Performance

Report

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| Name: | Linsell Lodge Aged Care Facility |
| Commission ID: | 6084 |
| Address: | 2-16 Cardigan Street, ANGLE PARK, South Australia, 5010 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 November 2023 |
| Performance report date: | 14 December 2023 |
| Service included in this assessment: | Provider: 53 The Salvation Army (South Australia) Property Trust  Service: 4101 Linsell Lodge Aged Care Facility |

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 Linsell Lodge Aged Care Facility (**the service**) has been prepared by A. Kasyan, 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 (performance assessment) – 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 29 November 2023; and
* the performance report dated 4 August 2023 for the Assessment Contact—undertaken on 15 June 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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)(a):**

* Ensure staff conduct comprehensive and accurate skin assessments.
* Ensure risk assessment tools are completed accurately and identify all risk factors that could contribute to the development of pressure injuries, including specific to the consumer.
* Ensure staff communicate information about consumer’s condition and risks to their health and wellbeing to the visiting healthcare professional effectively and timely.

**Standard 3 Requirement (3)(b):**

* Where risk of infection or pressure injuries is identified, ensure staff implement timely risk mitigation strategies and interventions.

**Standard 8 Requirement (3)(d):**

* Ensure effective trending and analysis of clinical incidents and quality indicators.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Not Compliant |

Findings

Requirement 2(3)(a) was found non-compliant following an assessment contact undertaken on 15 June 2023 where it was found assessment and planning was not effective because staff did not comprehensively assess risks to the consumer health and well-being resulting in not safe care. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including completing risk assessments for those consumers who were leaving the service independently and updating behaviour support plans.

At the assessment contact in November 2023 the assessment team recommended requirement 2(3)(a) not met. The service has a structured assessment and planning process, including consideration of risks, such as pressure injuries, pain, changed behaviours and sleep and staff use this information to inform how they deliver care. However, the assessment team found assessment and planning of the risks of developing pressure injuries is not effective and does inform the delivery of safe and effective care.

The assessment team sampled files of consumers who developed pressure injuries at the service. Documentation reviewed showed staff did not consistently conduct timely, comprehensive, and accurate skin assessments of consumers. Risk assessment tools were not completed accurately and did not identify all risk factors that could contribute to the development of pressure injuries.

Despite development of pressure injuries, staff did not reassess the consumers’ risk factors and skin integrity condition. The service did not communicate information about one of the sampled consumer’s conditions to the visiting healthcare professional to ensure coordinated efforts in preventing and managing the consumer’s pressure injuries.

The provider responded by stating they continue to work on an action plan to address findings from the previous assessment contact undertaken in June 2023, focusing on improving care delivery in areas such as wound management, assessment, care planning, and restrictive practices. The provider submitted a plan for continuous improvement (PCI), evidence of actions taken in response to the assessment team’s findings and clarifying information in relation to the consumers named in the report.

Based on the assessment team’s report and the provider’s response, I find the service is non-compliant with this requirement. Whilst the service has systems and processes, including risk assessment tools, asking for input from relevant, qualified practitioners about assessing and managing specific risks to ensure assessment and planning results in a safe and effective care, these are not effectively implemented. I acknowledge the provider’s response and supporting documentation demonstrating actions that have been taken since the assessment contact, including updated skin assessments, risk assessment tools and visiting health professional records. I acknowledge the service has implemented a PCI to remedy the deficits in this requirement, however, the improvement activities require monitoring and time to establish efficacy and improved consumer outcomes.

Standard 2 is assessed as non-compliant as requirement 2(3)(a) has been found 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. | Not Compliant |

Findings

Requirement 3(3)(b) was found non-compliant following the assessment contact undertaken on 15 June 2023 where it was found management of a consumer’s changed behaviours was not effective as a result of not comprehensive assessment of risks associated with the behaviours. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including training to staff on behaviour management, restrictive practices, and the use of chemical restraint as a last resort.

At the assessment contact in November 2023 the assessment team recommended requirement 3(3)(b) not met. Whilst staff were aware of the high impact and high prevalence risks for consumers at the service, and documentation showed effective management of risks for some of the sampled consumers, management of risks associated with skin integrity, infection and changed behaviours of two of the sampled consumers was not effective.

Staff did not implement timely risk mitigation strategies and interventions, such as antimicrobial treatment and referrals to a general practitioner and wound specialist, to ensure a consumer admitted with pressure injuries had their high impact risks managed effectively. This resulted in increased pain associated with the infected wound.

Documentation showed staff did not always document all strategies listed in the consumer’s care plan prior to administration of restrictive practice (chemical restraint) on “as required” basis to manage the second named consumer’s changed behaviours.

