Performance

Report

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| Name: | Onkaparinga Lodge Residential Care |
| Commission ID: | 6222 |
| Address: | 28 Liddell Drive, HUNTFIELD HEIGHTS, South Australia, 5163 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 29 May 2024 to 30 May 2024 |
| Performance report date: | 12 July 2024 |
| Service included in this assessment: | Provider: 870 Southern Cross Care (SA NT & VIC) Incorporated  Service: 5555 Onkaparinga Lodge Residential Care |

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 Onkaparinga Lodge Residential Care (**the service**) has been prepared by M Dubovinsky, 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.

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; and
* the provider’s response to the assessment team’s report received 21 June 2024, including a Plan for Continuous Improvement (PCI).

# 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 7** **Human resources** | **Not Fully Assessed** |

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)(e)**

* Review policies and procedures to ensure:
  + weight loss is identified, strategies to support nutrition and hydration are reviewed and alternative strategies are considered.
  + when a new wound occurs including following a suspected pressure injury, the skin integrity assessment and other relevant assessments and strategies are reviewed for effectiveness.
  + when a new area of pain is identified, or pain regularly re-occurs, a relevant assessment is undertaken and management plan developed.

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

* Review policies and procedures to ensure:
  + when pain is identified, strategies are implemented and monitored for effectiveness.
  + when a skin condition is identified, sufficient monitoring occurs to support optimal skin integrity management.
  + consumers’ skin integrity and pressure injury risk are effectively managed and when wound care is provided a management plan is developed and followed.
  + when high risk medications are prescribed including for consumers who are not actively nearing end of life, that sufficient guidance and instructions are available for the safe medication administration.
  + the risk of malnutrition, weight loss and choking are identified, and strategies developed, implemented and monitored.
  + where medications are prescribed for the management of changed behaviours, that relevant behaviours support plans are completed and individually tailored to support effective behaviour management.

# Other relevant matters:

The assessment team initially entered the service to undertake a food, dining, and nutrition monitoring activity on 28 May 2024. In response to the deficits identified during the activity, an assessment of performance was undertaken on 29 May to 30 May 2024.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant |

Findings

The Assessment Team recommended requirement (3)(e) not met. The service was not able to demonstrate care and services were consistently reviewed for five consumers. The deficits identified related to reviewing care and services following a medical event and/or weight loss, incidents of falls and new wounds, pain, and deterioration. The following evidence was considered relevant to my finding;

Consumer A

* The consumer’s representatives were not aware if the consumer’s care planning documentation was updated following a recent medical event, where recommendations were made by a health specialist.

Consumer B

* The consumer experienced two falls and documentation showed falls risk assessments and pain assessments were not updated.
* The consumer experienced weight loss in the month prior. However, care documentation did not show the weight loss was recognised and assessments updated.
* The consumer experienced a wound, however a reassessment of the consumer’s skin care needs did not occur.

Consumer C

* The consumer experienced significant weight loss over a one-month period and the consumer’s malnutrition screening tool was not updated.

Consumer D

* Pain charting and evaluation recorded the consumer experiences pain in two areas which required treatment. However, the consumer’s pain assessment was not updated to include the new areas of pain following ongoing episodes of pain.

Consumer E

* Records showed the consumer experienced deterioration and was commenced on an end of life pathway, however assessment and care planning documentation was not updated following the consumer’s decline in health.

The Approved Provider’s response refuted the Assessment Team’s findings. A PCI was included in the response and included a range of improvements including; providing refresher training to staff on weight management, pain management and improving documentation. In relation to the five named consumers, the Approved Provider advised the following, which was considered relevant to my finding:

Consumer A

* The consumer’s representative was informed, and provided evidence of progress notes and records confirming the care plan was reviewed, and both medical and allied health staff were involved following the medical event.

