Helping Hand Aged Care Ingle Farm Facility

Performance Report

7-31 Shackleton Avenue
INGLE FARM SA 5098
Phone number: 08 8397 8200

**Commission ID:** 6000

**Provider name:** Helping Hand Aged Care Inc

**Assessment Contact - Site date:** 16 March 2022

**Date of Performance Report:** 21 April 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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 4 April 2022; and
* the performance report dated 28 October 2021 for the Assessment Contact conducted on 9 August 2021 to 10 August 2021.

# 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 Quality Standard is assessed as non-compliant as one Requirement has been assessed as non-compliant. The Assessment Team assessed Requirement (3)(a) in Standard 3 Personal care and clinical care. All other Requirements in the Standard were not assessed at the Assessment Contact.

Requirement (3)(a) was found non-complaint following an Assessment Contact conducted on 9 August 2021 to 10 August 2021, as the service did not demonstrate each consumer gets safe and effective care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to management of behaviours. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirement (3)(a) in this Standard. The Assessment Team was not satisfied the service demonstrated each consumer gets safe and effective care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to chemical restraint and wound care.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I find the service non‑compliant with Requirement (3)(a). I have provided reasons for my findings under the specific Requirement below.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

This Requirement was found non-complaint following an Assessment Contact conducted on 9 August 2021 to 10 August 2021, as the service did not demonstrate each consumer gets safe and effective care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to management of behaviours. The Assessment Team’s report for the Assessment Contact conducted on 16 March 2022 provided evidence of actions taken in response to the non-compliance, including:

* Completion of behaviour charting for all consumers on admission, at six monthly care plan reviews and when there is a change or increase in behaviours.
* Creation of a Behaviour management procedure flow chart.
* Training has been provided to staff in relation to behaviour incident reporting, restrictive practices and Behaviour support plans.
* Enhanced site communication to ensure information and resources are shared with staff.
* Implementation of regular meetings between clinical and care staff to ensure incidents are reported and monitored.

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:

Chemical restraint

* Consumer A
	+ The consumer is prescribed regular and as required psychotropic medication for anxiety, agitation, distress, and behavioural and psychological symptoms associated with dementia.
	+ The consumer is also prescribed as required analgesia due to history of chronic pain.
	+ The consumer was not identified as being subject to chemical restraint on the service’s Chemical restraint register.
	+ The Behaviour support plan identifies key behaviours exhibited by the consumer, including wandering, verbal disruption and physical aggression.
	+ Progress notes for a 21-day period during late-February to mid-March 2022 demonstrates the following:

As required psychotropic medication was administered on eight occasions as a result of verbal behaviours. On three of the eight occasions, non-pharmacological interventions attempted prior to administering psychotropic medication were not described.

As required analgesia was administered on 12 occasions. On eight of the 12 occasions, the trigger for analgesia was described as yelling, calling out or crying, which is consistent with behaviours associated with the use of psychotropic medication.

* Of these eight occasions, an assessment of pain was not documented on five occasions and staff documented the consumer denied pain on two occasions.
	+ The consumer’s Behaviour support plan states triggers for verbal behaviour are unknown and random, however, two staff were able to describe specific triggers to the Assessment Team.
	+ The consumer’s Behaviour support plan did not include specific detail in relation to interventions, did not guide staff to assess pain as a trigger for verbal behaviour, did not identify unsuccessful non-pharmacological interventions and did not guide staff on when to administer medication.
	+ Management denied the consumer was subject to chemical restraint and were of the view their behaviour is related to their medical condition
	+ The consumer was reviewed by a geriatrician. In a letter to the service dated late-February 2022, the geriatrician noted the consumer was experiencing extrapyramidal side effects from high doses of psychotropic medication and did not believe psychotropic medication improved the consumer’s behaviours.
	+ The consumer’s medical officer stated the consumer returned from hospital on a high dose of psychotropic medications, which they have been slowly reducing.

Wound care

* Documentation demonstrated two consumers’ pressure injuries were not identified until they had deteriorated to stage two.
	+ Two staff reported consumers have ‘official’ head to toe skin checks each month, however, skin integrity should be checked with every care intervention.
* Wound charting did not consistently include weekly photographs of the wound in line with the organisation’s policy. Where wound photographs were included, they were taken at different angles and the wound was not always fully visible.
* One consumer’s pressure injury had increased in size and was reclassified to stage three, however, changes in preventative and management strategies were not implemented.
* The other consumer’s wound review included measurements, however, the Assessment Team could not identify if the wound had improved or deteriorated.

