Mater at Home

Performance Report

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**Commission ID:** 700912

**Provider name:** Mater Misericordiae Ltd

**Assessment Contact - Site date:** 29 January 2021 to 1 February 2021

**Date of Performance Report:** 18 March 2021

# Publication of report

This Performance Report **may 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)(a) | Non-compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |

# Detailed assessment

This performance report details the Commission’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 visit, 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 22 February 2021.

# 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

The Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to ongoing assessment and planning with consumers and identified:

* The service does not consistently ensure assessment planning includes considerations of risk to the consumers’ health and well-being and informs the delivery of safe and effective care and services.
* The service demonstrated that the outcomes of assessment and planning are communicated to consumers.
* The service was unable to demonstrate that care and services are reviewed regularly for effectiveness or when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Assessment Team found that two of three requirements assessed were not met.

The Quality Standard is assessed as Non-compliant as two of three specific requirements assessed have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team found the service does not consistently ensure assessment and planning includes considerations of risks to consumers’ health and well-being and informs the delivery and safe and effective care and services. The service does not demonstrate an effective coordinated risk management approach to ensure health professionals involved in the delivery of care and services to consumers, identify and/or communicate risks that may impact on consumers’ health, safety and wellbeing. While information obtained from other organisations included concerns relating to consumers safety and wellbeing, risks identified have not been assessed and do not inform care planning. Review of assessments undertaken identified the focus was on the clinical condition of the consumer and did not consistently consider other circumstances or risks that may impact on the consumer’s health and wellbeing. The service does not incorporate a consumer’s home risk assessment to risks that may be impacting on consumers receiving service delivery.

The provider, in their response, stated that the fundamental purpose of their organisation is to assess and provide treatment to mitigate identified risks and refer consumers to other health professionals to manage risks identified. The provider included evidence demonstrating the number of internal referrals completed to do just this. That said, the provider did not refute the evidence presented in the Assessment Teams report regarding the lack of consideration given during the assessment process to other circumstances or risks not directly related to the consumer’s clinical condition that may impact on the consumer’s health and wellbeing. The provider stated that they will reintroduce a functional safety/general welfare check form to better identify specific risks to the consumer’s wellbeing and co-ordinate referrals. The provider also stated that they will introduce an audit tool to monitor compliance with use of this form.

I find this requirement non-compliant as assessment and planning, including consideration of risks to the consumer’s health and well-being, does not inform the delivery of safe and effective care and services.

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### 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 the service was unable to demonstrate that care and services are reviewed regularly for effectiveness or when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The incident reporting process for incidents does not consistently result in care plans being reviewed for effectiveness when an incident occurs. The review of care planning documentation identified that consumers who had been receiving CHSP services for over a year had not had an annual review of their care plan.

The provider, in their response, stated that the goals, needs and preferences of consumers are reviewed if goals change but this only recorded in progress notes and does not result in the care and services plan being reviewed and updated. The provider did not provide any further information in relation to the consumers cited in the Assessment Team’s report. The provider did not refute evidence in the Assessment Team’s report that consumers receiving CHSP services for more than 12 months had not been reviewed. The provider has stated they will implement changes to address this.

I find this requirement non-compliant as care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# 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 Assessment Team is making a recommendation of Not Met in one of the requirements, resulting in a recommendation of Not Met for the Quality Standard.

The Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to ongoing assessment and planning with consumers and identified:

* The service was able to demonstrate that each consumer gets safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being
* The service does not demonstrate an effective coordinated risk management approach to ensure health professionals involved in the delivery of care and services to consumers, identify and/or communicate risks to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.
* The service was able to demonstrate that 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
* The service demonstrated that referrals to individuals, other organisation and providers of other care and services are timely and appropriate.
* The service was able to demonstrate it minimises infection related risks through standard and transmission-based precautions.

The Assessment Team found that one of five requirements assessed were not met.

The Quality Standard is assessed as Non-compliant as one of five specific requirements has been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### Requirement 3(3)(a) 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.*

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

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

The assessment team found that the service does not demonstrate an effective coordinated risk management approach to ensure health professionals involved in the delivery of care and services to consumers, identify and communicate risks to effectively manage them. Assessment and planning undertaken does not consistently include considerations of risks to consumers’ health and well-being and when incidents occur, high impact or high prevalence risks have not been reported and followed up impacting on the health, safety and wellbeing of consumers. Falls within the home environment have not been reported and investigated for causative factors with consideration given to risk factors and/or strategies to minimise and/or prevent further falls. There is no evidence of review following a fall to identify if each consumer’s needs, goals and preferences or circumstances have changed.

In their response to the Assessment Team’s report the provider described their current process for managing risk which included referring consumers internally and externally for supports when risk cannot be managed with liaison occurring between professionals to support the consumer. The service provider stated they have processes to prioritise high risk referrals from My Aged Care (MAC) to manage consumer safety. The service provider explained that when a referral is made to MAC for home modifications, they are unable to manage the timeframes operated by MAC and the external supplier who will attend to this. For the consumer waiting for bathroom modifications cited in the Assessment Team’s report, the provider was able to demonstrate they had followed up with the consumer and were aware of this. Additionally, the provider explained that they have an incident management system to manage incidents and risk. In relation to incident management and reporting the provider did not supply any further information about how the falls risk was managed for the two consumers cited in the Assessment Team’s report who had falls in their home. The service does not currently have formal guidance on what constitutes an incident or when to report events that have occurred that may impact on a consumer’s health and wellbeing. The provider stated that they will implement a process to track referrals, manage risk and audit outcomes.

I have considered the information provided by both the provider and the Assessment Team and I find this requirement non-compliant as the service is unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

### 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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### 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.*

# 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)(a)**

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

* Ensure assessment and planning includes considerations of risks to consumers’ health and well-being and informs the delivery and safe and effective care and services.
* Ensure an effective coordinated risk management approach to the delivery of care and services by identifying and/or communicating risks that may impact on consumers’ health, safety and wellbeing to other health professionals to inform care planning.

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

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

* Ensure care and services plans are regularly reviewed and updated when incidents happen or the consumer’s needs, goals or preferences change.
* Ensure consumers that have been receiving CHSP services for more than a year have their care and services plans reviewed and updated, as appropriate.

**Requirement 3(3)(b)**

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

* Implement risk management systems to monitor risk to ensure effective management of high impact or high prevalence risks associated with the care of each consumer.