Consumer B

* The consumer’s falls risk assessments and pain assessments were not required to be updated and provided a list of a range of assessments including mobility assessments completed prior to the assessment contact and following both falls. In addition, an analysis was included for one of the falls noting a pain chart was completed.
* The consumer’s weight was effectively managed and provided a record of a meeting where the consumer’s decline in health was discussed. The response asserts the consumer was too unwell to have their weight recorded and following an improvement in health status, the consumer was weighed, and the weight loss was identified with a subsequent review completed by an allied health worker at the time of the assessment contact. The document provided outlined a range of additional strategies which were to be commenced at the time of the assessment contact.
* Acknowledged the consumer experienced a wound and that the wound was minor.

Consumer C

* Disputes the consumer’s weight was not effectively managed or reviewed and provided evidence of a progress note noting the weight loss and this was attributed to a medical intervention.

Consumer D

* Asserts staff followed internal policies and procedures and the consumer’s pain was assessed managed.

Consumer E

* The consumer’s care planning documentation was reviewed following their decline and included a list of assessments completed following the consumer’s decline in health. The Approved Provider also assert the care plan was not required to be updated.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service was not able to demonstrate care and services were reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preference. Specifically for Consumer B in relation to weight management and skin integrity management and for Consumer D in relation to pain management. I have considered the evidence documented in Standard 3 Requirement (3)(d) for Consumer A where the consumer’s weight loss was not effectively reviewed.

For Consumer A, I find the consumer was reviewed following a medical event and a range of assessments were reviewed. However, I have considered in my finding the evidence documented in Standard 3 Requirement (3)(d) where documentation showed the consumer experienced weight loss, however the consumer’s nutrition and hydration strategies were not reviewed.

For Consumer B, I find the consumer’s falls risk was effectively reviewed and included the involvement of allied health staff. Whilst the pain assessment was not updated following both falls, I accept the organisation’s process being that pain assessments are not required to be updated following every event and the evidence included in the response demonstrates a process for staff to monitor and evaluate pain through pain charting. However, I find for Consumer B their weight was not effectively reviewed, whilst I acknowledge the consumer may have been declining in health, I am not satisfied their nutrition and hydration care needs were reviewed in the context of their declining health. Whilst I acknowledge a review was undertaken during the assessment contact where an allied health worker made new recommendations, I am not satisfied the referral occurred when the initial weight loss was recorded and I am not satisfied the consumer’s nutrition and hydration needs were reviewed until the time of the assessment contact. For Consumer B, I find the strategies to manage the consumer’s skin integrity were not reviewed following the suspected pressure injury and wound. I have considered the record of care plans reviewed, however I have noted the skin integrity assessment has not been updated or reviewed following the new wound.

For Consumer C, whilst the screening tool was not updated, I am satisfied the service was aware of the consumer’s weight loss which was attributed to a medical intervention.

For Consumer D, relevant assessment and planning was not completed and the service plan was not up to date. I have noted the care and service plan was not updated to include the new areas of pain and a relevant management plan to guide staff practice.

For Consumer E, I am satisfied a range of assessments were completed following the consumer’s decline in health.

I have placed weight on the deficits relating to Consumers A, B and D in coming to my finding. I have considered the Approved Provider’s response and additional information provided. Whilst a range of improvements have commenced with some having been completed, I am not satisfied the improvements have been embedded and sustained to ensure the delivery of safe and quality care and services.

Based on the information summarised above, I find Requirement (3)(e) not 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 |
| Requirement 3(3)(d) | 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. | Compliant |

Findings

**Requirement (3)(b)**

The Assessment Team recommended requirement (3)(b) not met. The service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer and management of risks associated with pain, high risk medications, wounds and behaviour support. The Assessment Team identified the following evidence for five named consumers, considered relevant to my finding;

Consumer F

* The consumer stated they were experiencing pain, and whilst pain management documentation described a strategy to manage the consumer’s pain, the Assessment Team’s observations suggest the strategy was not implemented.

Consumer A

* The consumer’s representative stated the consumer experiences pain and documentation showed a range of strategies, however care staff were not able to describe the strategies listed. Care documentation did not show pain being evaluated.
* The consumer’s documentation did not record detailed wound treatment plans and had inconsistent photographs and minimal descriptions.

Consumer D

* Documentation showed the consumer was experiencing an infection treated by a medical officer, however the documentation showed inconsistent monitoring and a wound management plan was not completed. Progress notes did not show daily monitoring of the condition.

