Health and Community Services
Complaints Commissioner

# Public Summary: Investigation into the provision of health services by Transition to Home (T2H).

**February 2022**

## Preface

This is a public summary of the investigation conducted into Transition to Home (T2H). It contains most of the information contained in the final Investigation Report, however some information such as the names of the consumer, complainants, witnesses and respondents, have been removed to protect the privacy of that information.

The Health and Community Services Complaints Commissioner (HCSCC) is required to work with a variety of stakeholders and it is important that they know their personal information will be kept private. This fosters good working relationships with all parties and is something the HCSCC takes very seriously. The removal of this information does not detract from the overall picture of the investigation into the services provided.

## Background

1. On 10 June 2021, the Office of the HCSCC received a complaint from SA Ambulance Service (SAAS) about T2H.

2. Transition to Home (T2H) is a stand-alone, short-term, step-down service for people with a disability operated by the South Australian Department of Human Services (DHS) at the Hampstead Centre. T2H is a partnership between DHS and the Department for Health and Wellbeing (DHW). T2H supports people with disabilities to discharge from hospital into transitional accommodation until long-term housing is sourced.

3. On 31 May 2021, as a result of a triple zero call, SAAS attended Mr D at T2H. Mr D had been accommodated at T2H since 10 May 2021, having transitioned from a Barossa Hills Fleurieu Local Health Network (BHFLHN) facility.

4. The SAAS crew noted concerns about Mr D's care including that he had an infected pressure wound, that he was wearing dirty clothing and that he had malodourous body odour.

5. On 28 June 2021, I determined to investigate SAAS's complaint pursuant to section 43(1)(b) of the *Health and Community Services Complaints Act 2004* (SA) (the Act).

6. On 29 June 2021, I sought responses from DHS and SAAS.

7. On 7 July 2021, I received a response from DHS. DHS had commenced investigating the matter and provided copies of materials it had gathered in the investigation. Once DHS provided copies of materials they had gathered, they ceased their investigation of the matter.

8. On 12 July 2021, I received a response from SAAS.

9. On 14 July 2021, I sought responses from BHFLHN and the Central Adelaide Local Health Network (CALHN), and a further response from DHS.

10. On 11 August 2021, I received a further response from DHS.

11. On 1 September 2021, I received a response from BHFLHN. As Mr D was transferred from the BHFLHN facility to T2H, BHFLHN had responsibility to ensure services were arranged with the NDIS Care Coordinator. They did not arrange these services. They have acknowledged that they failed to put in place an in-reach nursing service

for Mr D for the duration of his residency at T2H and have taken steps to ensure that this does not happen in the future.

12. On 28 September 2021, I received a response from CALHN.

13. On 7 October 2021, I provided my draft investigation report to DHS and asked that any submissions in relation to errors of material questions of fact and findings be made by 8 November 2021.

14. On 8 November 2021, I received a submission from DHS.

15. On 16 November 2021, DHS advised me that they wished to make further submissions. I agreed to this.

16. On 19 November 2021, I received a further submission from DHS.

17. On 29 November 2021, I provided my amended draft investigation report to DHS incorporating the submissions made by them. I asked that any further submissions in relation to errors of material questions of fact and findings be made by 4 January 2022.

18. On 4 January 2022, DHS provided a response to my request for submissions. DHS' further submission has been incorporated into the final investigation report.

## Summary of the lead-up to Mr D's arrival at T2H

19. On 22 January 2021, Mr D sustained an unwitnessed fall outside his family home. He was admitted to the Royal Adelaide Hospital that day.

20. In April 2021, Mr D was assessed as being suitable for transfer to T2H.

21. On 1 May 2021, Mr D was transferred from the RAH to the BHFLHN facility Long Stay Care Pod to await an available bed at T2H.

22. On 10 May 2021, Mr D was discharged from the BHFLHN facility and taken to T2H.

## Issues under Investigation

**Issue 1: Personal hygiene care provided to Mr D by staff at T2H.**

23. An occupational therapy functional capacity assessment performed at the RAH on 25 March 2021, and provided by DHS as part of its first response, identified:

> …..
>
> *[Mr D] requires the assistance of one person to have a shower. Specifically, he requires maximum assistance with all parts of the task – setup, washing and drying…..*
>
> *…..*

*[Mr D] requires a tilt in space mobile shower commode to have a shower as he requires the tilt function to support his seated position……*

*…..*

*[Mr D] requires the assistance of one person for toileting. Specifically, he requires total assistance of 1 person for toileting and continence management. He requires a tilt in space mobile shower commode to access the toilet to open his bowels however does not have a regular bowel regime. [Mr D] is heavily incontinent of both urine and faeces and uses a containment pad with regular pad checks to manage this. When incontinent, [Mr D] requires the assistance of two people to complete hygiene care, change his containment pad and when required, change his bed linen. [Mr D] is unable to identify when he has been incontinent and unable to initiate need for a pad change.*

*…..*

24. The functional capacity assessment that was performed at the RAH on 25 March 2021, identified:

…...

*[Mr D] is unable to transfer independently and requires the assistance of two people to transfer. Specifically, [Mr D] requires total assistance of two people, a lifter and a sling to move from one surface to another (e.g. bed <- -> wheelchair; wheelchair <- -> mobile shower commode). [Mr D] is not able to consistently follow commands to assist in this task.*

*…*

*[Mr D] requires assistive technology to access his environment and participate in daily living safely and as independently as possible.*

25. The functional capacity assessment listed the items as being required immediately which included:

*Tilt in Space mobile shower commode (K-Care).*

26. DHS's first response identified that on 6 May 2021, equipment required to support Mr D was delivered to T2H and that this equipment included:

*Kcare Tilt in Space Shower Chair; and*
*GP sling with HS med mesh.*

27. In DHS's Disability Services, Accommodation Services 'Personal Profile' for Mr D which was provided by DHS as part of its first response, it was identified:

*…..*

*Toileting Special Needs: He requires a tilt in space mobile shower commode to access the toilet to open his bowels however does not*

*have a regular bowel regime. [Mr D] is heavily incontinent of both urine and faeces and uses a containment pad for toileting and continence management*

*…..*

*Total Assistance Required: When incontinent, [Mr D] requires the assistance of two staff to complete hygiene care, change his containment pad and when required, change his bed linen. [Mr D] is unable to identify when he has been incontinent and unable to initiate the need for a pad change*

*…..*

*Safety precautions: [Mr D] requires a tilt in space mobile shower commode to have a shower as he requires the tilt function to support his seated position;…..*

*…..*

28. The 'Discharge Summary' of the BHFLHN facility, dated 10 May 2021, identified:

*…..We have used the soft collar to help support his neck and reduce pressure on his wound in his collar bone area. He finds this useful when eating……*

29. DHS outlined the personal care received by Mr D in its first response as being:

*…..*

*Assistance provided by Komplete Care workers from 29/5/21 (buddy shifts in 1- or 2-hour blocks-0800-1000; 12000-1300; 1630-1730). Role included feeding, pad changes, assisting with daily bed baths.*
*Personal care provided by T2H care workers from 10/5/21, including feeding, repositioning, social interaction, daily bed bathing, pad changes, medication administration, clothes washing, changing clothes each day, changing bed sheets, record keeping.*
*Personal care provided by Pop Up care workers from 10/5/21 (replacement for T2H staff contracted through SDRO). Role is same as T2H staff unless not credentialled to administer medication.*

30. In its second response, DHS advised:

*Bed baths were provided daily to Mr D after it was considered unsafe to continue to try to shower him in the shower chair as he continued to try to get out of the chair on 11 May 2021 and refused to be transferred to the bathroom to be showered on 12 May 2021. On 27 May 2021, an occupational therapist assessment was requested of B to address this so that Mr D could safely be showered in the shower chair.*

*There is no documentation in Mr D's progress notes indicating that there was any symptoms/signs that would indicate an inadequate*

*level of personal hygiene care not being maintained through the daily provision of bed baths.*