The provider responded to the assessment team’s findings and acknowledged that there was a delay in getting antimicrobial treatment prescribed for the consumer named in the report due to communication breakdown between visiting health professionals and staff. The service has reviewed their practice through implementation of infection report register and streamlining of a handover process.

Furthermore, education has been commenced with staff for pain, wound infection and handover process to ensure all consumers with chronic wounds are effectively managed and reviewed by a general practitioner in a timely manner.

In relation to deficits in documenting non-pharmacological strategies, the provider asserts risks are being managed effectively because there has been no administration of “as required chemical restraint in the past 5 weeks. In addition, a general practitioner reviewed the consumer following the assessment contact and noted improved management of the consumer’s changed behaviours.

Based on the assessment team’s report and the provider’s response, I find the service is non-compliant with this requirement. I find the service effectively manages risks of consumers’ changed behaviours, however risks associated with wound infection and pressure injuries are not managed effectively.

Whilst the assessment team found staff did not always document all strategies listed in the consumer’s care plan prior to administration of restrictive practice, I find the risks associated with the use of medication and changed behaviours were managed effectively. I have considered staff responses and their description of the consumer’s changed behaviours and strategies to reduce the behaviours. Staff confirmed receiving training on behaviour management and the importance of using chemical restraint as a last resort. Lastly, the provider’s response showed the consumer’s changed behaviours were managed by non-pharmacological strategies only for over a month.

I find risks of developing pressure injuries and wound infections are not managed effectively. I acknowledge the provider’s response and improvement actions, such as implementation of infection report register and streamlining of a handover process. However, the improvement activities require monitoring and time to establish efficacy and improved consumer outcomes.

Lastly, I have considered information in the provider’s response to the assessment team’s finding in requirement 2(3)(a) specifically in relation to not effective communication of information about one of the sampled consumer’s conditions to the visiting healthcare professional.

A review of the supporting documentation showed, the visiting health professional assessed the consumer and noted whilst pressure relieving aids were present, these were not correctly applied and may not be staying in place due to the consumer moving legs frequently. I find this evidence coupled with the provider’s statement that these wounds developed as a result of the consumer rubbing their feet together due to their medical condition demonstrate ineffective implementation of individualised strategies and interventions aimed at mitigating the consumer’s risk factors, such as shear and friction forces.

Standard 3 is assessed as non-compliant as requirement (3)(b) has been found 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. | Not Compliant |

Findings

Requirement 8(3)(d) was found non-compliant following the assessment contact undertaken on 15 June 2023 where it was found systems and practices were not effective in assisting staff to identify and manage high impact and high prevalence risks associated with the care of consumers, and incidents were not effectively used for implementing strategies to prevent recurrence. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including providing training to staff on behaviour management, restrictive practices and the use of chemical restraint as a last resort.

At the assessment contact in November 2023 the assessment team recommended requirement 8(3)(d) not met and found risk management systems and practices to manage high impact and high prevalence risks associated with the care of consumers were not effective.

While incidents associated with high impact and high prevalence risks, such as falls and pressure injuries, were reported and included in Quality Indicator data, incidents were not being trended to identify areas for improvement and to prevent the risk of recurrence. Quality indicator data for July to September 2023 was reviewed, and while incidents were recorded, no synopsis or discussion of this data was provided, and there was no evidence to demonstrate this data was utilised to prevent or reduce the frequency of these incidents. Clinical governance meetings should take place monthly, and discuss incident trends, however, these have not occurred since September 2023.

The provider submitted a PCI and provided supporting evidence to demonstrate that since the assessment contact, the clinical governance committee meeting has been held and during this meeting, all clinical indicators, including pressure injuries, falls, infections, unplanned weight loss, medication errors and restrictive practices were reviewed and trended to drive continuous improvement. The provider advised, since the assessment contact undertaken in June 2023, the service have encountered challenges in recruitment and leadership, leading to the organisation to appoint a new Centre Manager who commenced in October 2023 and a number of registered nurses who have recently been recruited.

Based on the assessment team’s report and the provider’s response, I find the service is non-compliant with this requirement because clinical incidents and quality indicators are not analysed and trended to enable effective implementation of risk mitigation strategies. I acknowledge the provider’s response, improvement actions and additional information about difficulties the service was facing with recruiting clinical staff and key personnel. However, it is expected in this requirement that risk management systems and processes are effective and enable handling temporary disruptions and ensure the continuity of critical functions, such as risk analysis.

Standard 8 is assessed as non-compliant as requirement 8(3)(d) has been found non-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-1)