Performance

Report

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| Name of service: | Narangba Community Aged Care |
| Service address: | 31 Mumford Rd NARANGBA QLD 4504 |
| Commission ID: | 5796 |
| Approved provider: | Signature Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 to 17 August 2023 |
| Performance report date: | 05 September 2023 |

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 Narangba Community Aged Care (**the service**) has been prepared by K. Reed, 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 - 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 01 and 05 September 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **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)(a) | 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. | Compliant |

Findings

The Assessment contact - site report contained information the service did not demonstrate consumers received care that was tailored to maintain their health and well-being. Five consumers or representatives expressed unsafe practices occurred within the service and explained how these practices led to poor personal care outcomes. Three sampled consumers at a high risk of falls did not have effective fall prevention strategies in place, and they did not receive safe monitoring of neurological observations after experiencing a fall.

I have considered both the Assessment contact - site report and the response from the Approved provider when coming to my decision regarding compliance for this Requirement. My reasonings are listed below.

One named consumer sustained a burn 13 August 2023, to their upper thighs and legs following the spillage of a hot drink that was left on their bedside table. The Assessment contact - site report refers to deficiencies in care provided to the named consumer following the incident. The Approved provider has refuted deficiencies in care provided to the consumer occurred. The Approved provider agrees the staff member who left the hot beverage with the consumer and left the room to deliver another beverage made two errors in judgment. The staff member had a meeting with management on 16 August 2023, and a memorandum has been sent to all staff regarding leaving beverages in consumer’s rooms for consumers who require assistance. It is thought the consumer removed the lid to the beverage and spilt the beverage onto their lap. It is my decision; it was not the intention of the care staff member to not follow care planning directives to assist the consumer with their beverage.

Follow-up care was provided to the consumer via first aid treatment including cold wet towels applied to the region by the registered nurse who attended to the consumer and completed a head to toe assessment of the consumer. An after hours Medical officer attended the service and assessed the burn as a superficial dermal burn, prescribed analgesia and described wound care to be attended. I note there is some conflicting information between information obtained from the emergency department of the hospital and progress note entries supplied by the Approved provider in relation to first aid treatment applied at the time of the burn and for the following two days, prior to the consumer going to hospital. Hospital notes indicate there was no first aid treatment at the time of the burn or in the next two days. This does not correlate with instructions provided by the medical officer who reviewed the burn on 13 August 2023 and prescribed a silver based dressing to be applied, and an entry by a registered nurse on 14 August 2023 indicating a wound dressing change.

The Assessment contact - site report suggests poor care was provided after the consumer sustained the burn, after reviewing the Approved provider’s response it is my decision adequate care was delivered to the consumer. It is my opinion documentation could be improved in relation to the monitoring of the consumer following the incident including the appearance of the burn and subsequent first aid delivery and pain management. However, the consumer was on a repositioning schedule prior to the incident and was commenced on a sighting chart following the incident, which evidenced the consumer was routinely monitored throughout the day with a more focused approach following the incident.

Information contained in the report in relation to the delay of management being aware of the incident until 15 August 2023 has not influenced my decision in regard to the care of the consumer, while a text message was not received by the Residential manager and the Clinical manager became aware of the incident on 15 August 2023, it is my decision actions taken following the review of the burn were appropriate.

In relation to information the consumer’s representative was not aware of the severity of the burn (following phone calls made by the service after the incident) and may have made a different decision regarding transferring the consumer to hospital, I have considered the information recorded by the treating medical officer that the burn was a superficial burn. I believe it was reasonable to transfer the consumer to hospital on 15 August 2023 when there was a suspicion of an infection. I am also cognisant the hospital considered the burn to be superficial and there was no infection present. I also note the service has reported this incident to the Serious incident response scheme and have provided an apology to the consumer and their family.

A second named consumer was reported to be lying in bed in a soiled incontinence aid for an extended period of time, resulting in pain to the consumer’s bottom. The Approved provider in its response analysed the consumer’s call bell responses during the Assessment contact and identified eight requests for assistance made by the consumer were outside the service’s targeted response times. The Approved provider completed an analysis of the consumer’s call bell response times in general and noted over the previous six months for 3572 requests for assistance (averaging 16 calls daily) the average call bell response time was 3.33 minutes. The Approved provider added a fourth step to the escalation schedule for call bells, whereby a high priority email will be sent to the General Managers Operation and Quality advising of a call bell unanswered after 12 minutes. The Approver provider analysed call bell response times for all consumers during the Assessment contact -site and identified the average response time was 1.58 minutes. While the named consumer regrettably experienced delays in call bell response times, the Approved provider has been proactive in their response and has installed a call bell monitor in the Clinical manager’s office and weekly reports will be generated and discussed with Team leaders in each unit for consumers whose call bell was not answered within eight minutes. I note while the Assessment contact-site report indicates the consumer was experiencing pain in their bottom, this has not been explored further to provide context to the severity, duration, and strategies to address the consumer’s pain.

A third consumer was noted in the Assessment contact-site report to have ‘furniture hopped’ to the bathroom due to delays in staff assistance. The Approved provider acknowledged the information recorded for the consumer but also provided evidence the Physiotherapist was aware the consumer used furniture to walk and attempt to walk unassisted. It is my opinion actions addressed above for the second named consumer will address lengthy call bell response times.