31. As part of its first response, DHS provided copies of the Client Progress Records for Mr D. Following are extracts from those records in relation to the hygiene care of Mr D:

| | |
|---|---|
| *10 May 2021* | *…..He wears a neck brace all day but it can come off at night…..* |
| *11 May 2021* | *…..[Mr D] had a sponge…..* |
| *11 May 2021* | *…..[Mr D] was assisted to the toilet this afternoon x 2 staff members…..[Mr D] kept trying to get up from toilet chair…..* |
| *11 May 2021* | *…..2 x pads were changed, he requested for toileting, 2 staff assisted him, but he tried to stand up on toilet chair, which raised safety concern…..* |
| *12 May 2021* | *…..He refused to have a shower but accepted to have a wash in bed…..* |
| *12 May 2021* | *…..pad changed…..* |
| *13 May 2021* | *…..[Mr D] was given a bed bath this shift…..* |
| *13 May 2021* | *…..Pad changed x 1….* |
| *13 May 2021* | *…..and a pad change…..* |
| *13 May 2021* | *…..Pad changed…..* |
| *14 May 2021* | *…..[Mr D] was given a bed bath…..* |
| *14 May 2021* | *…..Pad changed…..* |
| *14 May 2021* | *…..2 x Pads were changed…..* |
| *15 May 2021* | *…..[Mr D] had a good bed wash…..* |
| *15 May 2021* | *…..Change pad x 1…..* |
| *15 May 2021* | *…..hygiene care attended…..* |
| *16 May 2021* | *…..He's been changed x 2…..* |
| *16 May 2021* | *…..Pad change x 2…..* |
| *17 May 2021* | *…..He was bed washed by 2 staff, 1 x pad wash changed, bedding was changed…..* |
| *17 May 2021* | *…..We had a massive bowel movement which took a lot to clean up. He's been changed again this evening…..* |
| *17 May 2021* | *…..Pad changed…..* |
| *18 May 2021* | *…..[Mr D] has a bed-washed today…..* |
| *18 May 2021* | *…..Pad changed x 2 times…..* |
| *18 May 2021* | *…..Pad changed. Bowel well opened…..* |
| *19 May 2021* | *…..changed after wash…..* |
| *19 May 2021* | *…..Pad changed x 2 during the night…..* |
| *20 May 2021* | *…..Bed wash given…..* |
| *20 May 2021* | *…..He was changed approx 1915…..* |
| *20 May 2021* | *…..Pad change x 2…..* |
| *21 May 2021* | *…..Bed wash given and pad changed. Bowel opened large case because enema was given in the morning…..* |
| *21 May 2021* | *…..Pad changed…..* |
| *21 May 2021* | *…..pad changed during the night…..* |
| *22 May 2021* | *…..[Mr D]'s pad was changed first thing this morning…..* |
| *22 May 2021* | *…..he's been changed…..* |
| *22 May 2021* | *…..Been changed…..* |
| *22 May 2021* | *…..had his pad changed x 2…..* |

| | |
|---|---|
| *22 May 2021* | *…..He had a bed wash and pad changed…..* |
| *23 May 2021* | *…..pad changed during night…..* |
| *23 May 2021* | *…..Locum visit [Mr D] as he had a red infection-like wound on his left side of his neck. Locum prescribed antibiotics and sudocream. Has also advised him to be reassessed for neck brace and repositioning so his head is not constantly on his left shoulder. The locum said if not addressed, his wound will turn into an ulcer and then into a hole…..* |
| *24 May 2021* | *…..He had a bedwash…..* |
| *24 May 2021* | *…..Pad changed…..* |
| *24 May 2021* | *…..Pad change x 2…..* |
| *25 May 2021* | *…..[Mr D] had a bed bath @ 1545; sheet change…..* |
| *25 May 2021* | *…..Pad changed…..* |
| *25 May 2021* | *…..Pad change x 2…..* |
| *26 May 2021* | *…..Had a bedwash and pad change x 1. Linen changed.* |
| *27 May 2021* | *…..His pad changed.* |
| *27 May 2021* | *Nursing Notes: RN reviewed the wound on Lt clavical bone and jaw, wound: exudate, sloughy…..cleaned the clavical wound with normal saline and applied combine…..* |
| *27 May 2021* | *…..Pad changed…..* |
| *27 May 2021* | *…..Pad changed x 1…..* |
| *28 May 2021* | *…..Bed bath been given…..Pad changed…..* |
| *28 May 2021* | *…..Pad changed twice…..* |
| *28 May 2021* | *…..Pad change x 2…..* |
| *29 May 2021* | *…..Assisted nurse with giving [Mr D] a bed bath, changed his pad…..* |
| *29 May 2021* | *…..Wound left side neck, supervisor known, washed & put combine…..* |
| *29 May 2021* | *…..assisted with staff to change his Pad & Put Fresh shirt on…..* |
| *29 May 2021* | *…..His continence pads has been changed…..* |
| *29 May 2021* | *…..Pad change x 2…..* |
| *30 May 2021* | *…..I assisted the nurse to bed bath [Mr D] and change his pad…..* |
| *30 May 2021* | *…..Assisted with nurse to change [Mr D]'s shirt & Pad…..* |
| *30 May 2021* | *…..[Mr D] had sponge…..* |
| *30 May 2021* | *…..assisted with nurse on Duty to change his Pad wet & had used his bowel…..* |
| *31 May 2021* | *…..Assisted with nurse on duty to give [Mr D] a bed bath changed Pads & put a fresh shirt on…..* |
| *31 May 2021* | *17:40hrs – Nursing notes -> Transferred to Royal Adelaide Hospital* |
| *31 May 2021* | *17:45hrs – Nursing Notes – Transferred to RAH, …..wound on left clavical area infected, offense smell, cleaned with normal saline, oozing, exduates large….* |

32. As part its first response, DHS provided copies of witness statements it obtained when it commenced investigating Mr D's stay at T2H. DHS

ceased its investigation and transferred initial records to the HCSCC for its consideration.

33. Following is an extract from the witness statement of the sister of Mr D:

> *…..*
>
> *…..On 27 May 2021 there was a meeting at the T2H unit with TSS and the DHS Case Coordinators…..After the meeting, I visited [Mr D] in the T2H unit. I was with one of the Registered Nurses (RNs) from Komplete Care, I cannot recall her name. An Enrolled Nurse (EN) from T2H was also there, again I cannot recall her name…..When the RN and EN took off his support collar, I saw that he had a pressure wound on his neck and face, There was yellow puss coming from the wound on his neck. The wound on his neck was wet and approximately three inches (9 centimetres long). The wound on his face was bigger than a 20-cent piece. The RM wiped it and pus came from the wound, it smelled and looked infected…..*

34. Following is an extract from the witness statement of K who worked at T2H at the time of Mr D's stay:

> …..
>
> *Client's clothing is washed either onsite or by the client facilitated by the staff, or by the family. I am unsure how these decisions are made.*

35. Following is an extract from the witness statement of G who worked at T2H as the time of Mr D's stay:

> *…..*
>
> *If [Mr D] had stayed longer, T2H staff would have washed and trimmed his beard. [Mr D] had been offered by T2H staff to have his beard seen to……*
>
> *…..*
>
> *For clothes washing, most clients are expected to wash their own, however, [Mr D] clothes were washed at T2H.*
>
> *…..*
>
> *…..[Mr D] had his shower chair and appropriate mobility aids. He was having bed baths as he refused to use the shower chair.*
>
> *…..*

36. Following is an extract from the witness statement of H who worked at T2H at the time of Mr D's stay:

> *…..*

*…..Responsibility for beard trimming is only organised through the hairdresser at the request of the client or family. If it is a normal shave, then staff will do this if the client consents. No client has brought a beard trimmer into T2H with them to date that I am aware of. Washing of beards is the responsibility of support staff.*

*…..*

37. Following is an extract from the witness statement of K2, who worked at T2H at the time of Mr D's stay:

*…..*

*…..When [Mr D] was admitted, he was wearing a neck brace when he arrived that was very dirty and ill-fitting, and he was growing a beard that was messy and that he refused to allow us to trim. The neck brace was ineffective and [Mr D] could get his chin into the collar…..*

*…..*

*…..Staff attempted to attend [Mr D] personal care in the shower, however due to his contractures it was very difficult so it was decided that for safety reasons that his personal care would be attended to by giving him a bed bath each day as T2H does not have access to blue baths. It was the carers responsibility to wash [Mr D's] beard.*

*…..*

*…..I did go to the pharmacy to pick up the antibiotics on 24 May 2021, as I wanted [Mr D] to immediately start them. This was the next time that I saw the wound and how it had deteriorated…..I also undertook first aid as there was no dressing and the wound was clearly infected. I cleaned [Mr D] wound immediately with saline solution, dressed it with a non-stick dressing and combine pad and used a rolled-up face washer to hold it in place and act as a barrier to protect it from [Mr D's] collar that was filthy…..*

*…..*

*On 27 May 2021 there was a meeting at T2H to discuss [Mr D] …..I assisted K3 to assess the wound by holding his head, while she dressed it. When I observed his wound to be dryer and did not appear as angry as it was prior to starting the antibiotics, There was no pus, exudate, or other discharge at that time…..*

*…..*

38. Following is an extract from the witness statement of M, who worked at T2H at the time of Mr D's stay:

*…..*

*…..It was not our role to trim [Mr D's] beard as it was a specialised cut. I would use a couple of wet flannels to clean his beard. This was because when he was eating, he would dribble his food into his*

*beard. He would push us away when we were trying to clean him. his beard was particularly hard to clean especially when there was food stuck in it…..*

*I have never seen the wound on [Mr D's] left clavicle. I did try to see the wound; however, I was unable to lift [Mr D's] head from the side as he resisted letting me lift his head from his shoulder.*

*…..*

39. On 10 June 2021, SAAS lodged a complaint with the HCSCC, describing concerns about Mr D in the following terms:

*On 31/05/2021 SA Ambulance Service (SAAS) received a triple zero call regarding [Mr D], who had increased drowsiness and was not responsive. SAAS sent a crew to [Mr D]. On arrival the crew documented concerns regarding [Mr D] care.*

