October 2022 and received 20 October 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| Standard 7 Human resources | **Non-compliant** |
| Standard 8 Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Consumers are to receive clinical and personal care that is safe and right for them.
* Consumers are to receive quality care and services when they need them from staff who are knowledgeable, capable and caring.
* The organisations’ governing body is accountable for the delivery of safe and quality care and services.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. | Non-compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |

Findings

The management of high impact risks to consumers was not effective. Timely identification, effective assessment, management and evaluation of consumers’ wounds, pain and behaviour management was not occurring. Reviewed care documentation did not support wound care plans were in place, wounds were consistently monitored by staff and reviewed by the consumer’s treating medical officers. Consumers’ pain was not monitored, reviewed and the effectiveness of medication was not evaluated. Consumers’ responsive behaviours were not effectively managed.

For one named consumer who had three wounds, including an unstageable pressure injury to their right heel (sustained in hospital), a surgical incision and a chronic wound to their left great toe. There was a lack of documentation to support the medical officer reviewed the pressure injury or specialist wound services were contacted to review the wound. There was a lack of wound care planning to guide staff practice and a lack of monitoring of the wound’s progress towards healing through photographs or measurements. Progress notes completed by a Podiatrist 06 September 2022 identified bone was visible through an ulcer on the consumer’s left big toe. Consideration was not given to the increased infection control risk this posed to the consumer. A personal hygiene assessment completed 04 September does not include the wound on the consumer’s toe. Despite the consumer having three wounds, including an unstageable pressure injury, a skin assessment completed 31 August 2022, rated the consumer as a low risk of developing pressure injuries. The consumer returned to the service on 30 August 2022 following a fall and passed away 19 September 2022.

The Approved provider in its response to the Assessment contact report acknowledges areas of deficiencies within training and documentation which have been previously identified and are being addressed. In relation to wound care the service has scheduled training in December 2022 from a wound care educator.

In relation to the consumer noted above and their pain management. Progress notes submitted by the Approved provider in response to a request for information on 14 October 2022 and received on 20 October 2022, indicate the consumer’s pain was not managed and pain assessments were not completed. The consumer required 15 doses of as required controlled pain relief between 30 August 2022 and 17 September 2022. Progress note entries included observations of the consumer moaning, crying, distressed and grimacing, however this did not prompt staff to complete a further pain assessment or contact the consumer’s medical officer.

The Approved provider in its written response to the Assessment contact audit report has purchased a software package to assist with the identification of consumers in pain, training has been provided to seven registered staff. It is unclear from the Approved provider’s response if training has been provided to care staff who will be initially responsible for the assessment of consumers in pain.

For a named consumer with responsive behaviours and clinical deterioration including agitation, low oxygen levels and attempts at self-harm, appropriate actions were not taken to monitor the consumer or escalate the deterioration of the consumer. The named consumer was found on 18 September 2022, to be agitated, wrapped the call bell cord around their neck and was noted to have low oxygen levels, a possible cause for the agitation. Despite these indications of clinical deterioration there is no evidence to support the consumer’s medical officer was notified, and care documentation does not include observations taken to monitor the consumer’s wellbeing. The consumer had previously been hospitalised with low oxygen levels, eight days prior to this event. Progress notes submitted by the Approved provider in response to a request for information, indicate the consumer was administered four doses of anti-anxiety medication and three doses of strong pain relief medication sub-cutaneously in a nineteen-hour period to manage their agitation and pain. There is no evidence to support medical advice was sought during this time period, the consumer passed away on 19 September 2022.

The Approved provider has provided information in its response to the site audit report, education will be provided to staff in relation to dementia by Dementia Services Australia on 28 November 2022. Additional training is to be scheduled in recognising and responding to rapidly changing health conditions that may trigger behaviour concerns, at the time of the Approved provider response no date had been confirmed for the training.

