Mercy Place Keon Park

Performance Report

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**Commission ID:** 4329

**Provider name:** Mercy Aged and Community Care Ltd

**Assessment Contact - Site date:** 30 November 2021 to 1 December 2021

**Date of Performance Report:** 27 January 2022

# Performance report prepared by

David Lee, 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)(a) | 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)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(g) | 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 4 January 2022.

# STANDARD 2 NON-COMPLIANT 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 two specific requirements and found both Non-compliant.

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

## Assessment of Standard 2 Requirements

### 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 assessment and care planning for consumers does not consider risks and inform the delivery of effective care and services particularly in relation to the use of bed sticks to aid bed mobility, skin integrity and pressure injuries.

The Assessment Team provided evidence as follows:

* One consumer, who is a high falls risk, requires the use of bi-lateral stick. The Assessment Team observed the bi-lateral stick remaining upright when the consumers were resting in bed. The Assessment Team was not able to identify specific information in the consumer’s care documentation on implementation strategies to promote consumer safety when the bi-lateral stick was in use. Staff could not describe any strategies to minimise this risks or how they would monitor the consumer when in bed in relation to bed stick safety.
* For three consumers with skin integrity and pressure injuries, documentation sighted did not demonstrate accurate staging, early identification of pressure injuries or completion of all aspects of wound charting. For example:
* For one of the consumers, the Assessment Team found inconsistent information in the consumer’s wound descriptions and corresponding photographs.
* One consumer’s falls care plan provided strategies including the use of hip and head protector. Document sighted by the Assessment Team instructed staff to ensure the consumer was wearing head protection, there is no information to guide staff on correctly fitting the headwear or risks associated with its use.

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

* In relation to the consumer requiring the use of bi-lateral stick the response notes the consumer is registered in the service’s bed poles register, a progress note from a physiotherapist 24 hours after admission and regular bed pole assessments. The response notes an updated bed pole care plan after the assessment contact to address deficits, that regularly reminding staff to monitor the consumer and ensure other safety measures are in place.
* In relation to the consumer with inconsistencies pressure injury information the response notes that wound chart management commenced 2 days earlier than what had been sighted, with dressing instruction provided to staff. The response notes that further refresher education on the classification and measurement of wounds is being provided to clinical and care staff.
* In relation to the consumer with falls care plan strategies the response notes that staff provided verbal information on the care of the consumer and staff have been reminded of the importance of thorough documentation.

I have considered all the information provided and I find this requirement is Non-compliant. The approved provider was unable to demonstrate at the time of the assessment that the consumer who requires the use of bi-lateral bed stick had sufficient information documented to ensure staff were able to use safe and effective strategies to minimise risks when in use. The approved provider was unable to demonstrate that the consumer with inconsistent information in wound descriptions and corresponding photographs was appropriately identified and assessed to minimise the risk of further wound deterioration. The approved provider was unable to demonstrate that the consumer with falls care plan strategies had sufficient information recorded to ensure safe and effective use of head protection or risks associated with its use.

### 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 for the consumers sampled, review of care and services are not always effective when consumer circumstances change or when incidents impact the needs, goals or preferences of the consumer particularly relating to changes in skins integrity or pressure injuries.

The Assessment Team provided evidence as follows:

* One consumer with pressure injury was seen by a wound consultant in October and November 2021, who described the wound as deteriorating. The Assessment Team found that the consumer’s current pressure injury risk assessment was last updated on September 2021, contained inaccurate information about the wound and does not reflect the consumer’s wound deterioration.
* A second consumer acquired a heel pressure injury in August 2021. The consumer’s care plan review and evaluation in September 2021 does not reference a review of the pressure injury, strategies implemented or change to the injury. The Assessment Team found the consumer’s current skin and pressure area care plans does not have strategies or individualised information to manage the consumer’s injury.
* A third consumer was first identified with pressure injuries in August 2021. The Assessment Team was not able to identify prior documentation indicating staff had noted redness or changes in skin integrity.

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

* In relation to first and second consumers the response notes that refresher education is being arranged for early 2022 for all care and clinical staff on skin integrity and pressure injury prevention and management. The refresher education will include the importance of accurate, thorough and timely documentation.
* In relation to the third consumer the response notes the consumer wound chart shows the regular evaluation of the pressure injury throughout November.

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 assessed by a wound consultant was appropriately reviewed to effectively manage changes in the consumer’s wound. The approved provider was unable to demonstrate that the consumer with heel pressure was effectively reviewed or information individualised to manage the consumer’s changing circumstances. The approved provider was unable to demonstrate that care and services for the consumer with pressure injuries were reviewed in a timely manner.

