Performance

Report

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| Name of service: | Estia Health Kensington Gardens |
| Service address: | 421 The Parade KENSINGTON GARDENS SA 5068 |
| Commission ID: | 6835 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 26 April 2023 to 27 April 2023 |
| Performance report date: | 31 May 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 Estia Health Kensington Gardens (**the service**) has been prepared by K Richards 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 consumers, representatives staff, management and others; and
* the provider’s response to the Assessment Team’s report received 18 May 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **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.

* **Standard 2, Requirement (3)(e):** Ensure care and services are reviewed for effectiveness, when circumstances change, or when incidents impact on consumer needs, goals or preferences, particularly in relation to falls and behaviours.
* **Standard 3, Requirement (3)(b):** Ensure high impact or high prevalence risks associated with the care of consumers, including behaviours, are effectively managed.
* **Standard 8, Requirement (3)(d):** Ensure effective risk management systems and practices capture high impact or high prevalence risks, and the incident management system contains sufficient information to aid managing and preventing incidents, including capturing near misses.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant. The Assessment Team recommended requirement (3)(e) in this Standard not met.

The Assessment Team were not satisfied consumers’ care and services are consistently reviewed for effectiveness when circumstances change or when incidents impact on their needs, goals, or preferences. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Falls prevention strategies were not consistently reviewed following incidents of falls, and three consumers experiencing falls did not have consistent management strategies captured in the care and services plan to inform staff of their current needs. Staff were unable to demonstrate knowledge of the mobility needs of sampled consumers.
* Consumer A’s care and services plan referred to details of another person and was not reflective of the consumer’s needs. Staff were unable to demonstrate knowledge of Consumer A’s need for assistance when mobilising.
* Consumer B’s care and services plan reflected the consumer had a dignity and choice assessment to shower independently, which was not reviewed following a change of falls prevention strategies to include not leaving the consumer unattended in wet areas. Staff were unsure if Consumer B required assistance with activities of daily living.
* Consumer C’s care and services plan had inconsistencies of their needs between the mobility and transfer assessment and falls management strategies, and following eight falls, the care and services plan had only been evaluated and updated on one occasion.
* Documentation review of three consumers with behaviours of concern did not demonstrate behaviour interventions and strategies were evaluated and reviewed for effectiveness in line with service policy.

The approved provider’s response indicates they do not agree with the Assessment Team’s findings, providing the following supporting evidence by way of explanation, and progress notes and assessments relevant to my findings:

* Whilst there are errors in documentation, they do not believe this indicates non-compliance, as consumer needs are communicated through handover processes and staff are aware. Where the Assessment Team’s report reflects staff were unsure or unaware of consumer needs, this is either misquoted or because the Assessment Team interviewed staff who were not involved in the care of the sampled consumers.
* There is evidence to show review of care and services is systemically undertaken following incident or change, providing examples of responsive actions and reassessment to weight loss and change of swallow ability.
* Review of incident reports includes evaluation of strategies in place at time of the incident. Falls prevention strategies for named consumers are comprehensive and universally recognised, and the sampled consumers continue to fall because they do not ask for help, use the call bell, or understand the risk of falling due to known cognitive impairment.
* Sampled consumers experiencing falls were reviewed by the Physiotherapist and Medical officer, who did not recommend any change of strategies. Whilst strategies remain unchanged, this is not the same as not being reviewed.
* Consumer A’s care and services plan had incorrect consumer and representative names, this had no impact, as the information on care was for the consumer and only appeared in one area of the care and services plan, not throughout it.
* Consumer A and B display variability in their mobility needs and cooperation with provision of assistance. The approved provider acknowledges the inconsistencies in Consumer C’s care and service plan, however, there was no impact on the care as staff were familiar with the consumer’s current inability to ambulate.
* In relation to evaluation of behaviours, the behaviour chart includes evaluation of effectiveness of actions, and the approved provider does not understand why progress notes need to confirm the evaluation. The approved provider states they are uncertain how to add information into behaviour support plans when they are unsure of triggers, or how the consumer settled, and the consumer is not able to communicate it.

I have considered all the evidence before me and have come to a finding the service did not demonstrate care and services were reviewed for effectiveness or following incidents or change of circumstances relating to falls and behaviours.

