Gaynes Park Manor

Performance Report

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**Commission ID:** 6955

**Provider name:** Churches of Christ Life Care Incorporated

**Assessment Contact - Site date:** 18 May 2022 to 19 May 2022

**Date of Performance Report:** 23 June 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(d) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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 Contact - Site report received on 7 June 2022;
* the performance report dated 10 January 2022 for the Assessment Contact – Site conducted on 4 November 2021.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers at the Assessment Contact. No other Requirements in this Standard were assessed.

Requirement (3)(a) was found non-complaint following a Site Audit conducted on 4 November 2021, where it was found the service did not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services, as specialist and Medical officer recommendations were not consistently included in consumers’ care plans, one consumer’s pain was not identified and documented, inconsistent and out-of-date information was documented in one consumer’s care plan in relation to their change in skin integrity. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit.

The Assessment Team has recommended the service does not meet Requirement (3)(a). I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

This Requirement was found non-compliant following an Assessment Contact conducted on 4 November 2021, where it was found the service did not demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services. Specifically, specialist and Medical officer recommendations were not consistently included in consumers’ care plans to guide staff in care and service delivery, pain associated with one consumer’s wound was not identified and documented, care planning documentation was inconsistent and did not include up-to-date information in relation to one consumer’s change in skin integrity.

The Assessment Team’s report for the Assessment Contact conducted on 18 May 2022 to 19 May 2022 provided evidence of actions taken by the service in relation to the non-compliance, including, but not limited to:

* review of processes in relation to assessment, planning and evaluation;
* staff training in relation to assessment, planning and evaluation, which included aspects specific to pain and wounds; and
* reviewed and implemented changes to clinical handover processes to ensure accurate communication of information.

The Assessment Team provided the following evidence and information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

Consumer A

* The consumer reported they were feeling suicidal and depressed, and described in depth, the various ways they would take their own life.
* Three progress notes recorded from February 2022 demonstrated the service was aware of the consumer’s suicidal ideations and sought a Medical officer review. A conference was held with the representative, who expressed concerns regarding the consumer’s mental status, and reassurance was provided that strategies are in place to manage the risk.
* The consumer’s care plan does not contain any information in relation to their suicidal ideation or strategies, as described to the representative, to manage the associated risk.
* Progress notes show the consumer complained of a toothache on at least 10 occasions before staff initiated a referral to a Medical officer and/or Dentist for review.
* Prior to the Medical officer review, the consumer’s care plan had not been updated, despite an oral assessment noting pain, swelling and decayed teeth.
* A Medical officer identified the consumer likely had a dental abscess and antibiotic therapy was commenced. Following the Medical officer review, 74 days after complaints of dental pain were initially made, the consumer’s care plan was updated to include information relating to their oral care needs.

Consumer B

* Care planning documentation identifies the consumer exhibits challenging, intrusive and wandering behaviours, and includes strategies to guide staff in managing associated risks.
* Behaviour charting for a six-day sampled period identified 38 behavioural episodes, however, only 12 entries describe the behaviour the consumer was exhibiting at the time.
	+ There was no evidence indicating an evaluation of behaviour charting had occurred to identify whether there were any changes to the consumer’s known behaviours and if any new strategies had been implemented.
* Three progress notes from March to April 2022 demonstrates the consumer was eating their own vomit, tree bark and weeds. However, these behaviours are not documented in the consumer’s care plan and incident reports were not completed.
* There is no documentation that identifies how frequent the consumer exhibits particular behaviours.
* The consumer’s care plan identifies them as having a fracture, however, this is in relation to an injury that has since resolved.

The provider does not agree with the Assessment Team’s findings and maintains the service is compliant with this Requirement. The provider’s response includes the following information and evidence to refute the Assessment Team’s assertions:

Consumer A

* Depression assessment undertaken during May 2019 demonstrating the consumer has moderate impairment, with severe anxiety and sadness and absent current passive or active suicidal thoughts.
* The consumer has been assessed as low risk of acting on suicidal ideations due to their restricted mobility, however, risk mitigation actions have been taken, including assessment of their room, providing supervision and removal of their electronic bed control.
* The verbalisation of suicidal thoughts and frustrations at others in the home have been managed by non-pharmacological interventions, which have mostly been effective.
* Behaviour assessment dated 19 May 2022 demonstrating information in relation to suicidal ideations was included following feedback from the Assessment Team.
* The consumer reported oral pain on one occasion during February 2022, however, there was no indication an oral assessment was required at the time and a Medical officer review and pain charting did not note any pain. Following another report of oral pain in April 2022, a pain chart commenced showing minimal pain with effective interventions, indicating no requirement to change management of oral care.