# 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 four requirements under this Quality Standard and found two Non-compliant.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been 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 not all consumers are receiving appropriate personal or clinical care tailored to their individual care needs, particularly in relation to skin integrity, pressure injury, and personal hygiene.

The Assessment Team provided evidence as follows:

* For five consumers with skin integrity injuries, staff are not identifying risks and changes to skin integrity in a timely manner. Care of consumers’ skin and pressure injuries is not in accordance with best practice, external wound consultant directives, or care planning instructions. For example:
* One consumer has an unstageable sacral pressure injury which was first identified in August 2021. The Assessment Team found the wound has deteriorated and not improved since initial identification. The external wound consultant recommendations have not been fully implemented by the service including the use of a large pillow to support pressure area care and repositioning. Staff described discussions with the family to purchase a large pillow for the consumer, as these resources are currently not available.

The external wound consultant in mid-November 2021, documented a follow-up was urgently required for the air mattress as it was not appropriate for off-loading due to its firmness. The external wound consultant describes an odour and inflammation present post-cleansing, wound is infected, and requires a review by a General Practitioner as soon as possible.

The consumer preference is to get up every day, however, is unable to do so due to pressure injuries and stated the air mattress has not been adjusted and is still too hard. The representative expressed dissatisfaction with the length of time it was taking for the consumer’s current pressure injury to heal and the impact that is having by restricting the consumer’s time out of bed.

The Assessment Team observed the air mattress to be fully inflated and firm and did not note 2-hourly repositioning as stated in the care planning documentation. The Assessment Team observed nutritional supplements were left in front of the consumer to assist in wound healing and weight loss, however, staff stated that they did not always monitor the consumption of the nutritional supplements.

* One consumer has a current stage 2 sacrum pressure injury. The consumer’s wound chart directs wound redressing is required three times per week. However, the Assessment Team found the wound redressing was not attended between 20 and 27 November 2021, and the dressing was completed only twice the preceding week.

The consumer’s pressure injury risk care plan directs 2-hourly pressure area care and repositioning. Pressure area charts indicate the consumer is not consistently repositioned 2-hourly. The representative expressed concerns about the care provided and that the consumer’s pressure injury is not healing.

* One consumer has a current stage 2 left heel pressure injury. The Assessment Team found the wound chart instructs staff to redress the wound every second day, however, the wound was not redressed between 23 and 27 November 2021.

The representative described prompting staff to place pressure-relieving boots on the consumer, waiting 30 to 40 minutes for the staff to answer the call bell for assistance, in one instance found the consumer with faecal incontinence and stated that staff often omit the thigh strap to secure the catheter to the consumer’s leg.

* One consumer has a current stage 2 sacral injury with a history of bilateral foot wounds. The Assessment Team found skin and pressure injury assessment documents that individualise the consumer’s risk factors such as incontinence, decreased mobility, history of stroke, dry skin and indicate the consumer to be at very high risk. The consumer’s skin and pressure injury care plan instruct the use of a gel cushion, air mattress, booties 24/7 and instructs repositioning.

Staff stated that no information had been communicated regarding the consumer’s care following an afternoon handover and could not demonstrate an awareness of the consumer’s current pressure injury. The Assessment Team observed a foam mattress in place rather than an air mattress. A staff stated that the consumer did not have an air mattress and does not require assistance for repositioning.

* One consumer has a current diabetes care plan which requires staff to check feet and be seen by a podiatrist. The Assessment Team observed the consumer on 30 November 2021, in the morning lying in bed and the consumer’s feet were visibly soiled. Care staff described how they perform skin checks during personal care but could not identify specific risks related to the consumer’s diabetes and foot care.

For four consumers reviewed, personal hygiene care was not in line with the consumer’s documented preferences. Representatives expressed dissatisfaction and distress with the care of consumers. For example:

* One consumer prefers daily showers. The Assessment Team found the consumer had six showers in October 2021 and three in November 2021.
* One representative expressed dissatisfaction and distress with the consumer’s care and describes regularly finding the consumer with unclean teeth.
* One representative expressed dissatisfaction with the consumer’s personal hygiene assistance and raised concerns relating to the consumer’s oily hair and scabby head.
* The Assessment Team observed other consumers wearing stained and marked clothing.

