Performance

Report

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| Name of service: | Churches of Christ Bribie Aged Care Service |
| Service address: | 12-40 Foley Street BONGAREE QLD 4507 |
| Commission ID: | 5057 |
| Approved provider: | Churches of Christ in Queensland |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 |
| Performance report date: | 07 September 2023 |

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 Churches of Christ Bribie Aged Care Service (**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 04 September 2023
* 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 |

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 with high impact needs including complex wounds and pain require effective management.
* Deterioration in consumers including their skin integrity need to be identified and actioned in a timely manner.

# 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)(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 |

Findings

**Requirement 3(3)(b):**

The high impact risk relating to wound care and pain management was not effectively managed by the service. Clinical oversight of wound care and pain management was poor and consumers have experienced lengthy delays in wound healing and referrals to health specialists including wound care experts have not occurred in a timely manner. Pain has not been excluded as a reason some consumers may be exhibiting challenging behaviours and refusing care.

Documentation for one named consumer reflected inconsistent adherence to their wound care plan and a significant deterioration of the wound between since March 2023, with no review by a wound specialist at the time of the Assessment Contact in August 2023. The consumer’s representative held concerns about training of some staff providing wound care, and the service had difficulties managing the consumer’s behaviours during wound care. No assessment had been completed to consider whether behaviours were due to pain and the service had not evaluated care and staff compliance with the wound care plan, to determine if poor wound management had contributed to the deterioration.

The Approved provider in its written response to the Assessment contact report advised the named consumer’s Medical officer continuously reviewed the consumer’s wound and noted the absence of infection in the wound. The Approved provider has submitted two reviews by the Medical officer which occurred 7 March 2023 (when the initial skin tear occurred) and 23 May 2023, no other evidence was supplied to support the Medical officer continuously reviewed the wound. A referral to a wound specialist dated 22 August 2023, and recommendations from the wound care specialist was evidenced in the Approved provider’s response. The wound care regime recommended by the wound care specialist are detailed and while it is unknown if the consumer’s wound may have healed or improved earlier if referral had occurred to a wound specialist, I am also cognisant the consumer’s skin tear has deteriorated to ulceration circumferential to the consumer’s lower left leg, in a period of more than five months. I note the Approved provider has stated the consumer has been referred to a dietitian, I also note this was a recommendation of the wound care specialist and the dietitian’s recommendations relates to unintentional weight loss rather than wound healing and supplements prescribed were not specifically related to wound care.

While I acknowledge the actions taken by the Approved provider in relation to the named consumer including referral to wound specialist, dietitian, behavioural specialist, and pain monitoring, I am also aware these processes have occurred following feedback provided during the Assessment contact visit and recorded in the Assessment contact report and were not initiated or identified as required by the service prior to the Assessment contact.

Documentation for a second named consumer failed to identify the staging of a significant pressure injury on the consumer’s heel. Documentation showed staff adhered to some parts of the consumer’s wound care plan but did not document regular visual checks or use of other recommended strategies. Observations showed the consumer at rest, without recommended precautions in place. Non-pharmacological pain management strategies were not listed in the consumer’s care plan, nor was there evidence their pain was being monitored or charted.

The Approved provider in its response has stated the pressure injury has now been staged correctly (as a Stage II pressure injury) and wound care regime has been completed. I note following review by a wound care specialist the dressing regime for the consumer has been changed extensively, and while it is unknown if the consumer’s wound may have healed or improved earlier if referral had occurred to a wound specialist, it is noted the consumer has had the pressure injury for three months. While I note the consumer has also been referred to the dietitian to facilitate wound healing, this is not reflective of the dietitian review, which addresses weight loss rather than wound healing.

A third named consumer with chronic ulcers has pain management strategies that include regular massage and heat packs; however, documentation did not record this was occurring, and the pain charting had not been completed in over three months. There was no documentary evidence of current pain assessment, management or charting for the consumer, who confirmed they experienced strong pain from chronic leg ulcers which had become infected on a recurrent basis in recent months. Staff confirmed they provided the consumer with pain medication on request.

