Mary Ogilvy Home

Performance Report

51 Pirie Street
NEW TOWN TAS 7008
Phone number: 03 6279 4200

**Commission ID:** 8009

**Provider name:** The Mary Ogilvy Homes Society

**Assessment Contact - Site date:** 13 December 2021

**Date of Performance Report:** 4 February 2022

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **Non-compliant** |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  **Non-compliant** |
| Requirement 8(3)(d) | Non-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; 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 on 27 January 2022.

# STANDARD 2 NON-COMPLIANTOngoing 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall quality standard is assessed as non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Non-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 the service did not demonstrate care and services are reviewed or monitored for effectiveness when changes occur, or when incidents impact the needs of consumers. For example:

* Behaviour strategies for one consumer were not reassessed or reviewed for effectiveness following an incident.
* Pain management for one consumer who experiences chronic pain has not been reviewed.

In relation to behaviour strategies for one consumer, the approved provider’s response to the Assessment Team report does not contest that behaviour strategies for this consumer were not reassessed or reviewed for effectiveness following the incident. The approved provider stated staff always implement non‑pharmacological interventions prior to administration of as needed psychotropic medication, however on occasion staff do not document this in nursing notes.

In relation to pain management for a consumer who experiences chronic pain, the approved provider’s response states the consumer’s pain management care plan has been reviewed and was most recently updated on 25 January 2022.

I have considered the approved provider’s response and find that it does not displace the findings made by the Assessment Team. I therefore find the approved provider non-compliant with this requirement.

# 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall quality standard is assessed as non-compliant.

### 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 the service did not demonstrate consumers receive clinical care which is in line with best practice or with each consumer’s needs to optimise their health and well-being. Two consumers do not have psychotropic medication information documented on their behaviour support plans.

The Assessment Team also found the psychotropic medication self-assessment tool lists 23 consumers who require psychotropic medications. However, the tool does not show any monitoring and tracking of these medications. There is no information related to diagnosed conditions, related behaviours, alternative approaches used, medical officer decision dates, contact with representatives, frequency of monitoring or last review dates.

The approved provider’s response to the Assessment Team report states that since 24 January 2022, all consumers who are prescribed medication which is classed as chemical restraint have had their medication documented in their behaviour management plans. The approved provider does not specifically comment on why the psychotropic medication self-assessment tool was incomplete.

While I note the remedial action taken by the approved provider in relation to updating behaviour management plans for consumers subject to chemical restraint, the service was non-compliant with this requirement at the time of the assessment. Thus, I find the approved provider non-compliant with this requirement.

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

Consumers and representatives expressed satisfaction in relation to staff communicating deterioration or change of a consumer’s health and how they respond in a timely manner. The service has a process to ensure any change in a consumer’s condition is identified, assessed and that appropriate actions are taken in response to changes.

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The service has effective strategies and infection control practices to reduce the risk of transmission of infections. The service has policies in relation to infection control, outbreak management and antimicrobial stewardship. Staff have completed online training modules in relation to COVID-19. The Assessment Team observed staff complying with hand hygiene and other infection control practices, including cleaning shared equipment in between use and regularly performing hand hygiene.

# STANDARD 8 NON-COMPLIANTOrganisational 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall quality standard is assessed as non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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 recommended the service as non-compliant with this requirement as the service did not demonstrate how high impact or high prevalence risks associated with the care of consumers are effectively managed, nor how incidents are managed and prevented.

The service has an incident reporting system embedded in its care management system, however file review and staff interviews demonstrated the system is not used effectively. File review identified the service’s care management system prompts staff to identify incidents that should be reported to the Serious Incident Response Scheme (SIRS). However, file review demonstrated staff do not complete the incident prompts. As a result, SIRS reports are not always identified. The Assessment Team provided two examples where incidents were not reported to the SIRS. In addition, the majority of sampled staff interviewed stated they had not received training in relation to SIRS or incident management.

The approved provider’s response to the Assessment Team’s report states incident management is evident from the number of incident forms completed in the service’s electronic incident management system. While I acknowledge that incident management is embedded in the service’s software, the documentation reviewed by the Assessment Team demonstrated that staff are not completing incident reports fully.

In relation to staff training, I note from the provider’s response that SIRS reporting requirements have been discussed at staff meetings and fact sheets have been distributed to staff, however it is not evident that staff understand their obligations in relation to mandatory reporting, as demonstrated by the failure to complete incident reports fully and not reporting incidents to SIRS on at least two occasions. I therefore find the service is non-compliant with this requirement.

# 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.

**Requirement 2(3)(e)**

* Embed practices to ensure consumers, post-incident, are reviewed to ensure clinical care is effective.

**Requirement 3(3)(a)**

* Ensure psychotropic medication use is fully documented in care documentation and that this information remains up-to-date.

**Requirement 8(3)(d)**

* Provide incident management training to staff including Serious Incident Response Scheme mandatory reporting requirements.
* Implement robust reviews of incident reports to ensure staff complete incident reports fully.