Performance

Report

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| Name of service: | Terrace Gardens |
| Service address: | 1 Kettle Street FARRAR NT 0810 |
| Commission ID: | 6988 |
| Approved provider: | Australian Regional and Remote Community Services Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 16 November 2022 |
| Performance report date: | 9 January 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 Terrace Gardens (**the service**) has been prepared by J Renna, 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 on 8 December 2022; and
* the Performance Report dated 21 October 2021 for the Assessment Contact – Site undertaken on 1 September 2021.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-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.

* Ensure staff have the skills and knowledge to:
  + provide appropriate care relating to wounds, skin integrity, post falls management and behaviours; and
  + develop and/or implement appropriate monitoring and management strategies relating to wounds, skin integrity, post falls management and behaviours.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks.
* Appoint a dedicated Infection prevention and control (IPC) lead.
* Provide staff education and training, and ensure staff competency, in relation to infection control and personal protective equipment (PPE). Monitor staff compliance with PPE requirements and ensure correct usage.
* Implement processes to undertake post-outbreak evaluations to ensure continuous improvement.
* Ensure signage is clear and directs visitors in relation to mask requirements and where to access rapid antigen tests (RATs), sign in sheets and masks.

# 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. | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Non-compliant |

Findings

Requirement (3)(b)

This Requirement was found non-compliant following an Assessment Contact undertaken on 1 September 2021, as the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to wounds and catheter management.

The Assessment Team’s report described planned actions to address the previous non-compliance, as documented in the service’s Continuous improvement plan, including, but not limited to, staff education and training, and improvements to incident management documentation. However, the service was unable to provide evidence that steps had been taken to undertake these planned actions.

At the Assessment Contact undertaken on 16 November 2022, the Assessment Team found continued deficits in relation to wound management. The Assessment Team was also not satisfied that high impact or high prevalence risks associated with the care of each consumer, such as post falls management, behaviour management and restrictive practices, were effectively managed. The Assessment Team provided the following evidence relevant to my finding:

* Consumer A:
  + Consumer A acquired four pressure injuries whilst residing at the service between May and September 2022. These pressure injuries were identified on 22 May 2022 (heel), 18 June 2022 (sacrum), 22 August 2022 (buttock) and 23 September 2022 (hip).
  + On identification, wound stages were not recorded for three of the four wounds, however, documentation shows they had not been identified until they were of considerable size. The sacral injury was classed as a stage three on identification.
  + The organisation’s policy requires staff to undertake daily skin checks, however, there is no evidence this occurred, even after pressure injuries were identified.
  + Documentation shows gaps in recording of wound care, staging and measurements to enable effective monitoring to occur.
  + While staff documented signs of infection for one of the consumer’s wounds which required medical attention, a Medical officer review had not occurred and a wound swab for pathology was not taken.
  + The Assessment Team observed the consumer to be laying in bed, with two foot/leg covers on the floor underneath their dressing table and call bell out of reach. The consumer’s air mattress was set at a weight range not consistent with their current weight.
  + Documentation showed all four of the consumer’s wounds have deteriorated.
* Consumer B:
  + Consumer B’s skin assessment notes they are at risk of pressure injuries to their heels. Documented interventions require staff to monitor and report signs of redness. Two staff said they were not informed of the risk to the consumer’s heels and were unaware of the mitigation strategies. The consumer does not currently have any pressure injuries.
* Consumers C and D:
  + On three occasions when Consumers C and D experienced unwitnessed falls, post fall monitoring did not occur in line with the organisation’s policy. These consumers have been assessed as having high risk of falls and are prescribed anticoagulant medication, which increases their risk of intracranial bleeding. While the Medical officer was contacted on the day of both falls, there was no record demonstrating either consumer had been reviewed by the Medical officer. Management said the Medical officer only visits the service a certain day/time each week.
* Consumer E:
  + The consumer is demonstrating ongoing behaviours and said they ‘couldn’t care less about other people’s thoughts’.
  + Staff said they are unaware of strategies to manage the consumer’s behaviours, other than encouraging them.
  + Three consumers said they do not like the consumer’s behaviours and they should be better managed.
* Restraint:
  + Regular review of the use of restrictive practices for eight consumers did not occur to ensure it is used minimally and as a last resort. Additionally, six of the eight sampled consumers’ restraint authority and consent was overdue for review.
  + Consumer E has been named by the Assessment Team as being subject to mechanical restraint, due to having bedrails in place. Documentation shows this consumer is non-ambulant and is nursed in bed.