Consumer B

* Prior to the Assessment Contact, the consumer was intended to be moved into the memory support unit, as the area has a higher staff to consumer ratio and staff are more specially trained in dealing with consumers with cognitive deficits.
* The consumer has since been moved into the area of the service they lived previously, as staff know them well and are aware of strategies required to manage their challenging behaviours. An additional staff member has also been placed in this area to support Consumer B.
* Resident assessment report dated February 2022 and Care plan summary dated January 2022 demonstrating the consumer’s behaviours of eating large amounts of food and purging the food consumed and eating non-food items are known. Strategies documented included staff monitoring and supervision to ensure the portion and speed at which food is consumed is controlled and ensuring they do not consume non-food items.
* Behaviour charting for the six-day period sampled by the Assessment Team demonstrating the 41 behavioural episodes identified were coded with a reference identifying the type of behaviour.

I acknowledge the provider’s response and associated information provided. In coming to my finding, I have considered evidence presented in the Assessment Team’s report and the provider’s response, which demonstrates that at the time of the Site Audit, assessment and planning, including consideration of risks to the consumer’s health and well-being, did not inform the delivery of safe and effective care and services.

In relation to Consumer A, I acknowledge that the service was aware they had suicidal ideations and considered there was low risk they would act on them, however, I find there was no evidence indicating measures had been implemented to guide staff in how to manage the risk, support the consumer’s psychological well-being and undertake regular reviews to ensure the risk was being effectively managed.

I acknowledge that following the Assessment Contact, care planning documentation was updated to address deficits identified by the Assessment Team, however, I have considered that, at the time of the Assessment Contact, care planning documentation did not demonstrate the consumer had suicidal ideations, and management strategies were not documented to inform the delivery of safe and effective care and services.

While the provider’s response states that risk mitigation strategies were implemented, there was no documented evidence indicating when this occurred or whether they were effective. Additionally, I have reviewed the updated care planning documentation included in the provider’s response and find strategies to guide staff in managing the consumer’s behaviours to be generic in nature. I encourage the service to consider personalised strategies to guide staff in de-escalating the consumer’s behaviours and to support their psychological well-being.

The provider’s response included a Depression assessment undertaken in 2019 to demonstrate the consumer was assessed as having no current passive or active suicidal thoughts and was at low risk. However, this evidence re-iterates my finding that assessment and planning did not inform care delivery in relation to Consumer A’s risk of suicide, as there was no evidence indicating their Depression assessment was reviewed following recurrence of active suicidal thoughts in 2022.

In relation to Consumer A’s oral infection, I have placed weight on evidence in the Assessment Team’s report that the consumer complained of oral pain on at least 10 occasions before staff initiated a referral to a Medical officer for review. The provider’s response includes progress notes and pain charting to demonstrate the consumer showed minimal pain that was being effectively managed, however, regardless of the severity of pain experienced, the continual reporting of oral pain should have prompted an investigation in relation to the cause to enable effective treatment of the associated risk. I find this did not occur for Consumer A, which resulted in treatment of an infection not being implemented until 74 days after complaints of oral pain were initially made.

In relation to Consumer B, I find that assessment and planning processes were not effective to inform the delivery of safe and effective care and services. The provider’s response included evidence that care planning documentation described the consumer’s behaviours of eating non-food objects and purging food after eating and included strategies of monitoring and supervision to ensure the consumer does not eat non-food items and consumes food at a controlled pace. However, there is no information to guide staff in relation to the frequency of monitoring, how often the behaviours occur and other preventative measures.

I have also considered there is no evidence of ongoing monitoring of the consumer’s risks to their health and well-being, as behaviour charting has not been evaluated to understand how often the consumer exhibits these behaviours, whether there were any changes to their known behaviours and the effectiveness of strategies implemented.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(d) in Standard 3 Personal care and clinical care as part of the Assessment Contact. No other Requirements in this Standard were assessed.

