May Shaw Aminya

Performance Report

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**Commission ID:** 8023

**Provider name:** May Shaw Health Centre Inc

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

**Date of Performance Report:** 20 July 2021

# 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)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 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 13 July 2021.

# 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 Assessment Team assessed one of the five specific requirements and found it Compliant.

An overall rating for the Quality Standard is not provided as not all the requirements were assessed.

## Assessment of Standard 2 Requirements

### 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.*

The Assessment Team found that deficits identified at the last visit have been addressed. Consumers and representatives expressed satisfaction regarding assessment and care planning. Consumers and representatives demonstrated an understanding about their involvement in the development of care plans and explained they can access consumer care information, if required. Clinical staff described how the outcomes of assessments and care planning are communicated to consumers and representatives.

Care documentation contained evidence of assessments and care planning involving communication with consumers or representatives. Progress notes and assessments describe the stakeholders involved in consumer assessment and care planning reviews. Care plans are accessible to consumers and representatives on request.

I have reviewed the available information and find this requirement is Compliant.

# STANDARD 3 NON-COMPLIANT Personal 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 assessed one of the seven specific requirements and found it Non-compliant.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### 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 the service’s processes and procedures to manage and monitor consumers who may experience high impact or high prevalence risks such as weight loss, challenging behaviours and diabetes management are not always effective. Actions taken by the approved provider to address deficits found at the last visit have not yet been fully completed and not yet imbedded in staff practice.

The Assessment Team provided evidence as follows:

* One consumer who experienced a 3.3-kilogram weight loss between February and March 2021. In March 2021 the consumer weighed 35 kilograms. The Assessment Team found that the consumer’s nutritional assessment completed in May 2021 states that the consumer is underweight and undernourished and requires dietary supplementation to prevent further weight loss. The Assessment Team was not able to identify more specific information about the provision of supplements to the consumer in the care documentation. The consumer’s care plan of 8 June 2021 states to consider recording dietary intake daily. This is not occurring. Clinical staff were unable to identify when the consumer was last reviewed by a dietitian. Clinical staff were unable to locate the organisation’s nutrition policy.
* A second consumer who has a tendency to walk into other consumers’ rooms uninvited, to pace and to disrobe does not have a current behaviour care plan that identifies triggers or individualised interventions to manage these behaviours. The consumer’s care plan includes generic statements that do not assist staff to manage these behaviours. Staff described a range of interventions to manage the behaviour. At the time of the assessment contact visit a referral had been made to a specialist dementia service for review.
* A third consumer who has had interventions developed to manage their behaviour of leaving the service, including a wrist bracelet and an alarm on their walker, has not had these strategies noted in the care plan. The consumer’s care plan reviewed in May 2021 still notes that staff are to remind the consumer to return from their walk and does not reflect the consumer’s decline and incapacity to leave the service independently as staff explained was the case.
* A fourth consumer who currently is able to self-manage their Type 2 Diabetes does not have any reference to this condition in any care plan.

The response submitted by the approved provider refutes the Assessment Team’s findings.

* In relation to the first consumer the response notes that the consumer requires a dietary supplement with breakfast due to weight loss and states that catering staff are aware of the required amounts. The response notes that further information has been added to the client management system and acknowledges that while staff have been provided with education on the new system, further support is required. The response notes that a dietitian has now reviewed the consumer but provides no information as to the outcome of the review, the consumer’s current status, or how the consumer’s nutritional status is being monitored by staff. The current Nutrition policy provided in the response does not provide any specific guidance for staff to manage consumer’s unplanned weight loss. The response notes that the policy will be reviewed in conjunction with the dietitian in the future.
* In relation to the second consumer the response notes that the consumer has been reviewed by the specialist dementia service and further strategies implemented and a current comprehensive assessment has been put in place. No further information is provided regarding the impact of the new strategies, derived from assessment and care planning with the dementia specialist service, on the consumer’s behaviour management and wellbeing.
* In relation to the third consumer the response notes that the consumer’s long-term care plan has been updated, but that the daily plan has the correct information about the consumer’s capacity to leave the service alone. The response notes that staff have been reminded to ensure that they are following the correct care plan with the most up to date information. Staff have also been reminded to ensure current care plans do not have out of date information.The response does not indicate how the consumer is supported to safely leave the service for walks or outings.
* In relation to the fourth consumer with Type 2 Diabetes, the response notes that the consumer is very independent and enjoys this sense of independence with monitoring their own health. The response does not describe any updates made to the consumer’s care plan to reflect the consumer’s level of independence or the monitoring plan the service will follow should the consumer’s capacity to monitor their own health deteriorate.

I have considered all the information provided and I find this requirement is Non-compliant. The approved provider was unable to demonstrate that the consumer who experienced significant weight loss was appropriately assessed and managed to minimise the risk of further weight loss. The approved provider was unable to demonstrate that the consumer with challenging behaviours has an individualised behavioural care plan and ongoing monitoring to ensure effective care is provided. The approved provider was also unable to demonstrate that the consumer with Type 2 Diabetes has sufficient information recorded to ensure safe and effective diabetes care can be provided by staff should the consumer become unwell or lose capacity to self-manage this condition.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team assessed one of the four specific requirements and found it Compliant.

An overall rating for the Quality Standard is not provided as not all the requirements were assessed.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found that deficits identified at the last visit have been addressed. Most consumers and representatives sampled confirmed action is taken in response to complaints. The service demonstrated that there are processes to enable the submission of complaints. Formal complaints are documented, actioned and resolved in a timely manner. Verbal feedback is actioned and resolved in a timely manner however is not consistently recorded. Staff demonstrated an understanding of how they respond to complaints by apologising and following the service’s open disclosure process.

I have reviewed all the information provided and find this requirement is Compliant.

# 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 Assessment Team assessed one of the five specific requirements and found it Compliant.

An overall rating for the Quality Standard is not provided as not all the requirements were assessed.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found that deficits identified at the last visit have been addressed. The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance, feedback and regulatory compliance. Management provided examples of how opportunities for improvement are identified and acted on, how investigation of critical incidents is beginning to be used to drive continuous improvement and the use of quality indicators, internal audits and surveys by the governing body to satisfy itself that the Quality Standards are met.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure effective management and monitoring of consumers who may experience high impact or high prevalence risks such as weight loss, challenging behaviours and diabetes management.
  + Ensure referrals are made to relevant allied health professionals as required when consumers have unplanned weight loss and that consumer care plans are updated with required interventions. Ensure ongoing monitoring strategies are in place as required. Ensure the Nutrition policy is based on current best practice and provides guidance to staff to manage consumers’ unplanned weigh loss.
  + Ensure consumers’ challenging behaviours are assessed, triggers identified and recorded, and appropriate individualised interventions recorded on care plans. Ensure ongoing monitoring strategies are in place as required.
  + Ensure consumers who self-manage medical conditions such as diabetes have current information about the management of this condition recorded in their care plan. Ensure ongoing monitoring strategies are in place as required.