Amaroo Village McMahon Caring Centre

Performance Report

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**Commission ID:** 7909

**Provider name:** Amaroo Care Services Inc

**Assessment Contact - Site date:** 16 December 2021

**Date of Performance Report:** 17 March 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for 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 Contact - Site report received 2 February 2022.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The purpose of this Assessment Contact was to assess the service’s performance in relation to Requirement 2(3)(e) in this Standard. This Requirement was found to be Non-compliant following a Site Audit conducted on 6 to 8 July 2021 where it was found the service did not evaluate care plans after changes were identified with consumer needs. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been provided.

The service undertook the following initiatives to address the deficits identified at the Site Audit, including:

* Introduction of an integrated computerised comprehensive documentation system.
* Provided training to registered nurses on clinical deterioration, care plan reviews, and communication and documentation of changes in consumers’ assessed care needs.

The Assessment Team recommended Requirement 2(3)(e) in this Standard as not met. The Assessment Team found the care and services are not consistently reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals and preferences of consumers.

Based on the Assessment Team’s report and the Approved Provider’s response I find Amaroo Village McMahon Caring Centre, Compliant with Standard 2 Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found that two consumers who had returned from hospital did not have their care plans reviewed updated or evaluated following hospital discharge. They found the service did not commence assessment or planning for new medical devices the consumers had received during the hospital visits, nor had they been assessed for pain or infection of wounds with care plans not put in place.

The service provided a response which showed the two consumers did have specific plans for their devices, however they are not dated. Both consumers’ progress notes showed they had a ‘head to toe assessment’ on returning to the service.

Consumer A returned to the service the day prior to the Assessment Contact. The service provided information to show a wound care plan was commenced on the day they returned to the service and a catheter care plan was put in place but the date was not clear. At the time of the head to toe assessment the consumer did not exhibit any pain but later that day the service provided evidence to show they were provided with as required pain medication for generalised pain. Whilst the registered nurse on the day agreed that the return from hospital checks had not been completed in their entirety the service could demonstrate they had considered the consumer’s change in circumstances.

Consumer B’s progress notes showed that the medical device was monitored for infection as progress notes recorded the surrounding area of the device and it was overseen by an external provider. Whilst the care plan was commenced at a later date instead of at the time of return to the service, the progress notes showed the monitoring of the wound was completed daily by the external agency along with progress notes indicating the service’s own clinical staff were monitoring the injury site.

In considering the information provided by the Assessment Team and the response of the Approved Provider I have come to a different view to the Assessment Team. Whilst I agree with the Assessment Team that not all assessments were undertaken in a timely manner this did not impact on the consumers. Information provided in the response shows both consumers received the care they required for their devices and had no complications from the care provided.

For the reasons detailed above, I find Amaroo Village McMahon Caring Centre, to be Compliant with Requirement (2)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The purpose of this Assessment Contact was to assess the service’s performance in relation to Requirement 3(3)(a) and 3(3)(b) in this Standard. These Requirements were found to be Non-compliant following a Site Audit conducted on 6 to 8 July 2021 where it was found the service was not managing high impact or high prevalence risks associated with consumers’ care including pressure injuries, restraint, pain, and wounds. All other Requirements in the Standard were not assessed at the Assessment Contact.

The service undertook continuous improvement to address the deficits including:

* Identification of physical deterioration early using Key Performance Indicators (KPIs) and handover system, including a review of the Clinical deterioration policy, which remains in draft form.
* Pressure injury management project plan, including staff education and policy reviews. All reviewed policies remain in draft form.
* Development of a clinical risk register, which remains in draft form.
* Provided training to registered nurses on clinical deterioration, care plan reviews and communication and documentation of changes in consumers’ assessed care needs.

However, the Assessment Team found that whilst improvements have been made the service is unable to demonstrate effective management in relation to the identification and management of pressure injuries and the administration of psychotropic medication to manage adverse behaviours.

Based on the Assessment Team’s report and the Approved Provider’s response I find Amaroo Village McMahon Caring Centre, Non-Compliant with Standard 3 Requirement (3)(a) and Complaint with Requirement (3)(b). I have provided reasons for my findings in the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found that four consumers being administered psychotropic medications were not being used as a last resort. They said staff are not provided with alternate strategies they can apply for consumers, staff confirmed this on interview and consumers did not have behavioural support plans in place. The policies in relation to restrictive practice were in draft form and not been endorsed by the CEO. Another consumer was not receiving care in line with assessed care needs and was in pain due to this.

In their response the service disputed the Assessment Team’s findings and provided information on their process to monitor psychotropic medications which includes copies of behavioural support plans for some of the consumers. They also provided information to show that for one consumer a referral had been made to an external provider to assist with the management of the consumer’s responsive behaviours. The service provided staff training information showing that as required psychotropic medication recording were part of the learning on a registered nurse study day in November 2021 and a copy of the physiotherapy assessment for the consumer who suffers pain.

In coming to my finding, I have considered and recognise the service has taken actions to address previous and current issues. However, I find that at the time of the Assessment Contact, staff were not aware of alternate strategies to use to manage responsive behaviours, resulting in four consumers being administered psychotropic medication to manage responsive behaviours without attempting other strategies first. Whilst the service did provide staff with training, on interview they were unable to demonstrate they could access behavioural care plans and use the strategies to prevent the use of psychotropic medications. Whilst the service did provide copies of behaviour support plans for two consumers they are not dated to show they were available to staff at the time of the visit. There was no evidence provided to show that staff have been recording this information in progress notes or behaviour charts except on one occasion as mentioned in the report and the response. The referral of the consumer to the external agency was completed and included in the response. However, the service did not show the information has been included in a behaviour support plan. It is acknowledged that all staff attending to the consumer were provided with the report but they had to interpret it and apply the strategies which are not easily accessible should a behavioural incident occur.