*Patient had an infected pressure wound. As per the Patient Clinical record: "SAAS staff found patient with dirty clothing (had not been changed for a few days). Malodourous body odour and poor personal hygiene due to the negligence of carers. Patient's case worker and sister report patient has been found in this state (left in faeces and urine prolonged periods of time, with a dirty moist towel over infected wound site). SAAS staff also found the wound care of the RN to be neglectful and subpar, nil covering or irrigation of exposure of the wound on the last visit 3 days ago and today RN had not exposed site and poorly dressed wound and only place a saline soaked combine over open wound site…..*

40. On 12 July 2021, SAAS provided the following information to the HCSCC:

*(a) <u>[Mr D's] physical condition</u>*
*[Mr D] appeared to be appeared to be malnourished with a large pressure wound on his jaw.*

*(b) <u>[Mr D's] personal hygiene care</u>*
*[Mr D's] clothing and underwear were soiled, it did not appear as though he had been washed recently with malodourous body odor.*

*(c) <u>[Mr D's] clinical and wound care management</u>*
*……The crew were led to believe that the wound had not been exposed or irrigated on the last visit 3 days prior to SAAS attendance. On the day of SAAS attendance the RN had not fully exposed the site and placed only a saline soaked dressing combine over it.*

*…..*

41. In a Minute dated 21 June 2021, sent by CALHN to DHS and provided by DHS as part of its first response, it was identified:

*…..*

*The ED triage entry noted infected left lateral neck/lower jaw wound; offensive, clear/pussy exudate; non-compliance with oral antibiotics; receiving wound care from a community care nurse.*

42. In its response, CALHN states:

*Staff had concerns in relation to [Mr D's] personal hygiene and these were noted on the Ambulance transfer. These were also observed at the time of medical admission with comments that his 'beard appears poorly kept, with food throughout and on shirt and mild odour', suggesting a poor state of personal hygiene.*

**Findings**

43. I note DHS's acknowledgement in the first response it could have been more proactive in responding to the supports required by Mr D.

44. Two services, SAAS and CALHN, noted Mr D's appearance suggested he was in a poor state of personal hygiene. While DHS argues bed bathing is not an uncommon practice and argues to do otherwise in the absence of restrictive practices was not permitted, an individual approach to care ought to have resulted in a much quicker escalation to the NDIS coordinator by T2H staff.

45. Mr D is heavily incontinent of both urine and faeces and uses a containment pad with regular pad checks to manage this.

46. Prior to his arrival at T2H, Mr D was identified as requiring assistance when showering.

47. A Tilt in Space Shower Chair for use by Mr D was delivered to T2H prior to Mr D's arrival.

48. It was described that when Mr D arrived at T2H, he was wearing a dirty and ill-fitting neck brace.

49. At no stage during Mr D's stay at T2H was grooming of his beard attended to and it appears that the only attention his beard received was by washing with a flannel. I note Mr D refused to allow his beard to be trimmed.

50. Client Progress Records indicate Mr D was not showered on any occasion while at T2H and only received bed baths.

51. There is no record in Mr D's Client Progress Records to indicate he was washed in any form on 16 May 2021, 23 May 2021 and 27 May 2021.

52. There is insufficient detail in Mr D's Client Progress Records to determine how often Mr D's clothes and bedding were changed.

53. DHS advised that it was the role of T2H workers to wash a resident's clothes, change their clothes each day and change their bed sheets.

54. There is insufficient detail in Mr D's Client Progress Records to determine how often his soft collar was removed, changed or washed.

55. DHS advised that bed baths were provided daily to Mr D after it was considered unsafe to continue to try to shower him in the shower chair as he continued to try to get out of the chair on 11 May 2021.

56. On 23 May 2021, a locum visited and diagnosed an infection to Mr D's left side of his neck. The locum prescribed antibiotics and recommended Mr D be reassessed for a neck brace.

57. On 27 May 2021, it was reported there was yellow puss coming from the wound on Mr D's neck and that it smelled and looked infected. The RN reviewed the wound on Mr D's clavicle bone and jaw and recorded 'exudate, sloughy…'

58. On 27 May 2021, T2H made a request to Mr D's NDIS support coordinator for an occupational therapist assessment so that Mr D could safely be showered in the shower chair. This should have occurred much sooner.

59. When SAAS officers attended T2H on 31 May 2021, they found Mr D's clothing and underwear were soiled and that it appeared as though he had not been washed recently as he has malodourous body odour. It is documented that on the same day, Mr D had a bed bath and his pads were changed while at T2H.

60. CAHLN reported when Mr D was admitted to the RAH on 31 May 2021, his beard appeared poorly kept with food throughout and on his shirt and that he had a mild odour, suggesting a poor state of personal hygiene.

61. I find, on the balance of probabilities, when SAAS officers attended T2H on 31 May 2021, they found Mr D in a state that suggested poor personal hygiene.

62. I find, on the balance of probabilities, Mr D received bed baths rather showers for safety reasons. The onus was on T2H to apply additional vigilance to his hygiene needs in such circumstances. Transferring him in a state in which two other organisations commented on his personal hygiene is indicative such vigilance did not occur.

**Issue 2: Wound related care provided to Mr D by staff at T2H.**

63. In its response, CAHLN states:

> *The Occupational Therapist was advised by Nursing Staff on 11 March 2021 of a pressure injury to [Mr D's] chest and initiated an Orthotics and Prosthetics referral as was advised to the CALHN OT [W]. This was acknowledged on 11 March 2021 by [W], and a referral was undertaken……A review was conducted with a recommendation of the use of a soft collar.*
> *Nursing notes indicated progressive healing of chest/clavicle pressure injury from the Functional Capacity Assessment between 11 March 2021 to 25 March 2021 by W. Following the referral, the wound was documented as healing well, blanching well and no skin breaks. OT clinical knowledge of stage 1 pressure injury was a non-blanching redness of intact skin. Nursing reports from subsequent days note redness but blanching, no breaks and use of a protective dressing. Nursing staff noted on 27 April 2021 that left neck (above clavicle) appears red, fragile and a slight skin break. Upon Discharge it was noted in summary notes that a left clavicle pressure injury that has previously healed but had broken down again in the last week.*

*…*

*[Mr D's] discharge summary of 1 May 2021 indicates "[Mr D] is a moderate risk for pressure injury due to his immobility, fragile skin and incontinence. [Mr D] is however, high risk for a pressure injury to his left clavicle due to posture and chin pressure. He currently has a stage 2 pressure area dressed with Mepilex AG, due for dressing change on Wednesdays. This area has previously healed but has broken down again in the last week.*

64. In its response in respect to information provided to the BHFLHN facility by CALHN in relation to Mr D's T2H placement, CALHN provided copies of documents titled '[redacted]_Equipment information' and '[redacted] Referral and Checklist for T2H Transfer'. The document titled '[redacted] Referral and Checklist for T2H Transfer' records Mr D had wounds and the dressing requirements for the wounds were recorded as being:

*Left lateral lower lg and medial right lower leg- Acticoat 7 dressing secured by Hypafix*

65. The document titled '[redacted] Referral and Checklist for T2H Transfer' recorded that Mr D's NDIS eligibility had been determined and his support coordinator was B of Total Support Services.

66. In its response, CALHN advised it considered organising clinical care prior to a consumer's transfer to T2H is part of CALHN's role.

67. In its response, CAHLN advised it had telephone and email contact with B in regards to Mr D on 18 February 2021, 24 February 2021, 4 March 2021, 10 March 2021, 26 March 2021, 31 March 2021, 7 April 2021, 8 April 2021, 8 April 2021, 14 April 2021, 21 April 2021 and 4 May 2021 and that these communications were about NDIS access and funding, functional capacity, assistive technology, home and living support, and Mr D's transfer to the BHFLHN facility.

