Performance

Report

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| Name of service: | Helping Hand Aged Care - Mawson Lakes Facility |
| Service address: | 2 The Strand MAWSON LAKES SA 5095 |
| Commission ID: | 6207 |
| Approved provider: | Helping Hand Aged Care Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 17 November 2022 to 18 November 2022 |
| Performance report date: | 23 December 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 Helping Hand Aged Care - Mawson Lakes Facility (**the service**) has been prepared by T Wilson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# 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 7 December 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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. | Compliant |

Findings

The service was found non-compliant following an Assessment Contact dated 15 to 16 February 2022 in this Requirement. The service did not demonstrate wounds and skin integrity issues were identified in a timely manner and effectively managed; blood glucose monitoring was in line with medical officer directives and the service’s policy; and the service did not identify three consumers were subject to chemical restraint.

The service made substantial improvements which include education for staff in wounds and skin care, diabetes management and clinical deterioration. A wound champion nurse was appointed to oversee wounds and provide education. Guidelines and charting tools were updated, and audits introduced to show compliance with the guidelines.

Whilst there has been a vast number of improvements made, the Assessment Team is recommending this Requirement is still Non-compliant specifically in relation to the supervision of a consumer with food seeking behaviours, emergency response provided to a consumer, management of diabetes, restrictive practices and wound care management.

The Assessment Team asserts Consumer A, with known food seeking behaviours, was not adequately supervised by staff in September 2022 leading to them ingesting an unknown substance which resulted in an airway obstruction leading to their death. It was also asserted staff did not undertake cardiopulmonary resuscitation in line with the service’s policies.

Four consumers (B, C, D and E) were subject to chemical restrictive practice without the appropriate authorisations. It was asserted that all four consumers did not have a diagnosis to support the use of the prescribed medications.

Staff did not consistently ensure photographs were taken from the correct angle for Consumer F and the high risk register was not updated with their latest wound.

Consumer G did not have a diabetes management plan documented in line with the service’s process, and staff did not consistently document actions taken when blood glucose levels are recorded out of acceptable ranges. The diabetes management plan does not contain directives on how the medical officer wishes to be notified of out of range blood glucose levels.

Both Consumers F and G did not have consistently documented pressure area care.

The service provided a response on 7 December 2022, providing a substantial amount of additional information. The provider states with the additional information they could demonstrate that the service is Compliant with this Requirement and some of the issues identified in the Assessment Team’s report do not reflect the intent of Requirement 3(3)(b).

In relation to Consumer A, the service provided a comprehensive response about the events of the day and denies the Assessment Team’s assertion that a ribbon was pulled out of the consumer’s throat. They have not been advised this had occurred and the information they have been provided with is Consumer A has no known cause of death, hence the coroner’s case. They also provided evidence to show whilst the consumer has a known behaviour of putting things in their mouth, they do not have a history of choking and were adequately supervised during the day of the incident. Also, the service acknowledged the nurse did not follow the resuscitation procedure and has added basic life support training to the continuous improvement plan.

The service acknowledges, based on the diagnosis alone that Consumers B, C and E should have been considered chemical restrictive practice and have now completed the procedures for Consumers B and C to ensure they are compliant with restrictive practice legislation. Consumer E, when being reviewed, was acknowledged as having a diagnosis of bipolar disorder which has now been added to their diagnosis list so informed consent for restrictive practice was not necessary. Consumer D had a diagnosis of anxiety disorder and the medication being provided to them was to treat anxiety disorder so informed consent for restrictive practice was not necessary.

Consumer F is under the direction of wound care specialist as they have circulatory issues and it is not expected that their wounds will resolve. The treatment is conservative to stop the wounds progressing but due to the nature of the consumer’s issues they will always have or develop new wounds. The wounds have remained relatively stable with the treatment being provided and the consumer does not like to wear the pressure relieving devices in public so they are not always used as they should be. In relation to the photographs, an audit was conducted which showed over 90% compliance with the photograph requirements which is what the target is.

Consumer G has been managed by the general practitioner in relation to their diabetes, and the service has followed the instruction by them. There is no requirement in the policy for diabetes to say directions on how to contact the general practitioner need to be included in the diabetes management plan. They provided evidence to show that on all but one occasion, staff escalated to the general practitioner as per the policy when the blood glucose levels were recorded out of acceptable ranges.

In relation to both Consumers F and G repositioning, charts are on longer required under the service’s policy for skin care and wound management. In addition, the charts were set up in error and the Braden scores of the consumers were only changed to satisfy one of the Quality Assessors on site. The charts were set up in error by staff who have now been reminded they are no longer required.

I have considered the evidence presented by the Assessment Team and the detailed response of the provider and I disagree with the Assessment Team’s recommendation that this Requirement is Non-compliant.

The information provided in relation to Consumer A is not relevant to Requirement 3(3)(b) and fits into other Requirements, 8(3)(d) for incident management and 7(3)(c) for staff competency, in relation to the resuscitation procedure not being followed, so I have not considered that information in this Requirement.

In relation to chemical restrictive practice, I acknowledge the fact that two consumers did not have consent in place. However, upon speaking with the Assessment Team the service immediately reviewed the named consumer and had them followed up appropriately. Normally, as this was not in place at the time of the assessment, I would not include the additional information provided later but, in this case, it clarified as to how the service had been misinformed to think that informed consent was not required.

The guidance on chemical restrictive practice states ‘Chemical restraint is a practice or intervention that is, or that involves, the use of medication or a chemical substance for the primary purpose of influencing a consumer’s behaviour but does not include the use of medication prescribed for; the treatment of, or to enable treatment of, the consumer for a diagnosed mental disorder, a physical illness or a physical condition; or end of life care for the consumer’. The service had relied upon the advice of the prescriber who advised it was not chemical restrictive practice. With the information provided I was unable to determine the intent of the use of the medication therefore as the service now had the correct authorities in place, I can only encourage them to review other consumers with the guidance information in mind.

The information provided by the provider in relation to the wound care for Consumer F demonstrated that the wounds are being managed by the service in conjunction with the wound care specialist advice. Whilst some photographs do not meet the criteria of the policy, the audit compliance rate is satisfactory, and it was not demonstrated the consumer suffered any ill effects from unsatisfactory photographs.

The evidence from the provider showed that Consumer G’s diabetes is being managed by the general practitioner and staff are following the guidance provided for them. It is acknowledged that on one occasion with a reading outside of the parameters, it was not escalated to the general practitioner but there was no evidence to show the consumer suffered as a result.

It is clear in the policy that repositioning charts are not required.

Accordingly, I find Standard 3 Requirement 3(3)(b) is 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-2)