The Assessment Team has recommended the service does not meet Requirement (3)(d). I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care. I have provided reasons for my findings under the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(d) Non-compliant

*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.*

The Assessment Team was not satisfied the service demonstrated 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. The Assessment Team provided the following evidence relevant to my finding:

Consumer A

* Consumer A informed the Assessment Team the constant challenging behaviours of Consumer B was having a significant effect on their emotional well-being. Consumer A provided multiple examples of how the consumer’s wandering and invasive behaviours have led to them experiencing anxiety, frustration and suicidal ideations.
* The representative stated the ongoing ‘harassment of their family member by Consumer B’ caused the consumer to want to take their own life and while they have raised these concerns with staff, they have not been taken seriously. The representative also stated the consumer had complained about a toothache for months and they need to have surgery because nothing was done about it.
* Documentation shows the service was aware of the consumer’s suicidal ideations, however, further strategies to minimise the risk to their mental health and well-being were not implemented in a timely manner. For example:
	+ No conversation was held with the consumer to understand the cause of their suicidal threats which occurred on one occasion during February 2022.
	+ During March 2022, the representative was reassured strategies were in place to manage the consumer’s mental status, however, the strategies described do not reference the challenging behaviours of Consumer B or the impact they are having on Consumer A.
	+ Progress notes indicated during March 2022, the representative was offered the option of a student Psychologist to review the consumer’s emotional well-being, however, there was no documentation to indicate this occurred.
* Management reported, and documentation showed, following an incident that occurred during April 2022, a referral was made to an external counselling service as Consumer A hit Consumer B, and not as a result of the vocalisation of suicidal ideation.
	+ The consumer was unable to be reviewed by the external counselling service, as they had an unresponsive episode on the day of the review.
	+ The representative felt that following the incident, management were not interested in understanding why it occurred, despite their attempts to explain that it was a result of exasperation with Consumer B’s ongoing behaviours.
* Following feedback from the Assessment Team, the service attempted to contact an external counselling and mental health service on two occasions. However, both services were closed and progress notes state that it was not necessary to send the consumer to hospital due to the passive nature of their expressed ideations.
* Management told the Assessment Team that during the Assessment Contact, they asked the consumer whether they had true feelings of wanting to kill themselves and the consumer said they did not know.
* Documentation showed Consumer A had been complaining of pain to their teeth and jaw on at least 10 occasions over 74 days before a Medical officer review was sought. The consumer was diagnosed with an infection and commenced antibiotic therapy. The consumer subsequently required surgery to address their ongoing dental pain.
* Management said they were not aware of earlier complaints and were unsure why the worsening dental issues was not addressed earlier.

Consumer B

* In addition to comments made by Consumer A, as stated above, four other consumers raised concerns in relation to Consumer B’s behaviours and the risk they pose to others. Examples were provided to demonstrate the types of behaviours displayed, the lack of staff supervision to minimise the risk and the impact they have on other consumers.
* The consumer’s care plan included strategies to manage their behaviours, including supervision, assistance with meals and offering drinks or snacks. The Assessment Team observed, and documentation showed, these strategies were not consistently followed by staff.
* Behaviour charting for a six-day sampled period over January and February 2022 demonstrated 41 behaviours, including interfering while wandering, trying to get to inappropriate places, physical agitation and refusal of care. There was no evidence indicating the behaviour chart had been evaluated.
* Three progress notes show during March and April 2022, the consumer was exhibiting behaviours which included vomiting, eating own vomit and eating tree bark and weeds.
* There are no monitoring records, progress notes or charting demonstrating how frequent the consumer exhibits certain behaviours.

The provider does not agree with the Assessment Team’s findings and maintains the service is compliant with this Requirement. The provider’s response includes the following information and evidence to refute the Assessment Team’s assertions:

Consumer A

* The representative named in the Assessment Team’s report has been contacted to discuss their concerns, despite not being listed as the primary representative.
* Progress notes demonstrating that following the Assessment Contact, an external counselling and mental health service have reviewed the consumer and determined they are low risk of acting on suicidal ideations.