68. In its response, BHFLHN states:

*[Mr D] was admitted to [the BHFLHN facility] on the 1 May 2021 into the Care pod program for maintenance care to await an available bed into Hampstead T2H, as arranged by the Royal Adelaide Hospital.*

*I am really sorry to hear that the coordination of [Mr D] transfer to the stepdown unit at Hampstead was not as smooth as we would expect and that the [BHFLHN facility] nursing team failed to identify the need for ongoing nursing clinical services to be put in place to attend his wound dressings. This is not acceptable. I would like to extend my sincerest apologies to [Mr D] and to the stepdown unit for this miscommunication.*

*This oversight was partially due to a lack of awareness of the support services the T2H unit is able to provide to patients at that time.*

*…..*

*The Social worker made contact with the NDIS support coordinator, [M]. Contact was also made to T2H and confirmation of their willingness to accept this patient. [The BHFLHN facility] was responsible for arranging equipment hire and delivery, medication charts and for completion of care forms.*

*[Mr D] had 3 wounds. All wounds were last observed and changed on the 4 May 2021 prior to his discharge from hospital. [Mr D's] wound dressings were being changed on a weekly basis, on a Tuesday. These were due to be changed on the following day post his transfer to the T2H unit – 11 May 2021. All wounds had substantially healed and the dressings were reported to be dry and intact on the day of transfer.*

- *Right lower leg (burn) – stage 1, healing well. Simple dressing- cleansed with saline, Acticoat applied and secured with hypafix.*
- *Left medial ankle (burn) – superficial wound, healing well. Simple dressing- cleansed with saline, Acticoat applied and secured with hypafix to cover.*
- *Left clavicle – Stage 1 pressure area that is healing well. Cleansed with normal saline and Mepilex AG applied.*

*A nursing transfer form, scripts, medication chart and copies of [Mr D's] Advanced Care Directive and wound forms were sent with the patient in a transfer envelope.*

*There was a lot of communication between T2H, [the BHFLHN facility] allied health team and the support coordinator prior to discharge. Unfortunately, wound care was not identified as a care requirement during the planning process.*

*[the BHFLHN facility] was made aware after [Mr D's] departure to T2H that the stepdown unit does not provide any clinical care such as simple wound dressings. This was not communicated to the hospital at any stage of coordinating transfer arrangements. T2H staff spoke with the [the BHFLHN facility] Nurse Unit Manager at this time and were advised to arrange community nursing care. This was not an expected or accepted practice.*

*It is normal practice for the hospital to arrange for initial wound dressing materials to be provided to the transferring site and the transferring site would normally make a referral to arrange for community nursing to undertake wound care as part of ongoing clinical care. This did not occur in this situation. The NDIS process would result in a variation to this process as the care coordinator would initiate service provision based on identified need.*

69. In its first response, DHS states:

*…..[Mr D] was admitted to T2H with a Stage 2 Pressure Wound on his left clavicle, burn to his lower right leg and a burn to his left medial ankle upon admission from [the BHFLHN facility] Longstay Care Pod.*

*…..*

*T2H does not provide clinical service to clients as identified in the attached service description. This service is provided via an in-reach service or if the clinical issue is related to the client's disability, funding can be provided by the person's NDIS plan.*

*On Admission [Mr D] presented with:*

*Left Clavicle Pressure injury to be cleaned with normal saline & dressed weekly with Mepilex AG on Tuesday (last dressing-4/5/21).*

*Right lower leg wound to be cleaned with saline, Acticoat dressing to be applied and secured with Hypafix weekly on Tuesday (last dressing-4/5/21)*

*Left medial ankle burn wound to be cleaned with saline, Acticoat dressing to be applied and secured with Hypafix weekly on Tuesday (last dressing-4/5/21)*

*…...*

*Recommendations were provided by the Physiotherapist for transfers and use of soft collar for pressure would care.*

*…..*

*Noted upon admission by [K2] that only one dressing was observed on [Mr D's] left ankle.*

*…..*

*On 10/5/21, a request was emailed to [Mr D's] Support Coordinator-[B] to submit a referral to engage Komplete Care to assist with wound management and dressing.*

*On 14/5/21, noted in progress notes that wound on R leg still appears red.*

*On 23/5/21, a locum assessed [Mr D's] wound. Outcome antibiotics were prescribed and comment was made that wound was at risk of a breakdown. A wound review was requested.*

*On 24/5/21, [Mr D] commenced antibiotics and his clavicle wound was cleaned and dressed by T2H staff K2 as there had been no external wound management or dressing applied since 4/5/21.*

*On 27/5/21, Komplete Care RN completed a wound review and dressed [Mr D's] wounds. Noted in review that there were nil concerns.*

*On 29/5/21 Pop Up carer Sandya cleaned and dressed wound.*
*Clinical care provided by Komplete Care RN on 27/5/21 and 31/5/21.*

70. In its first response about the subject of Mr D's condition on 31 May 2021, DHS states:

*RN-Komplete Care Nursing Note1745: noted to be drowsy, non-responsive, wound offensive and infected, oozing. Blood pressure-118/80; Temperature 36.8; Oxygen Level 98%; Heart Rate 90; Respiration 14.*

*…..*

*SAAS contacted by KC RN K3.*

71. In its first response, DHS states:

*Total Support Services was responsible for organising the wound review. They were contacted on 10/5/21, 11/5/21 and 24/5/21 by email.*

*Komplete Care was contacted directly by T2H on 12/5/21 about engaging services for wound care on a weekly basis.*

*Komplete Care did not recontact T2H until 19/5/21 about service engagement. They were able to provide wound management and personal support but had to contact TSS to organise the Service Agreement.*

*[Mr D's] wound was not dressed after 4/5/21 until 24/5/21 when [K2] provided a first aid response as she was concerned about the state of the wound on Mr D's clavicle.*

*Have not been able to establish whether a referral for wound care management was organised prior to [Mr D] being discharged from [the BHFLHN facility] Longstay Pod.*

*T2H does not provide nursing or medical staffing support. These services are provided through a client's individual NDIS funding package.*

*Nursing support services are organised by a client's external NDIS funded Support Coordinator, not T2H.*

72. In its second response, DHS states:

*A 'Handover sheet for skin checks for clients at risk of pressure sores' was not provided to DHS by [the BHFLHN facility] on [Mr D's] admission to T2H.*

*On 10 May 2021 it was noted by the T2H Team Supervisor that [Mr D] had a wound on his clavicle when he was admitted.*

*Support workers at T2H require direction from a clinician in relation to observation of wounds. There were no such directions provided on admittance to T2H on 10 May 2021.*

*Following a visit by the locum on 23 May 2021 where they prescribed antibiotics and sudocream and advised '… [Mr D] should be reassessed for a neck brace and repositioning so his head is not constantly on his left shoulder….if not addressed, his wound will turn*

*into an ulcer and then into a hole.' (Client progress notes). On 24 May 2021 G at T2H again contacted B on 24 May 2021 seeking a nursing review as soon as possible due to the open red sores on his neck based on assessment from the locum. The visit from Komplete Care RN occurred on 27 May 2021 who assessed existing wounds and began treatment on the clavicle.*

*…..*

*Following the locum visit on 23 May 2021 a meeting occurred on 27 May 2021 with DHS staff, [Mr D's sister], B and staff from Komplete Care. At this meeting the service agreement was completed and signed for services from Komplete Care to include wound management and occupational therapy for [Mr D].*

*On 24 May 2021 B was emailed regarding the locum assessment and the need to review [Mr D] as soon as possible. It is understood that the outcomes of this assessment were further discussed at the meeting on 27 May 2021.*

*…..*

*On 10 May 2021, the need for dressing the wounds were requested by K to B following up on [the BHFLHN facility] weekly dressing that last occurred on 4 May 2021.*

*On 11 May 2021, the need for dressings was again conveyed to B by K.*

73. As part of its first response, DHS provided a copy of a document tilted 'Assessments and Checklist for T2H transfer'. The document recorded Mr D had wounds and that the dressing requirements were:

> *Left lateral lower lg and medial right lower leg – Acticoat 7 dressing secured by Hypafix*

74. In its second response, DHS advised the 'Assessments and Checklist for T2H transfer' was completed by W and that the section where Mr D's wounds were recorded was completed at the RAH on 13 April 2021 at the initial assessment meeting. DHS advised at this meeting the only health concerns raised regarding Mr D's skin integrity were those of his leg wounds.

75. As part of its first response, DHS provided a copy of a document titled 'Initial Clinical Assessment & Interim Care Plan' completed by K2. K2 recorded 'Yes' to the question 'Are there any wounds or dressings?'. There is no entry made after the following section 'Please describe'.

76. In its second response, DHS advised the 'Initial Clinical Assessment & Interim Care Plan' was completed on 10 May 2021.

77. As part of its first response, DHS provided a copy of a document titled BHFLN 'Long Stay Care Pods Program Discharge Summary'. The document recorded:

> *…..*

*We have used the soft collar to help support his neck and reduce pressure on his wound in his collar bone area. He also finds this useful when eating.*

*…..[Mr D's] skin integrity should be monitored regularly with regular position changes.*

*…..*

78. As part of its first response, DHS provided a copy of a document titled 'CHSA Nursing & Midwifery Transfer Form' recorded as completed at the BHFLHN facility on 5 May 2021 by T. Under the section of the document titled 'History of Current Admission and Nursing management' it is recorded:

*Wound Care as per wound Chart – Tuesdays*

*…..*

79. Under the section of the document titled 'Skin/wound care' it is recorded:

…..

*Weekly dressings – Tuesday*

80. Under the section of the document titled 'Any further Information' it is recorded:

…..

*wears a soft neck brace during the day*

81. As part of its first response, DHS provided copies of 'Wound Management and Prevention Careplan' forms relating to wounds on Mr D's right lower leg, his left medial ankle and his left clavicle. The forms state the wounds had been cleaned and dressed on 4 May 2021 and required weekly attendance. The sections of the forms titled 'Expected Date to Heal' and 'Achieved Healing Date' had not been completed.

