Katoomba Views Care Community

Performance Report

2 Penault Ave
KATOOMBA NSW 2776
Phone number: 02 4780 0600

**Commission ID:** 2279

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 21 June 2022 to 22 June 2022

**Date of Performance Report:** 25 July 2022

# Performance report prepared by

Gill Jones, 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** |  |
| Requirement 3(3)(d) | 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 Approved Provider’s response to the Assessment Contact - Site report received 13 July 2022.

# STANDARD 3 Personal 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

Consumers interviewed generally said that they get the care they need. Consumers spoke about their wound care needs and the care staff provide in assisting their wounds to heal. Some consumers expressed concerns in relation to the time it takes care staff to attend to their continence needs.

While the service was able to demonstrate staff are identifying consumers wounds and wound care needs, and they take steps to promote healing, they did not demonstrate staff recognise wounds that are deteriorating or investigate the potential causes when a wound deteriorates.

The Assessment Team found that the specific requirement assessed was not met, however, having considered the Approved Provider’s response I consider this requirement met.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

**Assessment of Requirements:**

**Requirement 3(3)(d) 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 found the service did not demonstrate deterioration or change of a consumer’s condition is recognised and responded to in a timely manner in relation to wound care. The Assessment Team identified consumers for whom the service did not demonstrate that their deterioration in relation to wounds was detected and responded to appropriately in order to prevent continued reoccurrence. As a result, the service does not have effective processes in place to support its workforce to recognise and respond to a consumer’s deteriorating skin integrity. The Assessment Team reviewed the wound care provided to four consumers.

In relation to the first consumer, the Assessment Team found that a sacral wound had healed on 6 June 2022 but had broken down again on 13 June 2022. The Assessment Team assessed this wound as ‘unstageable’ having reviewed the wound care photography taken on 22 June 2022. Staff had not completed the appropriate incident forms and the cause of the deterioration had not been investigated. The Assessment Team also found that the consumer’s skin assessment has not been completed accurately as the need for repositioning has not been identified or incorporated into their care plan. Furthermore, staff had not put in place remedial actions when it was identified that the consumer was repositioning himself onto his sacrum which may impact wound healing.

The Approved Provider, in their response, disagreed with the Assessment Team’s findings and stated that not all vital information provided during the assessment had been included in the Assessment Report. The Approved Provider disputed the date of the wound photograph referred to by the Assessment Team as, according to their records, no wound photography was undertaken on 22 June 2022. In their response, the Approved Provider provided their wound care consultant’s review undertaken on 27 June 2022, some five days after the assessment contact, which showed the wound had healed.

The Approved Provider stated that it is not their organisation’s policy to complete an incident form if a wound deteriorates. However, they acknowledged this as an area for improvement in their incident investigation and had captured this on their Plan for Continuous Improvement to improve their processes. The Approved Provider further acknowledged the gap in the consumer’s skin assessment with regard to documenting pressure area care but pointed to this not having a negative outcome for the consumer. Furthermore, the Approved Provider disputed the Assessment Team’s finding that the consumer may be moving himself onto his back due to pain by providing the consumer’s pain chart and his regular pain medication regime which did not indicate the consumer was experiencing pain.

I have reviewed the documentation provided by both the Approved Provider and the Assessment Team and accept the evidence provided that the Approved Provider that the wound to the consumer’s sacrum was healed on 27 June 2022. Furthermore, whilst the consumer’s skin integrity plan should have contained the need for repositioning it is not disputed that the consumer was receiving this care and his wound was healing by 27 June 2022. I also find insufficient evidence that the Approved Provider has not appropriately managed this consumer’s pain.

With regard to the second consumer reviewed by the Assessment Team, the consumer had three wounds, one of which appeared to heal on 30 May 2022 and then, two days later, a new pressure injury was found in the same place. The Approved Provider disputed the Assessment Team’s findings and argued that the wound chart and photography reviewed by the Assessment Team was, in fact, for the same wound and not a new one. The Approved Provider provided documentation and stated that the previous wound care chart was ‘full of photos’ and a new one had to be created for the same wound.

I have reviewed the documentation provided by both the Approved Provider and the Assessment Team and accept the evidence provided that the Approved Provider that this did not appear to be a new wound.

With regard to a third consumer with incontinence associated dermatitis, the Assessment Team found the monitoring of this condition was unsatisfactory because staff failed to provide information in relation to healing in the consumer’s wound care documentation, instead merely stating wound treatments etc provided. The Assessment Team found wound photography was difficult to interpret in relation whether the wound was deteriorating or improving.

The Approved Provider acknowledged these issues and has purchased a new camera and has commenced education with staff regarding documenting wound care.

With regard to a fourth consumer with seven wounds to her feet, the Assessment Team found the documentation was unclear as to how these wounds developed.

The Approved provider, in their response, provided documentation from their wound consultant to show these wounds had been caused by severe contractures and malformation of the consumer’s feet. A wound consultant was monitoring these wounds, was satisfied with their progress and had recommended the current dressing regime.

The Assessment Team found another consumer, who had entered the service on 7 June 2022, had been asking to see their GP for several weeks to obtain results from a recent scan.

The Approved Provider, in their response, stated the consumer’s scans had been taken whilst he lived at his own home, prior to entry, and provided documentation to show that the GP had now seen this consumer to explain the results.

Lastly, two consumers informed the Assessment Team they had to wait 15-30 minutes, on occasion, to be toileted.

The Approved Provider, in their response, stated they had interviewed both consumers and both stated they were satisfied with care provided. I note, in making my decision, that neither consumer seemed distressed by these events and there appeared to be no negative impact on them caused by waiting a short while for continence care.

In summary, I find 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.

I find this requirement is compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

**Other relevant matters**

The service is currently non-complaint in 28 requirements across Standards One, Two, Three, Four, Six, Seven and Eight. These requirements were not assessed during this performance assessment.