The provider did not agree with the Assessment Team’s findings. The provider’s response includes the following information and/or evidence to refute the Assessment Team’s assertions:

* The provider maintains Consumer A’s wounds are being monitored in consultation with the wound specialist and Medical officer, and their wounds are reviewed whenever they are moved, with any concerns escalated. The provider also asserts the consumer was admitted to hospital in August 2022 and at that time, their wounds were largely healed. Consumer A’s wounds recurred on return from hospital, due to their fragility and comorbidities and their family member’s wishes for them to be sitting upright. The provider’s response includes the following evidence:
  + Wound assessment and monitoring documentation from the Department of Health, demonstrating Consumer A’s wounds were healing when admitted to hospital in August 2022.
  + Extracted progress notes demonstrating timeline of events for each of Consumer A’s wounds.
  + Full version of progress notes for 1 May 2022 to 16 November 2022.
* The provider maintains Consumer B’s heels are monitored via routine pressure point review processes. The consumer does not have any pressure injuries.
* Progress notes demonstrating Consumer C was reviewed by ambulance officers (1.5 hours after the fall), declined observations ‘a couple of times’ and was placed in a communal area so they could be observed without upsetting them.
* Progress notes demonstrating Consumer D was reviewed by an ambulance (approximately two hours after the first fall) and taken to hospital. On return from hospital when the consumer fell again, one-to-one support was provided to them.
* Behaviour support plan for Consumer E, demonstrating Dementia Support Australia input, and staff action taken in response to their behaviours.
* Risk fact sheet relating to bed rails, which is provided to consumers and reprsentatives who request them. Risk assessments and consent forms for three of the four named consumers. Explanation that one of the consumers independently ambulates and the positioning of a bed at the lowest position does not restrain them from activity or function.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response, which demonstrates at the time of the Assessment Contact, high impact or high prevalence risks associated with the care of each consumer was not effectively managed.

In relation to Consumer A, I have considered their wounds were not identified until they were of a considerable size and/or had significantly deteriorated, despite the organisation’s policy stating daily skin checks are to occur. I acknowledge the wounds were somewhat healing when the consumer attended hospital during August 2022, however, they significantly deteriorated on return and two new wounds developed, indicating existing mitigation strategies were either not being undertaken or were not effective. I have not placed weight on the provider’s timeline of events for each of Consumer A’s wounds, as this document does not include a number of progress notes demonstrating deterioration of the wound. I have placed weight on the full version of progress notes and evidence in the Assessment Team’s report indicating wounds have increased in size, with some necrotic and not healing. I note the provider’s response did not include any evidence of strategies trialled to minimise the risk of further wound deterioration, that repositioning was occurring as per the wound management directives, that consultation had occurred with the representative regarding risks associated with placing the consumer upright (noting when the Assessment Team observed the consumer, they were laying down), or wound charting and photographs to demonstrate regular monitoring of the wound was occurring.

In relation to Consumer B, I have considered they did not have any pressure injuries at the time of the Assessment Contact, indicating effective management of associated risk. While two staff were unaware of the consumer’s risk and documented mitigation strategies, I consider this to be related to Requirement (3)(c) in Standard 7 Human resources, which was not assessed at the Assessment Contact. I recommend the provider consider whether staff education and training is required to ensure consumers’ assessed needs are known and understood by staff.

In relation to Consumers C and D, I have placed weight on progress notes included in the provider’s response and evidence in the Assessment Team’s report indicating neurological observations were not undertaken in line with the organisation’s policy. While both consumers were reviewed by ambulance officers, their observations were only undertaken on one occasion in the 1.5 and two hours following their falls respectively. For Consumer C, there is no evidence indicating the time the consumer was placed in a communal area for monitoring. I acknowledge Consumer D was provided one-to-one care following their second fall.

In relation to Consumer E, I have considered their behaviours are ongoing and unmanaged, which impacts other consumers’ well-being. I acknowledge staff attempt to address the consumer’s behaviour and input has been sought from Dementia Services Australia. However, the Behaviour support plan included in the provider’s response does not provide interventions to guide staff, other than enabling them to shower independently, providing one-to-one activities, and showing kindness and understanding. Additionally, the Behaviour support plan was reviewed on 17 November 2022, making it difficult to determine what was in place at the time of the Assessment Contact.