82. As part of its first response, DHS provided copies of the Client Progress Records for Mr D. Following are extracts from those records in relation to the wound care of Mr D:

| | |
|---|---|
| *10 May 2021* | *…..He wears a neck brace all day but it can come off at night…..* |
| *14 May 2021* | *…..His right leg still spears red……* |
| *23 May 2021* | *…..Locum visit [Mr D] as he had a red infection-like wound on left side of his neck. Locum prescribed antibiotics and sudocream, He has also advised him to be reassessed for neck brace and repositioning so his head is not constantly on his left shoulder. The locum said if not addressed, his wound will turn into an ulcer and then into a hole.* |

| | |
|---|---|
| *27 May 2021* | *Nursing Notes: RN reviewed the wound on Lt Clavical bone and jaw wound: exudate, sloughy, Lt and Rt ankle and leg burn areas, wound: dry ,pink, granulating, cleaned the clavicle wound with normal saline and applied combine, Rt ankle burn wound cleaned with normal saline and applied acticoat flex and dressed with hypafix and crepe bandage, Lt leg burn wound, cleaned with saline, dressed with combine and crepe bandage, ask for comfort, nil concerns…..* |
| *31 May 2021* | *17:45hrs – Nursing Notes – Transferred to RAH, …..wound on left clavical area infected, offense smell, cleaned with normal saline, oozing, exduates large….* |

83. As part of its first response, DHS provided a copy of a completed 'Medical/Health Therapy Referral' form, dated 23 May 2021, requesting a doctor. The form states:

> *[Mr D] has red open sores on L side of his neck*

84. The Client Progress Records for Mr D state the antibiotics prescribed for him for the infected wound were not given to him on at least two occasions, being at 1800 hours on 26 May 2021 and at 0800 hours on 27 May 2021. The reason the antibiotics were not given were recorded as 'Refused'.

85. As part its first response, DHS provided copies of witness statements that it obtained when it commenced investigating Mr D's stay at T2H.

86. Following is an extract from the witness statement of the sister of Mr D:

> …..
>
> *On 27 May 2021 there was a meeting at the T2H unit with TSS and the DHS Case Coordinators……I do not recall that there was any discussion about [Mr D]'s wound care other than he was on antibiotics…..*
>
> *…..*
>
> *After the meeting, I visited [Mr D] in the T2H Unit…..*
>
> *…..*
>
> *When the RN and EN took off his collar support, I saw that he had a pressure wound on his neck and face. There was yellow pus coming from the wound on his neck. The wound on his neck was wet and approximately three inches (9 centimetres long). The wound on his face was bigger than a 20-cent piece. The RN wiped it and pus came from the wound, it smelled and looked infected. It was not clear to me what was being done to treat his pressure sores…..*
>
> …..

87. Following is an extract from the witness statement of K, who worked at T2H at the time of Mr D's stay:

…..

*On 13 April 2021, I went to the RAH with DHS, Registered Nurse RN [W] to have an initial multidisciplinary meeting with Occupational Therapist (OT), [redacted], [redacted] his sister, Social Worker (SW) [redacted] and a student SW [redacted], and another person called [redacted]…..At this meeting we discussed [Mr D's] general health, no infections, no diabetes, no seizures, had two small wounds requiring weekly dressings…..*

*…..*

*On May 2021 he was transferred to [the BHFLHN facility], and stayed there until 10 May 2021. I did not have any conversations with [the BHFLHN facility] prior to [Mr D's] arrival at T2H. Normal practice is for the hospital to set up the nursing service if required or to liaise with the external NDIA funded Support Coordinator for this to occur, T2H was unaware that his had not been some or that [Mr D] still had wounds that needed dressing.*

*On 10 May 2021, [Mr D] was admitted to T2H late in the afternoon…..*

*…..*

*On 10 May 2021, as [Mr D] still had wounds on his legs and a wound on his left clavicle, I email [B], Support Coordinator from Total Support Services (TSS) to engage Komplete Care to assist with wound management and dressing.*

*On 11 May 2021, I emailed [B] again about re-engaging Komplete Care to assist with personal care…..*

*…..*

*On 12 May 2021, as [Mr D] still had the wounds on his legs and had a wound on his left clavicle, I had a phone conversation with [S] [redacted] at Komplete Care about also engaging Komplete Care for wound management on a weekly basis. [S] stated that their RN [redacted] [W] could assist with this if [B] would approve it.*

*On 19 May 2021, I received a call from [W] about setting up support for showering and meals, and wound care. I then also received a call from [S] to say that she would contact [B] to organise the Service Agreement for these services to occur and would accompany [W] when she did the assessment.*

*I was away from 22 May 2021 to 31 May 2021.*

*I never saw the wounds on [Mr D's] legs or clavicle.*

*I was told about the wounds on Mr D's legs at his initial assessment at the RAH on 13 April 2021 and then on 11 May 2021 after which I spoke with Komplete Care about wound management and dressing.*

……

88. Following is an extract from the witness statement of G, who worked at T2H at the time of Mr D's stay:

> *…..*
>
> *On 24 May 2021, [K2] contacted me to tell me that [Mr D] had a wound on his neck and prompted me to follow up with TSS. I then emailed TSS to remind them to organise wound care for [Mr D]. I received a reply from [B] that she had been Komplete Care and that a Service Agreement would be signed by [Mr D's sister] for care to begin.*
>
> *On 27 May 2021 there was a meeting at T2H. Prior to this meeting, I went with [K2] to [Mr D's] room to look at the wound on his neck. I was standing 2 ½ meters away from the foot of the bed while [K2] looked at the wound. From my position I observed that the wound was on the left side of the clavicle and was red and pink…..*
>
> *…..*
>
> *…..At that meeting K2 spoke about the wound and advocated that it needed to be looked at straight away and then [K2], [S], [W] and [Mr D's sister] went to see [Mr D] and assess his wound.*
>
> *…..*

89. Following is an extract from the witness statement of H, who worked at T2H at the time of Mr D's stay:

> *….*
>
> *I was at T2H from 10 May 2021 to 11 May 2021. On 12 May 2021 I commenced leave and D replaced me as [redacted] until my return on 7 June 2021.*
>
> *…..*
>
> *[K2] will do the Interim Care plan until the comprehensive ongoing care plan is completed by the service coordinator.*
>
> *…..*
>
> *The support workers are expected to provide direct support including…..pressure area care…..*
>
> *…..*
>
> *We were aware that he had wounds, but the management of the wounds was meant to have been organised prior to his discharge from the local health network. On this occasion it would have been [the BHFLHN facility]. I assumed that this had been organised by [the BHFLHN facility].*

*…..*

*T2H has implemented several measures to manager client physical health including a comprehensive handover sheet for skin checks for clients who are at risk of pressure sores…..*

*…..*

90. Following is an extract from the witness statement of K2, who worked at T2H at the time of Mr D's stay:

*I am an Enrolled Nurse and have worked for Disability Services For 36 years…..My role is to support the Team Supervisors and carers as required. I also do initial interim care plans, set up care plan folders, progress notes and when it has been difficult to procure external nursing agency support, I assist with such things as wound dressings…..I work three days and these change dependant on the requirements of T2H.*

*…..*

*On 10 May 2021, [Mr D] was admitted to T2H. Prior to this admission we were unaware that he had wounds. When he arrived, I looked at the paperwork that accompanied him and noticed that [Mr D] had wounds and that they were meant to be dressed on a weekly basis. The paperwork from [the BHFLHN facility] stated that they had last been dressed on 4 May 2021; however, when [Mr D] arrived on 10 May 2021, only one dressing remained on his left ankle. I told Senior Service Coordinator, [K] about this and she emailed a referral that day to [Mr D's] external NDIS support coordinator for an external nursing agency to do wound care. I assumed that this would be followed up in a quick fashion as he would require a new dressing the next day as seven days would have elapsed since the last dressings were done on 4 May 2021. The wound care that was provided by [the BHFLHN facility] was a weekly change which indicated that it was almost resolved.*

*When [Mr D] was admitted, he was wearing a neck brace when he arrived that was very dirty and ill-fitting, and he was growing a beard that was messy and that he refused to allow us to trim. The neck brace was ineffective and [Mr D] could get his chin into the collar…..*

*I looked at the wounds when [Mr D] arrived from [the BHFLHN facility]. The wound on his right lower leg was quite healed, the left medial ankle still had a small dressing on it and the area on his neck stretching down to the left side of his clavicle looked like it was compromised and was approximately 17cm long by approximately 10cm wide. It was red in colour and fragile.*

*…..*

*I was not on duty at the time of the locum visit on 23 May 2021, however I did go to the pharmacy to pick up the antibiotics on 24 May 2021, as I wanted [Mr D] to immediately start them. This was the next time that I saw the wound and saw how it had deteriorated. It was at*

*this time that I discovered that the external nursing agency had not been in to dress [Mr D's] wounds on his legs or clavicle since his admission to T2H. I also undertook first aid as there was no dressing and the wound was clearly infected. I cleaned [Mr D's] wound immediately with saline solution, dressed it with a non-stick dressing and combine pad and used a rolled-up face washer to hold it in place and act as a barrier to protect it from [Mr D's] collar that was filthy.*

*On 24 May 2021, I also raised my concerns about [Mr D's] wound and the lack of agency nursing input with [G] and asked for an Occupational Therapy (OT) assessment as I was very concerned about the impact that the collar was having on the wound. [G] sent an email to the nursing agency and also for an OT referral.*