It is also acknowledged that management have taken action to address training issues and they are currently in the process of updating the restrictive practice information to include the most current best practice information.

The physiotherapy report provided showed the consumer did have pain interventions in place. However, I was unable to determine if they were being employed.

For the reasons detailed above, I find Amaroo Village McMahon Care, Non-compliant with Requirement (3)(a) in Standard 3 Personal and clinical care.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found for two consumers, the service did not effectively manage the known risk of pressure injuries which resulted in two wounds progressing to Stage 2 pressure injuries. Wound care assessment and plans and scheduled wound care were found not to have been completed. The service was unable to demonstrate they introduced alternative strategies to prevent a consumer from falling.

The service strongly refuted they did not effectively manage the pressure injuries of the two consumers. The service provided the wound care plans including photographs and information to show the service did provide wound care in the gaps identified in the Assessment Team’s report. The service also provided the wound care assessment and plans that were completed for one consumer on entry and later when the wound reappeared. In relation to falls a substantial amount of information was provided including incident reports, risk registers and the multidisciplinary meeting minutes to demonstrate what actions have been taken to reduce the falls risk.

In coming to my finding, I have considered all of the information presented to me and I have come to a different finding to the Assessment Team. Through the evidence provided by the service I was satisfied that the consumers’ wounds were assessed, care plans put in place and wound care was received as scheduled. It was acknowledged by the service this information may not have been available on the day of the Assessment Contact due to uploading problems with the new electronic care system. The information from the wound documentation also included prevention strategies for staff to use in relation to pressure area care. However, I was not able to determine if staff used the strategies.

In relation to falls the consumer had all falls recorded through the incident management system and the consumer was discussed at multidisciplinary meetings and was on the risk register as a known falls risk. Whilst the Assessment Team stated that the strategies on the incident forms were not recorded in the care planning information it was not clear what occurred following each fall. It was of note that whilst falls were recorded for October 2021 and November 2021 there were no further falls recorded in December 2021. This leads me to the opinion that while the strategies may not be recorded in the care plan, information must have been disseminated to staff through other means to advise them of how to prevent further falls occurring.

For the reasons detailed above, I find Amaroo Village McMahon Caring Centre, to be Compliant with Requirement (3)(b) in Standard 3 Personal and clinical care.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The purpose of this Assessment Contact was to assess the service’s performance in relation to Requirement 8(3)(d) in this Standard. This Requirement was found to be Non-compliant following a Site Audit conducted on 6 to 8 July 2021 where it was found the governance systems to manage risk effectively in relation to managing high impact or high prevalence risks associated with the care of consumers. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been provided.

The service undertook the following initiatives to address the deficits identified at the Site Audit, including:

* Identification of physical deterioration early using KPIs.
* Pressure injury management project plan, including staff education and policy reviews. All reviewed policies remain in draft form.
* Development of a clinical risk register, which remains in draft form.
* Clinical risk meeting at site level has commenced.

The Assessment Team recommended Requirements 8(3)(d) in this Standard as not met. The Assessment Team found high prevalence high impact risk was not managed effectively and the risk framework and associated policies are in draft form.

Based on the Assessment Team’s report and the Approved Provider’s response I find Amaroo Village McMahon Caring Centre, Compliant with Standard 2 Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found the service did not demonstrate the effective management of high impact or high prevalence risks to consumers including the management of pressure injuries impacting two consumers negatively. They found that while incidents, including falls, are recorded and clinical meetings are held to discuss incidents, mitigating strategies are not always recorded and evaluated to ensure the risks to consumers is reduced. Despite being aware of the deficiencies as identified in the Site Audit, the organisation has not fully embedded a risk management framework that has been reviewed and evaluated.

In response the service provided the high impact high prevalence register which records all consumers with risks present, the clinical indicators report, policies and procedures in relation to skin care and copies of incident reports involving falls. The documentation provided included the restrictive practices policy and procedure, the clinical governance risk policy, behaviour management policy and the risk management framework.

In coming to my finding, I have considered all information and I have come to a different conclusion to the Assessment Team. On reviewing the information in relation to the two consumers with pressure injuries it was demonstrated that staff did identify the consumers as a risk. The clinical quality documentation outlines the steps the service has taken in response to the risks of pressure injury. Whilst the consumers were not named specifically there are only two pressure injuries in the service so I could only conclude the actions taken as mentioned in the minutes were done in relation to the pressure injuries mentioned in the report. Both consumers are identified on the clinical risk register as being at high risk of pressure injury.

The incidents provided for one consumer in relation to falls showed that incidents are recorded and analysed and strategies are identified to mitigate further risk of falling. The clinical documents also showed that falls are discussed at a governance level which drill down to the injuries times and locations of falls to trend patterns. Strategies to mitigate the risk are also discussed including what has been implemented and additional strategies to be implemented.

The Assessment Team had noted that the service had a project in place for a review of the risk management framework and associated policies and procedures that most actions were due for completion in January 2022. The risk management framework and policies and procedures provided were dated either 2020 or 2021 which did not show they are out of date.

For the reasons detailed above, I find Amaroo Village McMahon Caring Centre, to be Compliant with Requirement (8)(d) in Standard 8 Organisation governance.

# 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.

In relation to Standard 3 Requirement (3)(a), the service should seek to ensure:

* All consumers with responsive behaviours have a behavioural support plan.
* Staff are aware of the plans and the behavioural strategies and exhaust these before using non-pharmacological intervention.