Consumer B

* Acknowledgement that the consumer’s care needs offer unique challenges, however, their condition has not deteriorated over time.
* The consumer has since been moved to another area of the service, where they lived previously and continues to receive one-to-one care.

I acknowledge the provider’s response and associated information provided. In coming to my finding, I have considered evidence presented in the Assessment Team’s report and the provider’s response in relation to both this Requirement and Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers, which demonstrates at the time of the Site Audit, deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not recognised and responded to in a timely manner.

In relation to Consumer A, I acknowledge the service was aware they had suicidal ideations and considered they were at low risk of acting on them, however, action was not taken in a timely manner to address the cause of their suicidal ideations and deterioration of their mental health.

The provider’s response included a Depression assessment undertaken in 2019 to demonstrate the consumer was assessed as having no current passive or active suicidal thoughts and was at low risk. However, this evidence re-iterates my finding that a change in the consumer’s mental health was not responded to in a timely manner, as there was no evidence indicating their Depression assessment was reviewed in 2022 following recurrence of active suicidal thoughts and having a detailed plan on how they would undertake a suicide attempt in a way that was readily available to them and within their mobility limitations.

While the provider’s response states risk mitigation strategies were implemented, there was no documented evidence indicating these strategies addressed the impact Consumer B was having on Consumer A’s mental health.

In relation to Consumer A’s oral infection, I have placed weight on evidence in the Assessment Team’s report that the consumer complained of oral pain on at least 10 occasions before staff escalated the matter to a Medical officer for review. The provider’s response includes progress notes and pain charting to demonstrate the consumer showed minimal pain, however, regardless of the severity of pain experienced, the continual reporting of oral pain was not identified and responded to until 74 days after complaints of oral pain were initially made.

I have considered evidence in the provider’s response which demonstrates that prior to the Assessment Contact, the consumer’s behaviours of eating their vomit and consuming non-food items had been recognised and responded to. I have also considered there was no evidence indicating there was an increase or change of behaviours during the sampled period.

The Assessment Team’s assertions that documented strategies to manage the consumer’s behaviours were not being followed by staff are more aligned with Requirement (3)(a) in this Standard, which was not assessed at the Assessment Contact. I find the evidence relating to evaluation of behaviour charting and information to guide staff practices is more aligned with Requirement (2)(a) in Standard 2 Ongoing assessment and planning with consumers and have considered this information under that Requirement.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

The Assessment Team has recommended the service meets Requirement (3)(a). I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my findings under the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team was satisfied the service demonstrated 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. The Assessment Team provided the following evidence relevant to my finding:

* Most consumers said staff attend to their care needs in a timely manner. While some consumers stated there is not always enough staff, they did not describe any adverse impacts.
* Staff considered there is not always enough staff, which impacts their ability to undertake their duties in a timely manner. However, they felt there was no significant impact on the delivery of care and services.
* Management demonstrated there are processes in place to fill shifts, however, they acknowledged this has been difficult due to COVID-19.
* Monitoring processes include unfilled shifts and rosters, to identify trends and ensure consumer needs are being met. Management provided two examples of an adjustment to shifts in response to changing consumer acuity.
* Unfilled shift reports for the two weeks preceding the Assessment Contact demonstrated five unfilled shifts. Documentation showed the service attempted to fill these shifts from various sources.
* The most recent call bell report showed the service did not meet its key performance indicator (KPI) of less than 2% of call bells exceeding 15 minutes. Management stated ongoing education of staff and increased regular monitoring of call bells will occur to ensure the KPI is met going forward.

Based on the evidence summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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)(a)**

* Ensure staff have the skills and knowledge to initiate assessments and develop and/or update care plans, including in relation to changes in consumers’ health and well-being.
* Ensure consumer care plans are updated in response to consumers’ changing condition and clinical incidents.
* Ensure consumer care plans are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 3 Requirement (3)(d)**

* Ensure staff have the skills and knowledge to:
* recognise changes to consumers’ health and well-being, including mental health, implement management strategies and initiate referrals in a timely manner to Medical officers and relevant specialists; and
* identify changes to consumers’ personal and clinical care needs and implement appropriate monitoring processes.
* Ensure policies, procedures and guidelines in relation to recognising and responding to deterioration are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to recognising and responding to deterioration.