I do not find the approved provider’s evidence and response differentiated between undertaking a review of the care and services plan and reviewing the effectiveness of the strategies following an incident. The approved provider’s response includes evidence of incident reviews for two consumers, showing analysis of number of falls, location, and injuries, however, these do not give insight into the reason for the fall. Within both examples the approved provider has supplied, the manager records there are falls management strategies in place and reviewed, but this does not demonstrate analysis of the fall or consideration of the effectiveness of these strategies. I note the consumers were reviewed by the Medical officer and Physiotherapist following falls, but do not agree that the absence of new recommendations demonstrates an assessment of the effectiveness of the falls prevention strategies.

I have further considered the approved provider’s statement ‘consumers who do not comprehend their risk of falling or to follow the interventions we have in place to prevent them from doing so will continue to fall’. I acknowledge the risk of falling will always be present, but the requirement considers the need to review care and services for effectiveness and when circumstances change. If the strategies depend upon consumers with cognitive impairment to comply and follow directives, and cognition can vary or decline in time, there needs to be consideration of how to effectively adapt strategies to the consumer’s current needs and capabilities.

Of the three consumers sampled by the Assessment Team due to incidents of fall, the approved provider says two of the consumers experience variability in their needs and preferences, and the care and services plans capture the highest level of need. No evidence was provided to support the approved provider’s position that staff should be aware of the variation of the consumer’s needs and preferences. I find the consumer’s care and service plans had not been reviewed to ensure this information was captured effectively, resulting in variation in staff understanding of the consumer’s mobility needs. If staff were unfamiliar with the consumer’s needs for personal care, they would rely upon the care and services plan for guidance, and the inconsistencies within care and services plans may impact the delivery of safe and effective care.

Whilst the approved provider acknowledges some errors within documentation, they state there is no impact to consumer care as the handover process ensures staff are updated with changes. I have placed weight on the evidence within the Assessment Team’s report, reflecting staff were not always familiar with consumers’ needs. The purpose of a care and service plan is to guide staff, including those unfamiliar with the consumer’s needs and preferences, and whilst I acknowledge the communication arising within handover, I find this is not sufficient to ensure all staff involved with the provision of care to the consumer have required information to meet consumer needs, goals and preferences.

I acknowledge behaviour charting was commenced and/or updated after consumers exhibited behaviours of concern. Whilst the behaviour chart demonstrates evaluation of the effectiveness of interventions, this is not the same as demonstrating there is oversight and analysis of the holistic view of behaviours and interventions to inform updates of the care and services plan. The approved provider’s response reflects one consumer’s behaviours escalated when their spouse was unable to visit for a period, however, the documentation provided reflects the contributing factor as ‘diagnosis’ and ‘unknown’ as contributing factors to behavioural incidents. I have placed weight on evidence provided under Requirement (3)(b) of Standard 3 Personal care and clinical care, with staff reporting strategies for management of physical behaviours were ineffective.

The approved provider’s response includes evidence of referrals to Dementia Support Australia for three of the four consumers named in the Assessment Team’s report. For one consumer, the review was undertaken just prior to the Assessment Contact, and I accept the approved provider’s evidence demonstrating staff have been updated on the recommendations and note these were being commenced. However, for one of the consumers, the review was undertaken in July 2021, with the consumer’s behaviour charting demonstrating ongoing behaviours with strategies used by staff recorded as unsuccessful.

As within my decision for Requirement (3)(d) in Standard 8 Organisational governance, I also do not consider the service was effectively capturing all near misses within incidents. Where behavioural near misses, such as attempting to strike staff rather than successfully hitting staff, are not being captured, this also impacts the review of the care and services plan for effectiveness following incidents.

For the reasons outlined above, I find this requirement non-compliant.

# 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 |

Findings

The Quality Standard is assessed as non-compliant as one of the seven specific requirements has been assessed as non-compliant. The Assessment Team recommended requirement (3)(b) in this Standard not met.

The Assessment Team were not satisfied the service effectively managed high impact or high prevalence risks associated with the care of each consumer. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Staff reported several consumers were regularly physically aggressive, and they did not have effective management of the behaviours leading to being assaulted on a regular basis.
* Consumer behaviours were not always documented in behaviour monitoring charting, and when recorded did not always show trial of additional strategies implemented in response to escalating behaviours. Behaviour support plans did not always include all identified behaviours in line with progress notes and charting, and strategies for some consumers were generic.
* Consumer D had an episode recorded in progress notes as being unresponsive for two to three minutes, which was followed by aggressive behaviours. Whilst they were monitored, they were not reviewed by a Medical officer, with management advising the consumer had a known history of Transient Ischaemic Attacks (TIA) despite this not being recorded in the consumer’s medical information.