Consumer G

* In relation to medication management, the medication chart shows the consumer is prescribed as requiring end of life medications, however, is not actively end of life.
* Documentation to manage the consumer’s changed behaviours were not personalised and strategies documented were generic. Documentation did not show the service was working with the medical officer to review and reduce the use of psychotropic medication.

Consumer B

* In relation to pressure injury and wound management, documentation recorded the consumer experienced a pressure injury, had a wound dressing and required antibiotics, however a wound assessment and management plan was not undertaken.
* In relation to medication management, whilst care documentation shows the consumer’s condition has declined, the consumer is not actively end of life and the medication chart shows the consumer is prescribed as required end of life medications.

The Approved Provider’s response acknowledged aspects of the Assessment Team’s findings. A PCI was included in the response and identified a range of improvements including; providing training to clinical and non-clinical staff on restrictive practices, behaviour support planning and further refresher training on pain management. The Approved Provider advised the following, which was considered relevant to my finding;

Consumer F

* Acknowledged the consumer’s pain management strategy was not implemented and asserted this was an isolated incident involving a non-regular worker.

Consumer A

* Refuted the consumer’s pain was not being managed and evaluated with evidence provided demonstrating pain was being evaluated following pain management interventions.
* Refuted the consumer’s wound was not being effectively managed and wound monitoring processes including photographs were effective, the wound was not a high impact risk and has since healed.

Consumer D

* Refuted a wound assessment and management plan was required as the consumer’s skin was intact and the consumer’s skin integrity was maintained which is consistent with internal policies and procedures.

Consumer B

* In relation to pressure injury and wound management, acknowledged a wound assessment and management plan was not undertaken, however the wound was minor and following the assessment contact the staff member involved was counselled.
* In relation to medication management, assert the rationale for the medications prescribed was appropriate and provided excerpts from the medical officer and clinical staff in relation to the anticipation for requiring medications to support end of life care.

Consumer G

* In relation to medication management, assert the rationale for the medications prescribed was appropriate and provided excerpts of discussions with the representative and medical officer. The response also included excerpts of the medication order.
* The service is actively reducing the use of psychotropic medication and provided a list of medications which have been ceased prior to the assessment contact for Consumer G.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, in relation to Consumer F’s pain management; Consumer A’s wound management; Consumer D’s condition and skin integrity management; Consumer B’s pressure injury and wound management; Consumers B’s and G’s medication management; and Consumer G’s restrictive practices and behaviour support. I have also considered deficits outlined in Standard 3 Requirement (3)(d) for Consumers A and B where the consumer’s risk of malnutrition and weight was not effectively managed.

For Consumer F, I find their pain and associated risks were not effectively managed as the strategy outlined in the care plan was not being implemented which was acknowledged by the Approved Provider.

For Consumer A, documentation submitted by the Approved Provider demonstrates the consumer’s pain was evaluated following a pain management intervention. However, in relation to wound management and associated risks, I find the consumer’s wound was not being effectively managed. Whilst the wound has subsequently healed, I have considered staff did not have a wound management plan to follow to optimise wound management. For Consumer A, I have also considered evidence documented in Standard 3 Requirement (3)(d) where the consumer’s weight was not being effectively managed, experienced weight loss and staff were not aware of strategies to manage the consumer’s swallowing risk. These deficits have been considered in this requirement specifically relating to management of the consumer’s risk of malnutrition and swallowing risk.

For Consumer D, the evidence supports my view the consumer’s condition and associated skin integrity risk was not effectively managed. Whilst the consumer’s medical officer was involved in prescribing a medication to treat the condition, regular and consistent monitoring of the consumer’s skin integrity was not demonstrated. Whilst the response asserts there was no skin breakdown and the consumer’s skin integrity remained intact, the potential risk associated with skin deterioration existed which would warrant consistent monitoring to support timely treatment in the event of potential skin deterioration and management of associated risks.

For Consumer B, in relation to wound and pressure injury management, a relevant assessment and management plan was not completed to support optimal wound and pressure injury management. Whilst, the wound was minor and the medical officer was involved, the deficit in not having an appropriate wound assessment and management plan, supports my view the risks associated with the potential pressure injury were not effectively managed.

