Performance

Report

**1800 951 822**

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| Name of service: | Rocky Ridge |
| Service address: | 15 Rocky Ridge Road KATHERINE NT 0850 |
| Commission ID: | 6986 |
| Approved provider: | Australian Regional and Remote Community Services Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 June 2023 |
| Performance report date: | 2 August 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 Rocky Ridge (**the service**) has been prepared by R Beaman, 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.

# 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; and
* the provider’s response to the Assessment Team’s report received 3 July 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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 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. | Compliant |
| 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. | Compliant |

**Findings**

Requirements (3)(a) and (3)(e) were found non-compliant following a Site Audit undertaken from 3 May 2022 to 5 May 2022 where it was found assessment and planning was not safe or effective, did not include consideration of risks and where changes or incidents occurred assessment and care planning was not reviewed for effectiveness. The non-compliance was specifically in relation to behaviour management, pressure injuries, continence care and weight loss.

The Assessment Team’s report included several actions the service has taken to address the deficits identified at the Site Audit, including, but not limited to:

* A review and update of the Consumer Clinical Assessment, Care Planning and Evaluation procedure.
* Face to face training for clinical staff in relation to assessment and planning, including forfalls prevention and risk, skin assessments, weight loss and nutrition.
* Implementation of a 12-week assessment and care plan review report and ongoing quarterly reporting.
* Updated procedures for incident review, including oversight by the Service Manager.

At the Assessment Contact on 6 June 2023, the Assessment Team found the service did not demonstrate that assessment and planning included consideration of risks to the health and well-being of consumers or that regular reviews of assessments and planning were completed for effectiveness when changes or incidents occur, specifically in relation to behaviour and falls management, weight loss, nutrition and pressure injuries. The Assessment Team recommended requirements (3)(a) and (3)(e) not met. However, I have come to a different view to the Assessment Team in relation to both requirements (3)(a) and (3)(e) and have included my reasons below.

**Requirement (3)(a)**

The Assessment Team was not satisfied assessment and planning was undertaken with risks to consumers’ health and well-being considered, specifically in relation to weight loss, risk of malnutrition and behaviour management. The Assessment Team included the following information and evidence for three consumers (Consumers A, B and C) relevant to their recommendation:

Consumer A

* Consumer A was identified as at risk of malnutrition on admission and assessments had not been undertaken to identify the risk of malnutrition to inform the delivery of safe and effective care.
* Nutritional assessments had not been completed for Consumer A.
* Information on Consumer A’s care plan included they had excessive weight loss and malnutrition in the past.
* Consumer A’s weight was recorded as 41.2kg in April 2023.

Consumer B

* Consumer B’s behaviour support plan (BSP) was last updated on 16 May 2023, but information was incomplete, and it did not include life story information or individual behaviours of concern.
* The BSP has generalised strategies to manage Consumer B’s behaviours, including spend time, encourage to join activities and sit outside.
* Care staff were able to describe Consumer B’s past life and interests points to discuss; they stated Consumer B does not like female care staff to deliver care and their sleep being interrupted and likes to watch the bush, drink tea and eat porridge.

Consumer C

* Consumer C has changed behaviours. A BSP, last updated on 5 June 2023, does not have behaviours of concern information completed.
* The BSP has generalised behaviours, including Consumer C is anxious, uses inappropriate language and calls out for staff when needs are not met.
* Consumer C was reviewed by an external dementia specialist on 10 May 2023 who recommended commencement of a sleep chart and organising meaningful activities. However, a sleep chart was not completed, or activities arranged for Consumer C.
* Staff were able to describe Consumer C’s behaviours of yelling and shouting and said they chat about past life and take Consumer C outside to manage those.
* Consumer C was observed sitting with staff in the communal area but often asleep. When Consumer C woke, they were observed to be calling out for staff when there was no one around.

The provider acknowledged some of the deficits identified in the Assessment Team’s report, specifically in relation to behaviour management and BSPs. However, the provider refutes information in relation to Consumer A and the risk of malnutrition and weight loss. The provider’s response included commentary and additional information in relation to Consumer A which included:

* On admission, Consumer A was 37.9kg and the provider asserts they have progressively increased in weight and included a weight chart that shows in June 2023 Consumer A’s weight was recorded as 57.40kg.
* A nutritional assessment, completed in November 2022, for Consumer A is included and states likes, dislikes for food, supplements and timing of those to be provided and preferences for where Consumer A wishes to have their meals.
* A hospital discharge summary for Consumer A shows when they were transferred in February 2022 with the discharge summary noting severe malnutrition usually related to time spent outside the nursing home.

I acknowledge the information in the Assessment Team’s report; however, I find the additional information included in the provider’s response for Consumer A demonstrates assessment and planning has been undertaken for Consumer A with consideration of risks to their health and well-being. For Consumer A, the service has considered the risk of malnutrition and has been able to demonstrate this was included in the development of their care plan through the nutritional assessments undertaken. I have also considered the evidence the provider has included that shows Consumer A’s weight has increased significantly over the recent months and find the assertion made about Consumer A’s weight dipping when then are on social leave outside the service is corroborated with the information included in the hospital discharge summary from February 2023.

In relation to Consumers B and C, the provider acknowledges the BSPs did not include specific information as described by the staff interviewed and included the actions they have taken to rectify the deficits identified. For Consumer B, documentation included in the provider’s response shows the BSP was updated on 27 June 2023 after the Assesssment Contact visit with behaviours of concern, including verbal and physical aggression, and strategies to manage those behaviours, including talk about past and country, they enjoy food and a cup of tea. For Consumer C, the provider included documentation to show the BSP was updated on 28 June 2023 and behaviours of concern are recorded as verbal and physical aggression and interventions to manage those recorded as one on one time talking with staff about past life, cars and shooting and talking about family, documenting these are often sufficient to manage behaviours.