The Approved provider’s response has indicated regular Medical officer review and skin status occurred with associated pathology monitoring, consultation with external health professionals, medication regime review and the prescription of a supportive device occurred for the named consumer. Evidence has not been provided to support these interventions. The Approved provider has indicated a review of the named consumer’s pain assessment and management plan was reviewed and the pain management strategies were updated. This was not included in the Approved provider response for verification. It is noted the consumer was in hospital at the time the Approved provider was completing the response to the Assessment contact report, for treatment including antibiotics to treat an infection to their left leg and the representative was encouraged to seek a wound specialist review while the consumer was in hospital. It is not possible to determine if strategies to alleviate the consumer’s pain have been effective.

Two other named consumers with complex wounds and pain were listed in the Assessment contact- site report under Requirement 3) b). I have considered their information is more relevant to Requirement 3) d) in relation to the deterioration of their wounds.

Other actions the Approved provider has committed to through its response to the Assessment contact report include the delivery of an education session for registered staff delivered by the Clinical Practice Lead from the organisation’s Clinical Support and Governance Team, to refresh wound management and documentation practices and pain management. A virtual training session was delivered by a wound care provider focusing on dressing choices, wound care and pressure area prevention, and these sessions have been scheduled monthly. Training has been scheduled with a palliative care provider with a focus on pain management, this was evidenced in a training calendar. Clinical management staff at the service have been delegated to conduct weekly reviews on complex wounds, to ensure continuity and consistency in wound assessments, including pain at wound sites and monitoring the progress of wounds. This was evidenced by a duties list submitted in the Approved provider’s response. Fortnightly complex wound audits will be completed by the Clinical Practice Lead for six months as another layer of oversight. Audit results will be provided to the service to action any gaps to ensure timely and appropriate follow-up. To highlight and increase awareness of registered staff in relation to the high risk areas of the care for consumers, a daily clinical catch up has commenced facilitated by clinical management staff, an example of topics discussed at a meeting held 29 August 2023 was submitted as part of the response. Results of audits were not submitted as part of the Approved provider’s response.

While I acknowledge the actions taken and planned by the service to address deficits in the delivery, monitoring and escalation of consumers with poor wound care outcomes and processes to identify consumers with pain associated with their wounds, it is my decision these actions are in their infancy, have not been tested for their effectiveness or been embedded into daily care practices. For these reasons, it is my decision this Requirement is Non-compliant.

**Requirement 3(3)(d):**

Deterioration in consumers’ wounds care and pain management were not identified or responded to in a timely manner. Consumers have experienced poor care outcomes in relation to wound care and pain management. Monitoring processes at the service are ineffective in identifying deterioration in consumers, including their skin integrity.

A named consumer with a Stage IV pressure injury to their sacrum had incomplete pain management documentation and staff were not following recommendations for the use of a heat pack, nor were staff documenting pain levels in pain flow charts. Wound photos showed deterioration of the wound since March 2023, and the consumer had not been reviewed by a wound specialist since March 2023, despite deterioration and the development of further pressure injuries since that time. The Assessment Team were informed the consumer had been repeatedly hospitalised for infections of the wound in the previous three months. The consumer’s representative had been advised the wound was not going to heal and had not been advised of subsequent pressure injuries which had recently developed. Management advised the organisation’s wound specialist had stopped attending the service in March 2023.