While some deficits identified by the Assessment Team are acknowledged, the provider’s response includes the following information and evidence to refute the Assessment Team’s assertions:

* The psychotropic medication prescribed for Consumer A was prescribed in relation to the consumer’s medical condition and is not a chemical restraint.
* Medication chart to support that as required and regular psychotropic medication was ceased for Consumer A. The Medication chart shows as required psychotropic medication was ceased after the Assessment Contact had been completed. The cessation date in relation to regular psychotropic medication is unclear in the Medication chart.
* Two progress notes entered prior to the Assessment Contact commenced were provided to demonstrate where clear documentation of non-pharmacological interventions and strategies were trialled before administering psychotropic medication.

The response also includes the service’s Plan for continuous improvement to demonstrate some of the deficiencies have either been addressed or are part of the plan. The response included:

* Staff education in relation to restrictive practices, preventing and managing pressure injuries, and wound charting has been scheduled.
* Staff are being monitored to ensure administration of as required medication is being documented correctly.
* Progress note template will be implemented to assist staff in documenting administration of as required medication.
* Completion of monthly wound focus audits.
* Development of wound documentation work instructions to guide staff practice.

I acknowledge the provider’s response and the associated documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, each consumer did not receive safe and effective care that was best practice, tailored to their needs and optimises their health and well-being.

I have considered that psychotropic medication administered to one consumer falls within the definition of chemical restraint as per the *Quality of Care Principles 2014*, as it was prescribed for the purpose of influencing their behaviour. The provider maintains the consumer was not being chemically restrained, as psychotropic medication was prescribed to treat their medical condition. However, the consumer’s diagnosis was not consistent with the approved use of each medication administered.

I have also considered that best practice and tailored care was not provided to one consumer subject to chemical restraint, as while the service was slowly reducing the consumer from high doses of regular psychotropic medication, as required psychotropic medication continued to be administered despite advice from a geriatrician that they were experiencing extrapyramidal side effects and it was not effective in treating their behaviour. Additionally, for a 21-day sampled period, there was no evidence indicating non-pharmacological strategies had been trialled on three occasions or assessment of pain conducted on five occasions prior to administering as required psychotropic medication and analgesia respectively, when the consumer was displaying verbal behaviours.

In relation to wound care, I have considered that pressure injuries were not documented in line with best practice, as they were taken from different angles and were not always fully visible, which did not enable assessment of wound healing. I have also considered that both sampled consumers’ pressure injuries were not identified until they had deteriorated to stage two and despite one consumer’s wound deteriorating further to stage three, changes in preventative and management strategies were not implemented.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) 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. All other Requirements in this Standard were not assessed at the Assessment Contact; therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) was found non-complaint following an Assessment Contact conducted on 9 August 2021 to 10 August 2021, as the service did not demonstrate the workforce was 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’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact.

The Assessment Team has recommended the service meets Requirement (3)(a) in Standard 7, as the service was able to demonstrate workforce was 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.

I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the provider’s response and find the service compliant with Requirement (3)(a). 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.*

This Requirement was found non-complaint following an Assessment Contact conducted on 9 August 2021 to 10 August 2021, as the service did not demonstrate the workforce was 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’s report for the Assessment Contact conducted on 16 March 2022 provided evidence of actions taken in response to the non-compliance, including:

* Implementation of a new rostering system.
* Processes have been put in place to ensure daily review of roster and allocation of staff across the site, and quarterly analysis of staff sufficiency.
* Reporting of call bell data and key performance indicators is undertaken weekly and monthly respectively.

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

* Consumers and representatives said call bells are responded to promptly and staff are attentive to their care.
* Six of seven staff interviewed reported staffing levels were sufficient and they were able to complete their duties in a timely manner. One staff reported it can get busy and at times they are unable to finalise their paperwork, however, there is no impact to consumer care delivery.
* One staff said they recently approached management and advised of an area with a high number of two-assist consumers. Management allocated a higher number of staff to that area in response.
* Rosters for an approximate 10-week period demonstrated two occasions when shifts were unfilled. Rostering records indicated that other staff shifts were extended to fill the vacancy. There was no evidence that these vacancies had an impact on consumers.
* Call bell and sensor mat response times are monitored by clinical staff and management carry out an investigation if call bell data exceeds 10 minutes. The call bell review for February 2022 showed the longest call bell response time was 8.25 minutes.
* Staff did not appear rushed when undertaking their duties throughout the Assessment Contact.

Based on the information 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.

* Ensure staff have the skills and knowledge to:
* Provide appropriate care relating to wounds and administration of psychotropic medication.
* Identify changes to consumers’ personal and clinical care needs and tailor care accordingly.
* Ensure policies, procedures and guidelines in relation to wound care and psychotropic medication administration are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to wound care and psychotropic medication administration.