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

* In relation to the first consumer, the response notes immediate action has been undertaken to address the consumer’s needs. The service is undertaking actions to ensure sustainable improvement is achieved for all residents including refresher education, the appointment of a new clinical manager and monitoring staff performance. The response notes the service is reviewing all existing equipment to ensure that there are adequate supplies.
* In relation to the second consumer, the response notes challenges with staff shortages and staff prioritising their efforts to the best of their abilities.
* In relation to the third consumer, the response notes that staff carried out the redressing but had not recorded this in the system due to time pressure. The response notes an ongoing challenge with the thigh strap and this has been added to the service’s home improvement register.
* In relation to the fourth and fifth consumer, the response notes the service’s previous comments including actions being undertaken to ensure sustainable improvement is achieved for all residents.
* In relation to the provision of equipment, the response notes that this is not in line with the service’s acceptable practices. The response notes changes after the assessment including the purchase of five new pressure-relieving mattresses, available to consumers when required with the new service manager reviewing all other existing equipment to ensure adequate supplies.
* In relation to personal hygiene for consumers, the response notes recent staff shortages, with no issues identified in a recent audit. The response notes actions undertaken since the assessment including the addition of new measures in the independent audits to match the resident’s personal hygiene preferences over a 14-day period.

I acknowledge and have considered in my decision the action taken by the provider following discussions with the Assessment Team during the assessment, specifically standard-sized pillows and air mattresses in place for consumers and the implementation of an action plan. The action plan includes displaying a repositioning clock in consumers’ rooms, conducting fortnightly audits on accurate repositioning and wound staging, auditing pressure relieving devices and identifying requirements, and learning and development with care staff and team leaders to identify early stages of pressure injury.

However, I also have considered the actions taken will take time to be embedded in staff practice. The deficits were evident at the time of the assessment and I have placed more weight on the evidence provided in the assessment report and I find this requirement is Non-compliant.

The approved provider was unable to demonstrate that all recommendations from the external wound consultant were implemented in a timely manner to manage effectively the consumer’s unstageable sacral pressure injury. The approved provider was unable to demonstrate that the consumer with a stage 2 sacrum pressure injury was appropriately redressed to deliver effective clinical care. The approved provider was unable to demonstrate that the consumer with a current stage 2 left heel pressure injury received effective personal and clinical care to manage incontinence and consistent use of a medical device. The approved provider was unable to demonstrate that the consumer with bilateral foot wounds received effective personal and clinical care to manage and minimise further deterioration of the wound. The approved provider was unable to demonstrate that the consumer with a diabetes care plan received effective personal and clinical care tailored to their needs. The approved provider was unable to demonstrate that consumers are receiving effective personal care tailored to their needs to optimise their health and well-being.

### 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 deficits identified in the use of bi-lateral bed sticks. This has been addressed Standard 2, Requirement 2(3)(a).

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

### 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.*

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

### Requirement 3(3)(g) Non-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 Assessment Team found the service did not demonstrate strategies to minimise the risk and transmission of infections.

The Assessment Team provided evidence as follows:

* Staff noted that screening of consumers including temperature checking was not occurring. The Assessment Team observed multiple and frequent instances of staff failing to comply with the effective use of face masks, including touching or adjusting a face mask and lowering a mask to talk to consumers or other staff.
* The Assessment Team noted staff were not observed to be performing hand hygiene before entering consumers’ rooms.

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

* In relation to the staff describing screening of consumers the response notes that this was a misquote of a statement given by staff. The response notes evidence of screening consumers for the presence of COVID-19 occurs when it is required.
* In relation to the staff practice, the response notes simple human error, with hygiene practices and compliance with density limit reminders an ongoing practice.

I have considered all the information provided and I have placed more weight on the evidence provided in the assessment report. I find this requirement is Non-compliant, because the approved provider was unable to demonstrate that consumers are regularly screened for COVID-19 or that staff PPE practice and infection prevention strategies are regularly monitored to ensure compliance.

# 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.*

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs the delivery of safe and effective care particularly with the use of bed sticks, skin integrity and pressure injuries.
* Ensure staff have the knowledge and skills to support the processes.

**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 all consumers’ care plans are reviewed regularly, for effectiveness, particularly in relation to skin integrity and pressure injuries. Ensure new interventions are recorded and evaluated for effectiveness particularly relating to changes in skin integrity or pressure injuries.

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

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

*(i) is best practice; and*

*(ii) is tailored to their needs; and*

*(iii) optimises their health and well-being.*

* Ensure consumers’ skin and pressure injuries are managed in accordance with best practice, external wound consultant directives and care planning instructions.
* Ensure consumers’ diabetes is managed in accordance with care planning instructions.
* Ensure consumers’ personal hygiene including oral care is maintained and reviewed regularly.
* Ensure staff have the skills, knowledge and resources enable the effective management of all skin and pressure assessment and care.

**Requirement 3(3)(g)**

*Minimisation of infection related risks through implementing:*

*(i) standard and transmission based precautions to prevent and control infection; and*

*(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics*.

* Implement ongoing monitoring of staff hand hygiene practice, PPE practice and infection prevention precautions to ensure ongoing compliance.
* Ensure consumers are screened for COVID-19 regularly and accurate records are maintained.