*On 27 May 2021 there was a meeting at T2H to discuss [Mr D]…..This meeting was to organise for personal support to be implemented and for a wound management plan to be initiated as the wound on [Mr D's] clavicle required dressing and had not been seen to by medical staff since 10 May 2021. I assisted [K3] to assess the wound by holding his head, while she dressed it. This was very difficult as his head kept lolling to the side. When I observed his wound to be dryer and did not appear as angry as it was prior to starting the antibiotics. There was no pus, exudate, or other discharge at that time. I asked the RN to write her observations in his Progress Notes and she stated that she had no concerns at that time. As no time did he appear to be in pain, although we asked him several times if he was.*

*…..*

91. Following is an extract from the witness statement of who worked at T2H at the time of Mr D's stay:

*…..*

*On 10 May 2021, [Mr D] was admitted to T2H. I saw that he had a collar on his neck and heel protectors on his legs for the wounds on his legs.*

*I have never seen the wound on [Mr D's] left clavicle. I did try to see the wound; however, I was unable to lift [Mr D's] head from the side as he resisted letting me lift his head from his shoulder.*

*…..*

92. As part of its first response, DHS provided copies of the Client Progress Records for Mr D. Those records state Mr D was not given antibiotics on at least two occasions. The Client Progress Records indicate:

- *26/5/21 – 1800hrs – Flucloxocillin – Refused – [Mr D] wouldn't open his mouth*
- *27/5/21 – 0800hrs – Flucloxocillin – Refused – Refused by client*

93. On 10 June 2021, SAAS lodged a complaint with the HCSCC, describing concerns about Mr D in the following terms:

> *On 31/05/2021 SA Ambulance Service (SAAS) received a triple zero call regarding [Mr D], who had increased drowsiness and was not responsive. SAAS sent a crew to [Mr D]. On arrival the crew documented concerns regarding [Mr D's] care.*
>
> *Patient had an infected pressure wound. As per the Patient Clinical record: "SAAS staff found patient with dirty clothing (had not been changed for a few days). Malodourous body odour and poor personal hygiene due to the negligence of carers. Patient's case worker and sister report patient has been found in this state (left in faeces and urine prolonged periods of time, with a dirty moist towel over infected wound site). SAAS staff also found the wound care of the RN to be neglectful and subpar, nil covering or irrigation of exposure of the wound on the last visit 3 days ago and today RN had not exposed site and poorly dressed wound and only place a saline soaked combine over open wound site…..*

94. On 12 July 2021, SAAS provided following information to the HCSCC:

> *(a) <u>[Mr D's] physical condition</u>*
> *[Mr D] appeared to be appeared to be malnourished with a large pressure wound on his jaw.*
>
> *……*
>
> *(b) <u>[Mr D's] clinical and wound care management</u>*
> *……The crew were led to believe that the wound had not been exposed or irrigated on the last visit 3 days prior to SAAS attendance. On the day of SAAS attendance the RN had not fully exposed the site and placed only a saline soaked dressing combine over it.*
>
> *…..*

95. A Minute dated 21 June 2021, sent by CALHN to DHS and provided by DHS as part of its first response, identified:

> *…..*
>
> *The ED triage entry noted infected left lateral neck/lower jaw wound; offensive, clear/pussy exudate; non-compliance with oral antibiotics; receiving wound care from a community care nurse.*

96. CAHLN provided the following information about the state of the burns to Mr D's lower legs at the time of his readmission to the RAH on 31 May 2021:

> *[Mr D's] lower leg burns were reviewed by [H2] and received the full attention of the Burns multidisciplinary team. [Mr D's] burns were debrided, and skin grafts had been applied, despite some areas of patchy skin graft loss on his legs, he managed to complete healing using conservative measures (dressings).*

97. CAHLN provided the following information about the state of Mr D's left neck pressure injury at the time of his readmission to the RAH on 31 May 2021:

> *The RAH Nurse Consultant – Plastics/Wound Management received a consult order to review the patient's neck wounds at 10:45am on 1 June 2021. The patient was reviewed in the Emergency Department at 11:45am on 1 June 2021. The cause of these wounds were three times over left later anterior neck and were at stage three full thickness pressure injuries (PI) due to torticollis, head and neck position in relation to collar bone location and [Mr D's] Parkinson's disease. The contributing factors which may interfere with wound healing were identified as Parkinson's disease and potential for malnutrition and wound location. The goal of the Wound Management Care was discussed with the patient, [Mr D] and agreed patient would like the wounds to heal.*

98. CAHLN provided detail about a Wound Management Plan for Mr D that was adopted on 1 June 2021.

99. CAHLN further advised a follow-up review occurred on 21 June 2021 and that Mr D's wounds had improved.

**Findings**

100. A multidisciplinary meeting was held on 13 April 2021 at the RAH to discuss Mr D's transfer to T2H. Representatives of T2H attended this meeting. The only health concerns raised regarding Mr D's skin integrity were those of his leg wounds.

101. Mr D was transferred from the RAH to the BHFLHN facility on 1 May 2021. At the time of the transfer, Mr D was considered a high risk of a pressure injury due to posture and chin pressure. At the time of his transfer, he had a stage 2 pressure area and the area had broken down again in the previous week.

102. While at the BHFLHN facility, Mr D had three wounds, two lower leg burns and a stage 1 pressure area wound to his left clavicle, which were observed and dressed on 4 May 2021. The wound dressings were being changed on a weekly basis. The wound to Mr D's left clavicle was reportedly substantially healed.

103. On 10 May 2021, Mr D was discharged from the BHFLHN facility and transferred to T2H. Mr D's wound dressings were reportedly dry and intact.

104. Prior to Mr D's transfer to T2H from the BHFLHN facility, the BHFLHN facility had communications with T2H and Mr D's NDIS coordinator about Mr D but did not identify or put in place in-reach nursing care for his wounds prior to his discharge on 10 May 2021.

105. Mr D arrived at T2H on 10 May 2021. Upon his arrival, T2H was provided with a nursing transfer form, a discharge summary and wound care forms. These forms clearly detailed Mr D's wounds and what wound care was required and when. These forms also detailed Mr D's use of a soft collar to help support his neck and reduce pressure on his wound in his collar bone area and advised that Mr D's skin integrity should be monitored regularly with regular position changes.

106. T2H staff, including K and K2, were aware on 10 May 2021 of the wounds to Mr D's lower leg and his left clavicle.

107. On 10 May 2021, T2H enrolled nurse, K2, completed an 'Initial Clinical Assessment & Interim Care Plan' in which she recorded 'Yes' that Mr D had wounds but failed to record any detail about the wounds. K2 failed to document any care plan about how Mr D's wounds would be attended to.

108. Between 10 May 2021 and 24 May 2021, T2H made requests to B of TSS to have in-reach nursing care arranged for Mr D's wound care. This was arranged and commenced on 27 May 2021.

109. Between 10 May 2021 and 23 May 2021, there is no record of any observation or treatment to Mr D's wounds.

110. On 23 May 2021, a locum attended T2H and diagnosed an infection to Mr D's left side of his neck and prescribed Mr D antibiotics.

111. On 24 May 2021, K2 cleaned and dressed Mr D's wound and used a rolled-up face washer to hold the dressing in place and to protect it from Mr D's collar which she described as filthy.

112. DHS' response indicates the provision of in-reach wound care was a shared responsibility between T2H and TSS and cites delays in communication from TSS. If no responses were being received from TSS, an escalation process should have been instituted much quicker with such a vulnerable client. DHS states their expectation is this should have occurred.

113. There is insufficient detail in Mr D's Client Progress Records to determine how often Mr D's soft collar was removed, changed or washed.

114. On 27 May 2021, Mr D's wound care was attended to by an in-reach nursing service The RN found the clavicle bone and jaw wound had broken down, had exudate and was sloughy. It is unclear from the RN's entry what the recorded 'nil concerns' related to.

115. Mr D was not given his prescribed antibiotics on 26 May 2021 and 27 May 2021 as he refused them.

116. On 31 May 2021, the in-reach nurse telephoned triple zero and requested an ambulance attended Mr D at T2H. Mr D was taken to the RAH.

117. On 31 May 2021, SAAS officers attended T2H and found Mr D with an infected pressure wound to his jaw. Mr D was taken to the RAH.

118. On the balance of probabilities, I find:

- It was not the role of T2H to provide wound care to Mr D which was required to be provided to Mr D by an in-reach nursing service organised by his NDIS support coordinator.

- The role of organising the in-reach nursing care service with Mr D's NDIS support coordinator was the role of the BHFLHN facility.

- The BHFLHN facility failed to identify that Mr D required an in-reach nursing service for his wound care when he transferred to T2H.

- T2H was made aware of Mr D's wounds upon his arrival at T2H.

- T2H was made aware of the risk of a pressure injury to Mr D's left clavicle upon his arrival at T2H.

- T2H failed to include any information in Mr D's 'Initial Clinical Assessment and Interim Care Plan' about how Mr D's wounds or the risk of a pressure injury to his left clavicle were to be managed whilst at T2H.