I have considered there was no evidence indicating the use of bed rails, low beds and a lap belt was for the purposes of influencing consumers’ behaviour to determine whether they constitute mechanical restraint. I have considered that at least one consumer included in the Assessment Team’s sample is not subject to mechanical restraint, as they are non-ambulant and fully nursed in bed. There is no evidence indicating named consumers are experiencing unmanaged behaviours.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

Requirement (3)(g)

The Assessment Team was not satisfied the service demonstrated minimisation of infection related risks through implementation of standard and transmission based precautions to prevent and control infections, and practices to promote appropriate antibiotic prescribing. The Assessment Team provided the following evidence relevant to my finding:

* The organisation’s policies relating to infection management were not consistently followed by staff, as a specimen of Consumer A’s wound was not sent for pathology and they were not reviewed by a Medical officer, despite staff suspecting an infection.
* Infection data is not trended or analysed. While infection data is maintained, management were unable to advise if any investigation or analysis had occurred, or if any actions were implemented to minimise further risk of infection.
* Training records show only 23% and 3% of staff have completed annual mandatory infection control and PPE training respectively.
* The service does not have an IPC lead. An Enrolled nurse has agreed to undergo training but has not yet commenced it.
* Management was unable to provide evidence that evaluations had occurred following two outbreaks of COVID-19 and one of gastroenteritis, to identify areas for improvement.
* As part of the pre-entry risk screening questions, management said all staff are required to wear N95 masks, however, the Assessment Team noted all administration staff and seven staff attending training were not wearing masks. Throughout the Assessment Contact, staff, visitors and contractors were either observed wearing the masks incorrectly or the incorrect type of mask. One of the staff observed wearing their mask incorrectly was assisting a consumer with their meal.
* Signage outside the service was unclear and did not direct visitors on mask requirements or where to access RATs, sign in sheets and masks.

The provider did not agree with the Assessment Team’s findings. The provider’s response includes the following information and/or evidence to refute the Assessment Team’s assertions:

* Explanation that Consumer A had been reviewed by a Medical officer, who agreed to take a swab of the wound but they were not sure why it was needed.
* Reports of trends of infections and other adverse events reported at the organisation’s governance meetings.
* Explanation that specific findings in relation to clinical governance occur routinely between management, however, this is done informally due to high turnover of senior staff.
* Explanation that at the time of the Assessment Contact, 84.9% of staff had completed infection control training, however, this information could not be provided to the Assessment Team due to issues in system reporting.
* IPC nurses outbreak report for visits undertaken on 6 July 2022 to 7 July 2022, 19 July 2022 and 28 July 2022 to demonstrate that onsite PPE support was provided, and evaluations of outbreaks had occurred.
* Explanation that the service has experienced difficulties in retaining dedicated IPC leads, however, they have formed important relationships with relevant government agencies. Additionally, specialist Registered nurses have been engaged by the provider to undertake infection control education, monitor infection control processes and attend site both during and after an outbreak to ensure best practice and ongoing evaluation. These Registered nurses perform this role across all of the provider’s Northern Territory services.
* Explanation that whilst staff were observed either not wearing masks, wearing masks incorrectly or wearing the wrong type of masks, the government mask mandate concluded on 11 November 2022. Additionally, the service was not experiencing an outbreak at the time, staff were not providing care to consumers and were physically distancing, and all had been tested on entry.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response, which demonstrates at the time of the Assessment Contact, infection related risks were not minimised through implementing standard and transmission based precautions to prevent and control infection.

In relation to Consumer A, I have considered that one example of the service’s failure to swab a wound that was suspected as being infected, is not indicative of systemic failure. I find the core issues to relate to management of risks associated with Consumer A’s wound and have considered this evidence in my finding under Requirement (3)(b) in this Standard.

I have considered the service does not trend and analyse infections to ensure measures are effective, antibiotics are being used appropriately, and they are resolving. While the provider maintains this is done informally, no evidence was provided to support this assertion.

I have considered that a significant portion of staff have not completed training in relation to infection control and PPE. While the provider maintains most staff have undertaken infection control training, the response did not include any evidence to support these assertions. While the provider’s response includes an outbreak report demonstrating onsite PPE support was provided to staff in July 2022, this report recommends ongoing education and training be provided to all staff on IPC practices, however, there is no evidence indicating this occurred.

I have considered that a service is required to have an IPC lead that is employed by and reports to the provider, works on site and is dedicated to the service. I find that the service’s current measures of having contacts with relevant government agencies, and engaging specialist Registered nurses, do not meet this requirement.

I have also considered that post-outbreak evaluations did not consistently occur. While the provider’s response includes an IPC nurses outbreak report to support this had been completed, this only relates to one of the three outbreaks identified by the Assessment Team.

In relation to the incorrect wearing of masks, I have considered that while a government mask mandate was not in place at the time of the Assessment Contact, the service’s process required all visitors to wear a N95 mask which was not consistently followed. While the provider asserts all staff observed not/incorrectly wearing masks were not providing care to consumers and were social distancing, I have placed weight on evidence in the Assessment Team’s report demonstrating at least one staff was assisting a consumer with their meal.

I have also considered that signage outside the service was unclear and did not direct visitors on mask requirements or where to access RATs, sign in sheets and masks.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

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)