A fourth consumer was recorded in the Assessment contact-site report as being observed attempting to mobilise from their bed to chair. The Approved provider acknowledged during the Assessment contact -site the consumer had two occasions when their call bell was not answered within eight minutes, however I also note the consumer activated their call bell 26 times on 15 and 17 August 2023, and the remaining 24 occasions their call bell was answered in a timely manner.

The Assessment contact-site report contains information relating to three consumers who sustained falls and either did not have falls prevention strategies in place or were not monitored after the fall through the use of frequent neurological observations. The Approved provider in its response has developed a process related to this acknowledged process gap. A report has been created listing all consumers who have commenced on neurological observations which is accessible by the Care manager and Care coordinator. The commencement of neurological observation is triggered through a mandatory question included in the consumer incident report.

One named consumer fell on 21 July 2023 with injuries sustained, the Assessment contact -site report raises concerns the consumer did not have strategies in place to alert staff to the consumer attempting to mobilise. The Approved provider refutes this information and provided evidence the consumer had a sensor mat in place as evidenced by a falls risk assessment completed in July 2023.

Another named consumer who fell 24 March 2023 and did not have neurological observations completed as per the service’s policy, the Approved provider has evidenced the consumer did not sustain a head strike and therefore neurological observations were not required.

While I acknowledge call bell response times are a method for identifying potential delays in staff attendance, I am also aware this requirement relates to the safe delivery of care and services. I have not been able to correlate delays in call bell response times have led to poor clinical outcomes for consumers. One consumer was noted to be in pain while waiting for their continence aid to be changed, however, there is no context to this information. It is my opinion the care provided to the consumer who sustained a burn was adequate. Relating to consumers who have fallen, and neurological observations were not completed for the length of time directed by the organisation, it is my opinion actions taken by the Approved provider will address this process gap moving forward.

It is my decision this Requirement is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

The Assessment contact-site report contains information the service was unable to demonstrate that there was the appropriate number and mix of staff to provide safe and quality services to all consumers. I have considered both the Assessment contact - site report and the response from the Approved provider when coming to my decision regarding compliance for this Requirement. My reasonings are listed below.

A named consumer was listed in the Assessment contact -site report as evidencing there was insufficient staffing and they wheeled themselves back to their room when their pendant alarm was not responded to by staff, when they require assistance with toileting. The Approved provider has responded with an analysis of the named consumer’s call bell response times which evidences a response time of 2.26 minutes over a six month period. The consumer did not provide impact on their care and services related to any delay for staff attending their call bell response. I do not consider this information supports a systemic lack of staffing.

Information was included in the Assessment contact – site report that a consumer representative attends the service daily to ensure the consumer eats their meals due to a lack of staffing. The Approved provider in its response has refuted this information. The Approved provider evidenced information relating to the consumer whose preference it is for their loved one to be assisted at mealtimes where possible by family members. I am not convinced this is due to a lack of staffing.

One named consumer reported they observed other consumers waiting long periods for care to be attended to. The Approved provider refutes this information as hearsay and not verifiable and provided evidence of a call bell analysis following a six month period which indicated 94% of call bell response times were recorded as answered within the service’s threshold of eight minutes.

For a named consumer previously evidenced in the Assessment contact - site report, information was recorded they often wait for long periods of time for personal cares. The Approved provider evidenced the named consumer used their call bell on average 16 times daily with an average response time of 3.33 minutes. The Approved provider acknowledged the consumer experienced call bell response wait times on 33 occasions over a six month period, however this equated to 1% of the total call made by the consumer. Without specific evidence the consumer experienced impact to their health a well-being due to delays in cares, it is my decision it would be reasonable to expect some delays in staff attending call bells particularly during peak times. The actions taken by the Approved provider including the weekly call bell response report by the Clinical manager and the fourth escalation process will identify and address any lengthy call bell wait times.

Care staff were recorded in the Assessment contact – site report as stating there was not enough staff to provide safe and effective care in a timely manner, noting that consumers have to wait for care to be attended to. The Approved provider has refuted this evidence and has provided evidence to support 94% of call bells recorded over a six month period were answered within eight minutes. Of the remaining 6% of call bell responses 35 % were answered within 10 minutes.

A summary statement in the Assessment contact - site report relates to an inappropriate mix and number of staff to provide safe and quality care to all consumers at the service. The Approved provider disagrees with this statement and evidences the services has achieved 100% of care minutes for care workers per consumer as per legislation. The master roster and allocation sheets provided as part of the response to the report evidenced all shifts (between 14 to 18 August 2032) were covered as per the master roster. While allocation sheets indicated four shifts during this period were not filled or replaced, the Approved provider has stated in these cases staff will extend their shifts or work an additional shift. The Approved provider has also stated the management team assist with care provision as required.

Information recorded in the Assessment contact - site report which states sampled staff said there were not enough staff, leaving consumers to wait for their care needs has been refuted by the Approved provider based on the number of staff sampled during the Assessment contact. The Approved provider has stated there were 34 care staff working the morning and afternoon shifts during the Assessment, there were five care staff interviewed as per the Assessment contact - site report, and this sample size is not representative of the views of the remaining 29 staff members.

In coming to my decision of Compliance in this Requirement, I have considered the responsiveness of the Approved provider to areas of improvement identified and the proactive nature of the management team to feedback provided during the Assessment contact. Future plans to enhance and escalate call bell monitoring has also influenced my decision. It is my decision this Requirement is Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)