The approved provider’s response indicates they do not agree with the Assessment Team’s findings, providing the following supporting evidence by way of explanation, and progress notes and assessments relevant to my findings:

* The service undertakes assessment of factors contributing to behaviours, such as delirium, pain, bowel changes and infection with responsive actions undertaken if issues are identified. Where required, referrals to Geriatricians, Mental health services and/or Dementia support services are arranged for consumers with concerning behaviours.
* Despite all assessments and strategies, sometimes the behaviours persist, and this is not a failing of the service but an indication of the complexity of the issue.
* Whilst they acknowledge there are instances of verbal and physical aggression towards staff, they dispute the frequency of this, and also disagree that the instances arise as a result of ineffective behaviour management. The approved provider states they do not agree with the Assessment Team’s report stating staff do not feel adequately supported, as the referrals for assessment by external specialists demonstrate actions are being taken. For one of the consumers referenced in the Assessment Team’s report, chemical restraint is available to staff to ‘support them in their management of behaviours’.
* Where behaviours are not new, they do not trigger a need to update the care and service plan. Information on behaviours, triggers, and strategies are captured within care and service planning with examples given captured from consumers’ care and service plan under headings: Behaviour Support Plan, Leisure Care Plan, and My Personal Strategies.
* Consumer D was understandably upset and confused following the loss of consciousness, but settled after a few minutes. The behaviour was not due to mismanagement but circumstantial following loss of consciousness. The consumer’s usual Medical officer was made aware but unavailable to see them, so the service arranged review by a locum who did not identify any concerns. The consumer’s medical history contained a diagnosis of Atrial Fibrillation, and the service advised the Assessment Team they believed it possible the consumer had a TIA given the known association between the conditions. The representative was consulted and satisfied with the service’s management following the episode.

Whilst both the Assessment Team’s report and approved provider’s response contain information relating to incident reporting relating to consumer aggression towards staff, I have considered this within my findings for Standard 8 requirement (3)(d).

In coming to my finding for this requirement, I have considered information included within the other requirements of this report relating to assessment and planning, and the use of risk management systems to manage high impact or high prevalence risks associated with the care of consumers.

I acknowledge the approved provider’s comments that despite all efforts, consumer behaviours will still arise, and the occurrence of behaviours of concern is not demonstrative of mismanagement. However, this is not the same issue as demonstrating management of the risks for consumers, including the consumer demonstrating the changed behaviour, and staff when behaviours do arise. The Assessment Team’s report raises concerns with the effectiveness of management of behaviours for four named consumers, with staff reporting some consumers and even some staff are afraid of these consumers. The evidence before me does not demonstrate the management strategies for these consumers are effective.

The evidence within the Assessment Team’s report from sampled documentation and staff feedback demonstrates deployed behaviour management strategies are not effective, resulting in staff facing regular acts of physical aggression, at times being struck by the consumers. Concerns are also raised for the impact this has on other consumers, through a risk to their physical safety or emotional well-fare due to residing in an unsettled environment, with staff reporting other consumers are afraid of at least one of the identified consumers due to their aggressive behaviour. The Assessment Team’s report references concern about staff management of behaviours having potential impact on availability to meet the needs of other consumers in a timely manner, although this was refuted by the approved provider, and neither the Assessment Team’s report nor the approved provider’s response includes any evidence relating to this.

The approved provider’s response in relation to Consumer D’s unresponsive episode does not demonstrate understanding of associated risks. Whilst the progress notes state the representative and usual Medical officer were informed, the documentation provided shows the Medical officer was informed by ‘communication book’, rather than personally, and there is no evidence demonstrating when they were first aware. The consumer had no previous episode of TIA, despite their known history of cardiac arrhythmia, and whilst neurological observations were undertaken, the approved provider’s response shows they were not reviewed by a Medical officer until a week after the event. Whilst the consumer has been monitored, and there were no ongoing effects, I do not consider the delay for medical review demonstrates assessment of the potential risks associated with the episode.

For the reasons outlined above, I find this requirement 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

The Quality Standard is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant. The Assessment Team recommended requirement (3)(d) in this Standard as not met.