I acknowledge the information in the Assessment Team’s report and in coming to my finding, I have considered that while the BSPs did not at the time of the Assessment Contact visit include individualised strategies to manage Consumer B and C’s behaviours, the Assessment Team’s report included evidence that shows staff had an in-depth understanding of both consumers and were able to describe the strategies that are successful for each consumer and how they deliver care in line with this to assist with managing both consumers’ behaviours where required. I have also considered that immediately following the Assessment Contact visit the service have updated the BSPs to include individualised strategies that are documented to guide staff practice.

**Requirement (3)(e)**

The Assessment Team was not satisfied consumers’ assessments and care plans were reviewed regularly or when changes and incidents occur, specifically in relation to falls, behaviour incidents, and pressure injuries. The Assessment Team included the following information and evidence for three consumers (Consumers C, D and E) relevant to their recommendation:

Consumer C

* Consumer C’s BSP was not updated, or strategies reviewed for effectiveness for one month following a recent incident.
* Consumer C’s BSP was updated on 23 May 2023 and did not include further information on the incident or strategies that had been implemented to prevent further incidents occurring.
* There was no information included around behaviour of concern on Consumer C’s BSP.

Consumer D

* Incident reports show Consumer D has sustained four falls between March 2023 and June 2023; the falls assessment and management plan were reviewed on only two of the four falls.
* For two of the four falls, the Falls Risk Assessment Tool (FRAT) score had been completed but information about previous falls had not been included which would have increased Consumer D’s risk of falls to high instead of medium. The service’s policy and procedure for falls management requires different strategies for falls prevention when the risk of falls is increased, however, they had not been updated, were generic and not individualised.
* Issues with information technology meant the incident forms provided did not show they had been investigated to identify contributing factors and consideration of implementation of falls prevention strategies post fall.
* The Physiotherapist last reviewed Consumer D in January 2023 prior all four falls.
* Management advised the Assessment Team the Medical Officer reviewed Consumer D post falls and they were due to be reviewed by the Physiotherapist soon as part of the 6-monthly consumer review.

Consumer E

* A wound was identified on Consumer E’s toes on 18 May 2023 and identified as a stage 2 pressure injury, but a review of pressure injury risk was not undertaken, or review of pain completed.
* A skin assessment was completed on 11 April 2023 prior to identification of the pressure injury.
* A pressure injury risk assessment was last updated in December 2022 which assessed Consumer E has high risk. Strategies to mitigate the risk included staff to keep bed linen loose is not included in the skin assessment or Consumer E’s care plan.
* There is no evidence pressure relieving strategies had been reviewed following identification of the pressure injury to Consumer E’s toes.
* A mini nutritional assessment was last completed two years ago in July 2021 which shows a risk of malnutrition.
* A pain assessment was last completed almost two years ago in September 2021. Pain charting is completed twice daily for Consumer E, however, is not reviewed or evaluated by clinical staff.

The provider refutes the findings in the Assessment Team report and provided commentary and additional information to support this. In relation to Consumer C, the provider included in their response a copy of the BSP that shows on 30 April 2023, seven days post incident, information about the incident was included to inform staff and provide guidance on possible triggers and interventions used that were successful. In relation to Consumer D, the provider has included in their response incident forms for each of the four falls that occurred between March 2023 and June 2023 that shows a FRAT completed, the falls prevention strategies in place, and when previous falls occurred. The provider in their response acknowledges the FRAT was not completed correctly for June 2023 and asserts staff have been educated as a result of identifying this. The provider has also included documentation that shows Consumer D was reviewed by the Physiotherapist on 20 April 2023.

In relation to Consumer E, the provider asserts a clinical review of Consumer E’s wound was competed which indicated the wound was a blister rather than a pressure injury and included an excerpt from an explanatory note documented by the clinical manager to support this assertion confirming it had been initially identified as pressure injury in error and that the wound had healed by 19 June 2023. The provider asserts Consumer E has daily skin checks and included documentation that shows Consumer E was reviewed by the Dietician on 5 January 2023 with a nutritional plan documented for staff to follow.

I acknowledge the findings in the Assessment Team’s report; however, I have come to a different view and find for Consumers C, D and E, the additional information and documentation included in the provider’s response shows the service has reviewed assessments and planning where changes or incidents occur. For Consumer C I have considered the documentation in the provider’s response that shows the BSP included the information about the incident that occurred in April 2023 with the triggers and interventions staff used that were successful in managing that incident. I have also considered information included in requirement (3)(a) of this Standard that shows the service update the BSP for Consumer D to include individualised behaviour management strategies immediately following the Assessment Contact visit. I have considered for Consumer D, staff competed a FRAT for all but one of the four falls which shows the risk of falls has been reviewed following the incidents. I have considered the provider has included documentation that shows Consumer D was reviewed by the Physiotherapist in April 2023 after three of their four falls occurred demonstrating they are reviewing Consumer D’s assessments and care plan following incidents.

For Consumer E, I have considered the evidence included in the provider’s response that shows a classification error of the wound occurred and staff incorrectly recorded on incident documentation as a pressure injury when it was a blister, that the wound has healed and the clinical staff that made the error provided education on incident form completion. For Consumer E, I have also considered their skin integrity is reviewed daily through skin checks and a Dietician was involved in January 2023 for a review of their nutrition assessment and provided an updated plan to guide staff. I acknowledge at the time of the Assessment Contact some of the information in relation to incidents may not have been accessible, however, I have placed weight on the additional information included in the provider’s response that shows for Consumers C, D and E assessments and care planning was reviewed when a change or incidents occurred.

For the reasons detailed above, I find requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers 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)