- Between 10 May 2021 and 24 May 2021, T2H made requests to Mr D's NDIS support coordinator seeking in-reach nursing care be made available to Mr D. This was eventually put in place on 27 May 2021. The conduct of Mr D's NDIS coordinator is beyond my purview. I understand the NDIS Quality and Safeguards Commission is aware of this issue.

- T2H employed an enrolled nurse who advised that when it was difficult to procure external nursing agency support, her role was to assist with things such as wound dressings.

- On 23 May 2021 a locum attended Mr D at T2H, viewed Mr D's wound to the left side of his neck, prescribed Mr D antibiotics and recommended that Mr D be reassessed for a neck brace and repositioning.

- On 24 May 2021, enrolled nurse K2 undertook first-aid to Mr D's left clavicle wound by cleaning the wound, dressing it and using a rolled up face washer to hold the wound dressing in place and to act as a barrier to protect the wound from Mr D's collar.

- On 27 May 2021, wound care for Mr D was commenced by an in-reach nursing service, Komplete Care.

- Despite being aware of Mr D's wounds and that an in-reach nursing service had not been organised for Mr D, between 10 May and 23 May 2021, no attention was paid by T2H to Mr D's wounds despite T2H employing an enrolled nurse capable of undertaking Mr D's wound care.

119. Mr D was clearly vulnerable on entry to T2H, at which point he came under the care and control of DHS. Once Mr D came under the care and control of DHS, they had a responsibility to ensure his care needs, health or otherwise, were met appropriately.

**Issue 3: Any other health care concerns**

120. In its response, CAHLN advised:

> *Mr D's body weight between 22 January 2021 and 1 May 2021 was documented as:*
> - *64.9kg (06/02/2021)*
> - *69kg (13/02/2021)*
> - *65.45kg (08/03/2021)*
> - *64kg (20/03/2021)*
> - *59kg (27/03/2021)*
> - *62kg (04/04/2021)*
> - *61kg (11/04/2021)*
> - *63kg (18/04/2021)*

- *61kg (25/04/2021)*

*Staff conducted a malnutrition screening on 22 January 2021 and was identified of low risk of malnutrition. [Mr D] was referred to Dietetics on 28 January 2021 due to his reduced oral intake. Dietitian reviewed multiple times to implement nutrition care support plan this was a high caloric/protein diet with oral nutrition drinks and daily multivitamin tablet. Full feeding assistance provided by ward Nursing staff and [Mr D's] private carers. Following Dietitian review on 11 March 2021 [Mr D] was discharged from dietic care as he was meeting the energy and protein requirements orally with nutrition interventions in place 100%.*

*As a result, overall [Mr D] lost a total of 3.9kg during the Burn admission from 22 January 2021 to 1 May 2021 with the weight loss occurring from 20 March 2021 to 25 April 2021. The exact reason for his weight loss cannot be determined, but contributing factors may include a combination of:*

- *Differing weigh methods*
- *Wound dressing variations*
- *General malaise/pain with acute burn injury (first few weeks)*
- *Progressive neurological conditions (Dementia and Parkinson's)*
- *Complete dependence on Nursing staff for feeding & drinking assistance*
- *Fasting for procedures*
- *Personal food/taste preferences*
- *Depression*

*Malnutrition screening was repeated on 18 April 2021 and identified as high-risk during care but was not referred to the Dietitian. A New Malnutrition screening protocol at RAH has since been implemented in June 2021 advising weekly re-screening.*

121. As part of its first response, DHS provided a copy of a document titled BHFLN 'Long Stay Care Pods Program Discharge Summary'. Under the section of the document titled 'Dietetics' it records:

*Please see RAH allied health discharge letter for dietetics component. [Mr D] whilst in hospital has experienced unintentional weight loss…..*

*…..*

*Weight record, 58.9kg 05/5/2021, 63kg 18/4/2021 66.4kg 01/3/2021 69kg 13/2/2021. Height 178cm. Healthy weight range 58.6kg - 79.2kg (BMI 18.5 – 25kg/m2)…..*

*…..*

122. Under the section of the document titled 'Recommendations' it records

*…..*

*Weigh on admission, was 58.9kg 03/5/2021. Please re-weigh weekly. If losing weight please keep a detailed record of his oral intake of food and drinks and refer to a dietitian*

*…*

123. As part of its first response, DHS provided a copy of a document titled 'Initial Clinical Assessment & Interim Care Plan' completed by K2 which DHS advised was completed on 10 May 2021. The area of the form to record Mr D's baseline observations, including Mr D's weight, has been struck through and marked 'N/A'. The section of the plan under the heading 'Nutrition and Hydration' titled 'Interim Nursing Care Plan' has not been completed.

124. As part of its first response, DHS provided copies of the Client Progress Records for Mr D. There are no recordings made in these records which indicate weighing of Mr D was part of his ongoing care while at T2H.

125. Following is an extract from the witness statement of K2, provided by DHS as part of its first response:

*…..*

*We were not provided with a weight for [Mr D] when he arrived, and we did not weigh him due to his contractures as we only have a weigh chair.*

*…..*

126. Following is an extract from the witness statement of H provided by DHS as part of its first response:

*…..*

*I met [Mr D] and his sister, [redacted] late on 10 May 2021…..He appeared thin; however we did not weigh him as he arrived late…..*

*…..*

*T2H has implemented several measures to manage physical health including…..every person is weighed when they are admitted to T2H, and any person who has meal management concerns is immediately put on a food intake chart.*

127. The 'Client Progress Records' for Mr D provided by DHS as part of its first response indicate that the only records made of food and drinks consumed by Mr D were made intermittently and were only a general description of what he consumed.

128. Following is an extract from the witness statement of the sister of Mr D provided by DHS as part of its first response:

*…..*

*After the meeting* [on 27 May 2021]*, I visited [Mr D] in the T2H unit…..I was shocked at the sight of [Mr D] as I had not been to see him since 15 May 2021 as I had been sick. [Mr D] did not look well;*

*he was in his bed and he looked like he had lost a large amount of weight and he looked very thin; I could see that he had lost weight off his shoulders and face. His eyes were "mucky" and he was very lethargic…..*

*…..*

*On 28 May 2021, I phoned T2H and told the staff that I wanted an ambulance called for [Mr D] as he did not look well, his wounds were not improving, and he looked dehydrated. The staff member, I cannot recall their name told me that [Mr D] was okay. I then spoke to [D], [redacted], he listened to my concerns and said that he would check on [Mr D], weigh him and call me back. [D] did not call me back or let me know how [Mr D] was.*

*On 29 May 2021, I visited [Mr D], his room smelt better, and he looked better.*

129. On 3 June 2021, D emailed M (Disability Services/Accommodation Services Development, DHS). The email was provided as part of DHS's first response. In his email D states:

*…..I'd like to add that on Friday 28th May, [Mr D]'s sister called the unit and spoke to the team leader on the day saying that she believed [Mr D] needed to go to the hospital because he had lost weight. I was on shift that day [redacted] and assessed [Mr D]. He was alert and responsive, breathing well, pallor was of natural colour, no cyanosis noted, and [Mr D] was not exhibiting any signs of being in pain. On the basis of not noting any clinical indication to transfer [Mr D], the decision was made to monitor him further at T2H, including his weight. His weight was recorded as being 57kg on 28/05/2021 and thus reported in the handover report from Team Supervisor.*

130. On 12 July 2021, SAAS provided the following information to the HCSCC about Mr D's condition on 31 May 2021:

*(a) <u>[Mr D's] physical condition</u>*
*[Mr D] appeared to be appeared to be malnourished with a large pressure wound on his jaw.*

…..

131. In its response, CALHN advised:

*[Mr D's] weight on re-admission to RAH was documented as follows:*

- *57kg (03/06/2021)*
- *62kg (01/07/2021)*
- *62kg (12/07/2021)*
- *BMI 21.2kg (Healthy range = 18.5 – 25kg/m2)*

*[Mr D] bodyweight was identified through a validated malnutrition screening tool as high risk of malnutrition completed by nursing staff on 3 June 2021. Subsequently [Mr D] was referred to a dietitian on 3 June 2021 and an oral nutrition support plan was implemented with*

*Mr D on 4 June 2021. [Mr D's] Vitamin A, C and Zinc serum levels were screened and were all in normal range.*

**Findings**

132. Between 22 January 2021 and 1 May 2021, while admitted at the RAH, Mr D lost 3.9 kilograms of his bodyweight.

133. When weighed at the BHFLHN facility on 3 May 2021 and 5 May 2021, Mr D weighed 58.9 kilograms.

134. In its discharge summary for T2H, the BHFLHN facility advised T2H that Mr D weighed 58.9 kilogram on 3 May 2021. The BHFLHN facility recommended T2H weigh Mr D on admission and weekly, and if he was losing weight to keep a detailed record of his oral intake of food and drinks and to refer him to a dietitian.