The Approved provider in its response to the Assessment contact report has stated the consumer is resistive to analgesia and denies they have any pain. This was evidenced by a note from the medical officer whereby the consumer denied having pain. A physiotherapist reviewed the consumer and updated the skin assessment to reflect the current use of an air mattress and repositioning regime, it was noted the consumer is resistive to repositioning and a risk assessment has been completed regarding the potential adverse health outcomes caused by refusal of care. In relation to the consumer’s Stage IV pressure injury, the Approved provider conducted a review of the wound and determined the wound care regime was appropriate based on the presentation of the wound. A referral to a wound care specialist was made and a Telehealth review was completed 04 September 2023, without previous wound care regimes to review I am unable to determine if this is a revised regime or the same regime the service determined to be adequate. The Approved provider states the consumer was referred to a dietitian to promote the wound healing process, while I acknowledge the dietitian has recommended a high protein diet, there is no reference to promoting wound healing through supplements. I also note the consumer has lost 15.9kgs since entering the service, and significant weight loss needs to be considered as a contributing factor to poor wound healing and wound deterioration. The Approved provider acknowledged the deficit in the documentation and reporting of two pressure injuries identified in care documentation on 14 August 2023, however the Approved provider had maintained regular communication with the consumer’s representative. The Approved provider refuted information the consumer was repeatedly hospitalised for infections and stated the consumer had one hospital admission in June 2023 due to an unwitnessed fall.

Another named consumer had unstageable pressure injuries on both feet. Care records dated 27 July 2023, identified the consumer’s left foot had become swollen, hot and a lump had developed, and an email was sent to the Medical officer. An aged care assessment and referral service was contacted to review the consumer when the service noted the Medical officer was on leave. When the assessment and referral service had not visited the service and signs of infection were noted a Nurse Practitioner was contacted who prescribed antibiotics for the consumer on 29 July 2023. The consumer became agitated 30 July 2023 and was provided with analgesia with minimal effect and the consumer was administered as required antipsychotic medication. The consumer sustained a fall resulting in laceration and bleeding to their nose and was transferred to hospital 30 July 2023, returning to the service 31 July 2023 with a nasal fracture. There is no evidence to support pain monitoring was occurring to alleviate pain as a contributing factor to the consumer’s agitation and subsequent fall resulting in injury.

The Approved provider’s written response to the Assessment contact report evidences the pressure injuries to the consumer’s heels were initially identified on 28 and 29 July 2023 respectively. I note the wound charts submitted as part of the Approved provider’s response notes the pressure injuries on the consumer’s right heel and outer left foot were noted to be black and necrotic, indicating death of the living tissue to the areas. It is evident monitoring of the consumer’s skin integrity did not occur to identify the deterioration, which has led to death of the tissue in these areas. I also note the wound chart for the pressure injury to the consumer’s left heel does not contain a description of the wound including colour, wound measurements have not been recorded weekly as prescribed, and the treatment history does not support the consumer’s wounds have been attended as required.

The Approved provider states the consumer’s wounds were reviewed by a wound specialist on 4 September 2023, I note this review occurred five weeks after the necrotic pressure injuries were identified and does not support timely response to a deterioration in the consumer’s condition. The Approved provider notes the wound appears to be stable. I am unable to determine which wound this refers to and three wound charts submitted as part of the response do not contain descriptions of the wounds after 5 August 2023. A visiting dietitian review was sought for recommendations of meals or supplements favouring wound healing, I note this review occurred a month after the consumer was noted to have necrotic pressure injuries.

Wound treatment charts indicate the consumer experienced pain during wound care, I note the consumer had their analgesia and antipsychotic medication increased following a medical officer review 30 August 2023. The Approved provider states in its response the consumer’s pain continues to be monitored but did not provide any evidence to support the consumer’s pain was being monitored or that analgesia was provided prior to wound care.

Other actions taken by the Approved provider to address deficiencies in this Requirement are listed under Requirement 3) b). Separate actions taken relevant to this Requirement have included an education session held by the Clinical Practice Lead from the organisation’s Clinical Support and Governance Team relating to the appropriate management of health deterioration, attendance records indicate 14 registered staff attended this training. A review of the Agency Registered Staff Orientation Checklist was completed, to facilitate timely escalation for medical review.

While I acknowledge the actions taken and planned by the service to address deficits in the identification and timely response to deterioration in consumers, I am not convinced these actions have been implemented thoroughly or tested for effectiveness. Therefore, it is my decision this Requirement is Non-compliant.

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