Responsive behaviours for a second named consumer have not been managed effectively. The consumer exhibits aggressive behaviours including hitting other consumers and staff, refusal of care and smearing faeces. While the consumer has been referred to and been seen by behaviour management specialists and strategies developed and documented in the consumer’s care plan, these strategies are ineffective, including the use of a therapy dog, specialised underwear and folding clothing. Staff advised these strategies are not effective in managing the consumer’s behaviours. Staff advised that had not received training in dementia care or behaviour management. As noted above training is to be provided to staff by Dementia Services Australia on 28 November 2022.

Confusion relating to one consumer’s end of life wishes, resulted in the consumer receiving cardiopulmonary resuscitation despite the consumer’s Statement of choice document documenting the consumer did not wish for life prolonging treatments under any circumstances. Progress notes supplied by the Approved provider following a request for information, indicate resuscitation was performed at the request of the consumer’s next of kin.

The Approved provider in its written response to the Assessment contact report has confirmed palliative care training including the recognition of rapidly changing health conditions and responding to consumers’ end of life requests will be provided to staff on 23 November 2022. Documents recording processes have been updated to ensure all records are current and readily available to staff. The service is seeking legal advice regarding Enduring powers of attorney requesting changes to end of life documents

It is my decision the above information demonstrates ineffective management of high impact risks associated with consumers’ care, consumer nearing end of life did not have their needs, goals and preferences recognised or addressed, consumers who have deteriorated were not recognised or responded to in a timely manner and information relating to consumers’ needs and preferences were not documented or communicated to guide staff practice. Therefore, it is my decision these four Requirements are Non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |

Findings

Consumers and representatives provided feedback there was insufficient staff at the service and consumers experienced delays in response to their requests for assistance. Three consumers provided feedback that due to delays in staff answering their call bells they had experienced incontinence. One representative stated their family member was instructed to urinate in their continence aid as staff were not able to assist. The Assessment team observed a staff member enter a consumer’s room, turn off the call bell and leave the room. Roster documentation indicated not all shifts were filled in the previous two weeks to the Assessment contact. Eight shifts were noted to be unfilled.

The Approved provider in its response to the Assessment contact report has acknowledged the service is struggling to maintain staffing levels due to COVID19, staff leave, lack of applicants for vacant positions and the location of the service. The Approved provider maintains however, they have a strong workforce. The Approved provider stated they endeavour to backfill all shifts by offering shifts to suitable non-rostered staff, extending the hours of staff already on duty then contacting nursing agencies for assistance. The Approved provider has conceded this does not always allow for all shifts to be filled.

Staff were not adequately trained to deliver safe and effective care. Most staff stated they had not received training relating to restrictive practices, end of life care, the Serious incident response scheme, clinical deterioration, pain management, dementia care or managing aggressive behaviours. Deficiencies have been identified in the management of high impacts risks to consumers including wound care, pain management, behaviour management, clinical deterioration and palliative care. This has resulted in poor clinical care for four named consumers.

While the Approved provider has committed to providing education and training to staff in relation to wound care, behaviour management, palliative care, rapidly changing health conditions and responding to end of life requests, it is my decision staff should have been adequately trained in these areas prior to the Assessment contact to enable the delivery of safe and effective care and services. I understand the pressures the service has been under to recruit and maintain staff, however this does not negate the Approved provider’s responsibility to have an adequate workforce to deliver and manage safe and quality care and services.

Therefore, it is my decision these Requirements are Non-compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |

Findings

Risk management systems relating to responding to high impact risks to consumers were ineffective. Consumers have experienced poor clinical care in relation to wound care, pain management, clinical deterioration, the management of responsive behaviours and end of life care. The service had an incident management service however, documentation did not support the investigation and analysis of incidents occurred to decrease the risk of further incidents. Incidents are not always reported accurately and when incidents were recorded, the risk to individual consumers was not identified or analysed.

The Approved provider in its written response to the Assessment contact report has stated the issues relating to risk have been raised with the Board, who were advised and are aware of the risks within the service. The Approved provider has acknowledged this is not always documented and all reports, discussions, recommendations and actions resulting from high prevalence risks will now become a regular discussion item and will be minuted at Board meetings.

While I acknowledge the Approved provider’s commitment to improving risk management systems, these systems were ineffective at the time of the Assessment contact and consumers received poor clinical care as a result.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)