135. Mr D was not weighed on discharge from the BHFLHN facility or upon his arrival at T2H.

136. The section of the T2H 'Interim Nursing Care Plan' completed upon Mr D's arrival at T2H to record Mr D's baseline observations including his weight was struck through and marked 'N/A'.

137. The section of the T2H 'Interim Nursing Care Plan' under the heading 'Nutrition and Hydration' was not completed.

138. The first record of Mr D being weighed at T2H was on 28 May 2021 when it was recorded Mr D weighed 57 kilograms.

139. A detailed record of food and drinks consumed by Mr D was not made while he was at T2H.

140. When SAAS officers attended T2H on 31 May 2021, they thought Mr D appeared to be malnourished.

141. When Mr D was weighed at the RAH on 3 June 2021, he weighed 57 kilograms, identified as a high risk of malnutrition and referred to a dietitian.

142. DHS acknowledges T2H did not weigh Mr D on admission and he was not weighed until 28 May 2021 when his weight was recorded as 57kg (below his identified healthy weight range). DHS acknowledges that T2H could have done more to monitor Mr D's weight and agrees that his weight loss contributed to him being a high risk of malnutrition.

143. I find, on the balance of probabilities, that despite being advised to monitor Mr D's weight and take action should he be losing weight, T2H failed to monitor Mr D's weight and to detail his food and drink.

**Issue 4: Admission procedure and criteria for consumers entering T2H service and whether it was appropriate for Mr D to be admitted to T2H.**

144. The DHS 'Welcome to Transition to Home' provided by DHS as part of its first response states:

*Welcome to*
*Transition to Home*

*We want to work with you to support your transition to home outside the hospital environment. Our vision is:*
*Everything about you with you*

*This short term service for people with disabilities will support your move to new long term living arrangements.*

*Transition to home (T2H) is not a rehabilitation service or a clinical service, it is for people ready to leave hospital that need short term support to get into long term housing arrangements.*

*Eligibility for T2H*

*To access this service you are:*

- *a registered participant with the National Disability Insurance Scheme (NDIS)*
- *under 65 years old*
- *working through the Exploring Housing Options process with the NDIS*
- *finished with rehabilitation, ready to be discharged from hospital.*

*…..*

*Provided onsite*

*You will reside at Hampstead but will no longer be a hospital patient. This is a standalone disability service operated by the Department of Human Services.*
*You will receive*

- *all meals*
- *coordination of the purchase and supply of medication*
- *bedding and towels*
- *tea and coffee*
- *room cleaning.*

*It is not a medical service, T2H staff at the site are disability support workers from the Department of Human Services. We have links to medical staff when needed.*

*…..*

145. In its response, CALHN advised that a referral for Mr D was sent to T2H via email on 1 April 2021. CAHLN provided a copy of the referral email which attached a document titled 'Referral and Checklist for T2H Transfer' and a document detailing the equipment required by Mr D. The document set out basic information about Mr D, including his diagnosis and disability, atypical Parkinsonism and dementia, but did not detail the level of these or how they would affect his care.

146. As part of its first response, DHS provided a copy of the Occupational Therapy Functional Capacity Assessment for Mr D completed by CALHN on 25 March 2021. The assessment included a table setting out the level of assistance required for each of his daily tasks. The table rated the level of assistance required by Mr D. The

ratings ranged from ‘1’, being total assistance required (patient does less than 25% of effort/task) to ‘7’, being complete independence. Mr D was rated as ‘1’ for all tasks which included meal preparation, feeding, toileting/continence, bathing, dressing, grooming, medication, bed linen, transfer, pressure area care and other.

147. As part its first response, DHS provided copies of witness statements that it obtained when it commenced investigating Mr D’s stay at T2H. Following is an extract from the witness statement of K, Senior Service Coordinator, who worked at T2H at the time of Mr D’s stay:

> …..
>
> *On 13 April 2021, I went to the RAH with DHS, Registered Nurse RN [W] to have an initial multidisciplinary meeting with Occupational Therapist (OT), [redacted], [redacted] his sister, Social Worker (SW) [redacted] and a student SW [redacted], and another person called [redacted]…..At this meeting we discussed [Mr D’s] general health, no infections, no diabetes, no seizures, had two small wounds requiring weekly dressings…..*
>
> *…..*

148. As part its first response, DHS provided a copy of the ‘Initial Clinical Assessment & Interim Care Plan completed by K2. The care plan has provision for Mr D’s baseline observations to be recorded. However, this section of the form is struck through. The care plan has sections of the plan titled ‘Communication’, ‘Mobility’, ‘Hygiene’, ‘Nutrition and Hydration’, ‘Medication’, ‘Behaviour’, ‘Sleep’ and ‘Pain’. Each of the sections of the care plan has a field to be completed which are titled ‘Interim Nursing Care Plan’. None of these fields is completed.

149. I find, on the balance of probabilities, the admission criteria of T2H at the time that Mr D was accepted into T2H was too general and did not take into account the level of a person’s disabilities and assistance required.

150. I find, on the balance of probabilities, when Mr D was admitted to T2H, T2H failed to properly understand and assess Mr D’s health and needs and implement a care plan which identified and incorporated things such as mobility, hygiene, nutrition and hydration and pressure area care.

151. I find, on the balance of probabilities, it was not appropriate for Mr D to be admitted to T2H as the level of his disabilities meant that he required total assistance in the areas meal preparation, feeding, toileting/continence, bathing, dressing, grooming, medication, bed linen, transfer and pressure area care which T2H demonstrated that it was not able to fully meet.

## Recommendations

152. I recommend T2H apologise to Mr D and his family for the inadequate care he received while at T2H.

153. I recommend that hygiene care is assessed on admission for all consumers of T2H in accordance with their needs.

154. I recommend that regular assessment of hygiene needs occurs during consumers’ stay at T2H and the care provided to consumers is adjusted accordingly.

155. I recommend that should hygiene care needs exceed those offered at T2H, transfer to a more appropriate setting be arranged as a matter of priority.

156. I recommend T2H review its eligibility criteria to include consideration of the level of a person's disabilities and assistance required to ensure T2H is adequately resourced to meet a person's needs.

157. I recommend T2H review its entry procedure to ensure that when receiving a person, all of the needs of the person are identified and documented, and a documented care plan put in place setting out how the needs will be met and by whom.

158. I recommend T2H ensure a person's supports are in place before agreeing to receiving the client to T2H.

159. I recommend the T2H care plan include a section in the plan titled 'Ongoing Clinical Care' which is used to detail any ongoing clinical care requirements to be undertaken at T2H after a consumer's hospital discharge and document how these will be met and by whom.

160. I recommend T2H assign the function of 'Health Monitor' with the function of conducting regular and documented health and welfare checks of each person admitted to T2H to ensure they are being adequately cared for, that all of their needs are being met, that their nursing care plan is being followed and to take immediate remedial action if they are not.

161. I recommend the T2H Health Monitor function be assigned to someone with clinical nursing training.

162. I recommend the person assigned the T2H Health Monitor function be able to, in consultation with the T2H area manager, appoint another person to carry out the function of Health Monitor in the event of their absence from the workplace.

163. I recommend the person assigned the T2H Health Monitor function conduct documented health and welfare checks within 24 hours of a person first being admitted to T2H, on day three of their admission and then on a weekly basis.

164. I recommend the person assigned the T2H Health Monitor function be authorised to take any action they see fit to immediately remedy any deficiency they see in the care of a person admitted to T2H.

## Actions to be undertaken by DHS

165. DHS acknowledges there were deficiencies on the part of DHS which need to be addressed and will ensure the following actions, which if implemented and followed, address my recommendations.

166. T2H has verbally apologised to Mr D and his family. DHS will formally write to Mr D and his Guardian to apologise for the failure to ensure nursing care was provided sooner and for the failure to monitor his weight and nutrition.

167. T2H has now implemented a process to ensure all clients of T2H have their hygiene care needs assessed on admission. Each client and their assessment are then reviewed by a member of DHS's Community Nursing team within 48 hours of the client being admitted to T2H. This new process is currently being embedded in

relevant procedural documents. Further, a Team Leader is now on site at both T2H programs who is responsible for visiting each client daily to ensure their needs are met and any issues addressed appropriately and quickly.

168. T2H has reviewed all clients at T2H to make sure there are no clients whose needs exceed the supports offered at T2H.

169. T2H will maintain its eligibility criteria, but it has recently been re-circulated with local health networks (LHNs) to ensure that hospitals do not try and discharge patients whose needs cannot be met at T2H.

170. T2H will work with LHNs to make sure that the appropriate in-reach services are arranged before admitting patients to T2H. This includes interim supports while waiting for NDIS funding/supports to be finalised and in place.

171. T2H will include a section in the nursing care plan titled ‘Ongoing Clinical Care’.

172. T2H has authorised the Team Leader to take any action they see fit to immediately remedy any deficiency they see in the care of a person staying at T2H. In addition, there is now an Intake Manager who oversees the T2H program, which provides stronger governance and oversight of the supports provided at T2H.

## Notice of Action

173. A progress report on implementation of these recommendations be provided to the HCSCC at six and twelve months from publication of this report.