The Assessment Team were not satisfied the service demonstrated use of effective risk management systems and practices to manage high impact or high prevalence consumer risks, identify and respond to abuse and neglect of consumers, or manage and prevent incidents. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Whilst there are policies and procedures to guide on reporting of incidents and near misses, which staff could describe, it was identified through charting and progress notes that not all incidents and near misses were captured in the incident management system, particularly relating to consumer behaviours of verbal and/or physical aggression.
* Although not reported as incidents, management said they were aware of examples brought to their attention, and described investigations undertaken leading to the decision to report to the Serious Incident Response Scheme (SIRS) as Priority 2 incidents, and they were still within reporting timeframe for this. However, management acknowledged gaps in incident reporting process and impact on monthly reporting of incident data within the organisation, with continuous improvement activities created in response.
* Progress notes for two sampled consumers demonstrated use of unauthorised physical restraint on two occasions for one consumer, and one incident of seclusion for the second consumer. The use of unauthorised restraint had not resulted in reporting of incidents or investigation for reporting through SIRS.
* Staff training records on non-mandatory topics of challenging behaviours, restrictive practice, and elder abuse show poor staff attendance, and not all staff interviewed felt confident they received sufficient training or support from management.

The approved provider’s response indicates they do not agree with the Assessment Team’s findings, providing the following supporting evidence by way of explanation, and progress notes and assessments relevant to my findings:

* If the incident management system was ineffective, management would not been aware to undertake incidents. Their system shows recording and investigation of incidents, which include an evaluation of care needs and consideration of other impacts. Incidents are reported through SIRS in line with requirements, with examples of these provided.
* The criteria for reporting physical aggression through the incident management system is where there has been physical contact to the staff member. Where a consumer attempted to strike staff but was not successful, this does not meet criteria.
* The examples of incidents referenced by the Assessment Team had been reported as incidents, and have subsequently been reported through SIRS within reporting timeframes for Priority 2 incidents.
* The four incidents of physical aggression identified by the Assessment Team as missing from the monthly data have now been addressed. Incident reports had been submitted, with behaviour charting commenced and management review of the incident.
* The incidents relating to physical restraint have been reviewed and, on both occasions, this was done in self-defence to avoid the consumer injuring a staff member, with actions meeting legislative requirements for emergency management. The Assessment Team are incorrect in believing the service used seclusion on the other consumer, with staff guiding them back to their room to complete personal care without any force being used.

I acknowledge the approved provider’s evidence relating to the reporting of SIRS matters within timeframes, and amending errors of incidents within the monthly data, and find the explanations relating to these reasonable, so have not considered this further. I also do not find there is sufficient evidence to confirm the service used the restrictive practice of seclusion for a consumer displaying behaviours.

However, I find the service did not demonstrate it had effective risk management systems and practices to manage high impact or high prevalence risks associated with consumer care, or to manage and prevent incidents, including use of an incident management system.

I find there to be inconsistencies within the approved provider’s response that whilst incident reporting includes ‘near misses’, unsuccessful attempts of consumers to strike staff do not equate to an incident for reporting. An effective risk management system should identify and evaluate incidents and ‘near misses’, with a near miss defined as being an occurrence, event, or omission that does not result in harm. The impact of acts of physical aggression, whether or not the consumer successfully made contact with another person during these acts, has impact on staff and consumers, and I place weight on the feedback from staff about some staff and consumers not feeling safe to be near these consumers. Whilst the approved provider states they were aware of the escalating behaviours, leading to a referral to a behaviour management specialist, I do not find this is the same as demonstrating an understanding of the risk to the safety and well-being of impacted staff and consumers.

In coming my finding, I have considered the approved provider’s position on the two occasions where physical restraint was used to prevent a consumer hitting staff, stating this met legislative requirements for emergency use. I do not find the evidence before me demonstrates all legislative obligations were met for emergency use of restraint in line with the *Quality of Care Principles 2014,* and whilst I note the representative/substitute decision maker was aware the consumer was distressed, and able to calm them during the call, I do not find the documentation demonstrates they were notified of the use of physical restraint on either occasion.

I have also placed weight on the feedback from care staff not recalling training on elder abuse or restrictive practice, and one staff member being unable to effectively describe restrictive practice. The approved provider states training on both of these topics is provided as part of the mandatory modules during induction, and demonstrated there has been ongoing education on restrictive practices for clinical staff, however, has not demonstrated the same commitment to training for care staff. I also note the education content provided to some care staff on 17 February 2023 does not demonstrate any guidance was given on the use of physical restraint in an emergency.

For the reasons outlined above, I find this requirement non-compliant.

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)