I have also considered evidence for Consumer B documented in Standard 3 Requirement (3)(d), specifically relating to weight management as it more closely aligns with the high impact risk of malnutrition which was not demonstrated for Consumer B. The consumer experienced weight loss and whilst the response asserts the consumer was declining in health and showed an improvement in the preceding week to the assessment contact. I have noted the review undertaken at the time of the assessment contact recommended new strategies to support the consumer’s risk of malnutrition.

In relation to safe medication management, I find for Consumers B and G, a potential medication related risk existed as both consumers were prescribed high impact medications to support end of life care, however both consumers were not actively end of life. Whilst I accept both consumers were declining in health and proactive prescriptions were undertaken in anticipation for a worsening health status, neither consumer was actively nearing end of life and the documentation available to guide staff did not clearly outline the medications were specifically associated for the provision of care and services for consumers who are actively nearing end of life. In relation to Consumer G and psychotropic medication, the evidence demonstrates staff are monitoring psychotropic medication use through the register and the evidence in the response demonstrates a range of psychotropic medications have been ceased for Consumer G. In relation to the management of changed behaviours and restrictive practices, I find for Consumer G the care planning did not support optimal behaviour management as tailored strategies were not developed and were generic, whilst noting the consumer was prescribed medications for the management of changed behaviours. I note the Approved Provider has commenced implementing improvements to support effective management of changed behaviours and restrictive practices.

I have considered the Approved Provider’s response and additional information provided. Whilst a range of improvements have been commenced with some completed, I am not satisfied the improvements have been embedded and sustained to ensure the delivery of safe and quality care and services.

Based on the information summarised above, I find Requirement (3)(b) not compliant.

**Requirement (3)(d)**

The Assessment Team recommended requirement (3)(d) not met. Whilst the service recognised when a consumer deteriorated and responded appropriately, five other consumers experienced changes in condition which were not responded to appropriately or in a timely manner relating to weight loss or undertaking appropriate monitoring following acute deterioration. The following evidence was considered relevant to my finding:

Consumer A

* Records showed the consumer experienced weight loss and had inconsistencies in weight documented which was not actioned.
* Staff could not describe how they support the consumer with their supplements and manage their swallowing risk consistent with allied health directives. The consumer was observed eating minimal food.
* A review was conducted at the time of the assessment contact which showed the consumer experienced significant weight loss over a four-month period. During the assessment contact the consumer was reviewed by an allied health worker where additional strategies were implemented.
* The consumer experienced a medical event and was transferred to hospital, however vital signs were not consistently documented prior to the transfer.

Consumer C

* The consumer experienced weight loss over the previous one-month however, no additional actions have been undertaken.

Consumer B

* Records showed the consumer experienced weight loss, however care documentation did not demonstrate appropriate action was undertaken.

The Approved Provider’s response acknowledged aspects of the Assessment Team’s findings. A PCI was included in the response and included: further training for staff on weight management and thickening drinks, undertaking food consistency and wound management audits, further training on the International Dysphagia Diet Standardisation Initiative (IDDSI), commencement of a checklist to guide staff practice and reviewing wound assessment processes. The Approved Provider provided the following evidence which is considered relevant to my finding:

Consumer A

* Acknowledged the consumer experienced weight loss and the Assessment Team’s evidence.
* Refute the consumer’s acute deterioration and vitals signs were not effectively managed and assert sufficient monitoring occurred. The response included evidence of a review undertaken documenting the consumer’s pain was effectively managed.

Consumer C

* Refutes the consumer’s weight was not being effectively managed. An excerpt of a progress note was provided prior to the assessment contact demonstrating staff were aware of the weight loss and this was attribute to a medical intervention and health status.

Consumer B

* Refutes the consumer’s weight was not being effectively managed and the consumer was declining in health and had shown improvement in the preceding week of the assessment contact. Evidence was provided to demonstrate the consumer was declining in health and the medical officer was involved and aware of the consumer’s declining health status.

Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view and find the service was able to demonstrate 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. In coming to my finding of compliance, I have considered the deficits relating to Consumers A and B aligns with Standard 3 Requirement (3)(b). For Consumer A the deficits related to the management of the consumer’s swallowing risk, risk of malnutrition and weight loss and for Consumer B specifically relating to the risk of malnutrition and weight loss.

For Consumer A, I find the consumer’s weight was not effectively managed which was recognised by the Approved Provider in the response and a range of improvements have been commenced or are planned. Consumer A has been considered in my finding in Standard 2 requirement (3)(e) and Standard 3 requirement (3)(b) in relation to managing the consumers risk of malnutrition, swallowing risk and weight management.

In relation to the monitoring of vital signs following an acute event, I find sufficient monitoring occurred and staff followed the medical officer’s directive in transferring Consumer A to a medical facility for further assessment.

For Consumer C, I find the consumer’s deterioration in weight was effectively identified and managed as evidenced by the progress note and was attributed to a medical treatment and health status.

For Consumer B, whilst I acknowledge the evidence notes the consumer was declining in health, I am not satisfied the consumer’s nutrition and hydration care needs were effectively managed. I acknowledge a review was undertaken during the assessment contact where an allied health worker made new recommendations to optimise the consumer’s weight management and risk of malnutrition. I have considered the deficit in the management of the high impact risk of malnutrition and weight loss in my finding in Standard 3 Requirement (3)(b).

In my finding of compliance, I have also considered the assessment team’s evidence which demonstrated for one other consumer, staff recognised and responded appropriately following the consumer’s acute medical event.

Based on the information summarised above, I find Requirement (3)(d) 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 Team recommended requirement (3)(a) not met. Some consumers and representatives were not satisfied with staffing levels, observations of meal services on one day appeared rushed and clinical staff described how they experience challenges responding to call bells. The following evidence was considered relevant to my finding;

* Nine of 11 consumers and representatives expressed dissatisfaction with staffing levels with three specific examples provided. Consumer D stated this impacted their continence care with call bell data showing responses greater than 10 minutes. Consumer H stated this impacted administration of their medication. Consumer H and Consumer I were not satisfied with the length of meal service and felt rushed impacting their scheduled activities.
* One staff member expressed feeling rushed and not being able to always meet consumer preferences. Clinical staff stated they are not always able to spend time with consumers to complete their needs.
* Audits show call bell data is monitored and tracked and was below the organisation’s threshold. Management described how they monitor staff allocations through a monthly reporting document.
* Allocations showed all shifts were filled. Processes support the implementation of additional shifts with a specific example described for an additional nursing shift commencing during the week of the assessment contact.
* Observations of the dining service by the Assessment Team showed an extended meal service with some consumers waiting an extended period to be served dessert.

The Approved Provider’s response acknowledged aspects of the Assessment Team’s findings. A PCI was included in the response and included: reviewing consumer and staff allocation lists, undertaking further call bell audits and reviewing equipment used by consumers to alert staff. The Approved Provider gave the following evidence which is considered relevant to my finding:

* Acknowledged the findings for Consumer E relating to continence management and staff response times.
* For Consumer H, reviewed medication administration records and claims the feedback is inconsistent with the call bell response data.
* Stated the service is monitoring and exceeding the relevant care minutes as legislated and is monitoring call bell response times which is below the organisational Key Point Indicator (KPI).
* Acknowledged the observations made by the Assessment Team at the meal service. Refresher training has since been conducted for nursing staff with further training planned for ancillary staff.

Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view and find the service was able to demonstrate 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.

In coming to my finding, I have noted the service had no unfilled shifts immediately preceding the assessment contact and had established and effective processes to monitor and review the sufficiency and mix of staffing through a range of mechanisms including the monitoring of call bell response data and monthly reports. To further support my view, I noted the recent additional nursing shift which was being implemented during the week of the assessment contact. I have also considered the improvements commenced and actions undertaken by the Approved Provider in response to Assessment Team’s findings including reviewing the staff allocations. Whilst I acknowledge the consumer feedback, specifically for three consumers which indicated dissatisfaction with the sufficiency of staffing, I have considered this in the context of the size of the consumer cohort.

Based on the information summarised above, I find Requirement (3)(a) 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)