Mercy Place Mandurah

Performance Report

1 Hungerford Avenue, HALLS HEAD
MANDURAH WA 6210
Phone number: 08 9535 4799

**Commission ID:** 7896

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

**Assessment Contact - Site date:** 20 August 2020

**Date of Performance Report:** 15 December 2020

# 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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 consumers, representatives, staff and others.
* the provider’s response to the Assessment Contact - Site report received 8 September 2020.

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

The Assessment Team assessed Requirement (3)(a) during the assessment contact and have found the Requirement Non-compliant. No other Requirements in this Standard were assessed. Based on the Assessment Team’s report and the approved provider’s response I have decided the service is Non-compliant with this Requirement. I have provided reasons for my decision 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 the service was unable to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises their health and well-being. This is in specific reference to the inadequate management of two consumers’ care, predominately in relation to pressure area care, wound management and behaviour management. The Assessment Team provided the following findings and evidence relevant to my decision:

**In relation to pressure area prevention and wound care management**

The Assessment Team evidence included:

* A skin care plan for one consumer did not identify known pressure area risks for the consumer and include relevant strategies or interventions to manage the pressure area risk. The same consumer developed a pressure area injury and the care plan was not updated to reflect the pressure area injuries and relevant intervention strategies to manage pressure area development.
* Staff did not follow the wound care directives for management of the pressure area injury. Wound care directives required daily monitoring and review of the pressure area injury for signs of infection, however wound charts and progress notes indicate this was not completed daily by staff as directed.
* Where the pressure injury was noted to have deteriorated and clinical observations indicated signs of an infection, daily monitoring and review of the pressure injury was absent from the wound chart and progress notes. The Assessment Team observed the dressing of the pressure injury on the consumer to be ‘soggy’ and in need of changing, which was confirmed by nursing staff.

The Approved Provider did not agree with the Assessment Team findings and statements, however did acknowledge a lack of clinical monitoring documentation.
Information provided by the Approved Provider included:

* Acknowledgement that daily monitoring and review was not documented on the wound chart or progress notes for the consumer’s pressure injury, however staff stated this was done daily.
* Clinical signs of infection may not specifically relate to the pressure area injury as noted by the medical officer’s review and subsequent medication order for a broad spectrum antibiotic.
* Ongoing specialist referral and review has been occurring to manage the consumer’s skin integrity.

**In relation to behaviour management strategies and interventions and evaluation for effectiveness**

The Assessment Team evidence included:

* One consumer was identified with ongoing behaviour of physical aggression towards other consumers and staff at the service. The consumer was reviewed by a specialist dementia service that identified strategies to assist with management of the aggressive behaviour, however the service did not update the care plan to reflect these strategies.
* Behaviour management strategies and interventions were not effectively trialled or evaluated to assist with management of the consumer’s aggressive behaviour.

The approved provider disagreed with the Assessment Team’s findings, however did acknowledge behaviour care plans were not updated. Information provided by the Approved Provider included:

* The behaviour chart demonstrates that strategies are documented and evaluated. The chart links electronically to the care plan due to the nature of the care system used and only successful strategies for behaviours management are linked to the behaviour care plan. All non-effective strategies remain in the behaviour chart.
* The approved provider acknowledges that behaviour management strategies suggested by the mental health professionals are not documented within the care plan and these were updated and added to the consumer’s personal strategies on their return to the home.
* The service has been working closely with older persons mental health specialists to assist with management of the consumer’s aggressive behaviour and the consumer has been admitted to a specialist facility for review.

**In relation to medication management and chemical restraint**

The Assessment Team evidence included:

* One consumer had continuous high doses of to manage the consumer’s agitation and anxiety. The consumer’s representative stated they did not want frequent administration of anti-anxiety medication.
* Staff were not consistently completing pain assessments to rule out pain as a source of anxiety.

The Approved Provider did not agree with the Assessment Team findings and statements and provided the following information:

* Medications charts were provided demonstrating that the consumer was not continuously administered frequent or high doses of anti-anxiety medication.
* The consumer’s representative had made specific requests for the administration of anti-anxiety medication and provided progress notes to verify the statement.
* Pain charts were provided indicating pain monitoring occurred prior to administration of anti-anxiety medication.

I acknowledge the approved provider’s response, including the additional supporting documentation provided. However, based on the Assessment Team’s report and approved provider’s response, I find at the time of the Assessment Contact, pressure area care and wound care was not delivered in accordance with the consumer’s assessed needs. Care plans did not adequately identify risks associated with pressure area development for one consumer and wound care did not occur as directed.

In relation to behaviour management, care plans were not updated to reflect identified behaviour management strategies, however evidence was available to indicate staff were evaluating and trialling behaviour strategies. In relation to medication management evidence provided by the approved provider supports appropriate medication management for the consumer and pain monitoring.

For the reasons detailed above in regard to pressure area care and wound care management for a consumer, I find Mercy Aged and Community Care Ltd, in relation to Mercy Place Mandurah, Non-compliant with Standard 3 Requirement (3)(a).

# 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.

Standard 3 Requirement (3)(a)

* Ensure care plans identify risks relevant to individual consumers assessed care needs with specific attention to pressure area care, wound management and behaviour management.
* Ensure care plans identify appropriate strategies, interventions and directives to ensure care delivery meets the assessed needs of individual consumers with specific attention to pressure area care, wound management and behaviour management.
* Ensure staff monitor and deliver wound care as per directives put in place at the time of wound assessment.
* Monitor staff compliance with the service’s policies and procedures in relation to skin integrity and clinical deterioration.

# Other relevant matters

Although the service has a clear and accurate policy in relation to restrictive practices which describes what chemical restraint is, management statements to the Assessment Team indicate staff and management may misunderstand what chemical restraint is. Documentary evidence provided by the approved provider also indicates that chemical restraint is being used in response to escalating consumer behaviour. I encourage staff and management of the service to re-engage with the service’s relevant policy and review the *Quality of Care Principles 2014* to ensure staff and management have a sound understanding of chemical restraint and it’s appropriate application.