Mercy Place Montrose

Performance Report

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**Commission ID:** 4477

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

**Assessment Contact - Site date:** 27 May 2021

**Date of Performance Report:** 26 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | 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 25 June 2021

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

At the time of the visit the Assessment Team found most consumers and their representatives expressed concerns about the response by staff to their requests for assistance and the provision of medication management, behaviour management and meeting the preferred care needs of the consumers.

The approved provider demonstrated consumer’s daily personal hygiene, pressure care with repositioning and continence care is managed, monitored and delivered in a timely manner. The service demonstrated it delivers safe and effective personal and clinical care to consumers that is tailored to their needs

The service did not demonstrate that high impact and high prevalence risks related to medication and behaviour management are managed effectively resulting in adverse impacts to consumers, co-consumers and staff.

This Quality Standard is rated Non-compliant as one of the specific requirements is Non-compliant.

### Assessment of Standard 3 Requirements

### 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.*

The Assessment Team’s evidence included:

* while consumer files demonstrated interventions for skin integrity, personal hygiene and continence care, there was no process in place for staff to monitor the completion of consumers daily personal hygiene, pressure care with repositioning and continence care. Progress notes did not detail personal care, hygiene assistance and regular pressure area care including pressure care and repositioning charting are attended.
* one consumer’s file did not document a delay for pain relief to be administered and that care staff are contacting the nurse to assist with as required medication.
* feedback from consumers, representatives and staff that insufficient staffing impacts on consumer care and most consumers expressed having to wait for staff to attend to their needs. Consumers and representatives provided examples of how staff levels impact the delivery of safe and effective personal and clinical care.

The approved provider in its response provided evidence that demonstrated:

* the completion of consumer’s daily personal hygiene, pressure care with repositioning and continence care is managed and monitored in the services electronic resident management system worklog.
* progress notes are by exception only with regular pressure care and personal hygiene documented by staff in the electronic worklog and charting.
* care companions contact nursing staff to assist with as required medication and this documented.
* pain management is effectively managed with as required medication evaluated by nursing staff and provided in an appropriately and timely manner.
* implementation of a new psychotropic register at all Mercy Health services.

In response to staff feedback that consumers are not receiving planned regular pressure care and repositioning the approved provider demonstrated electronic resident management system records demonstrate care is provided in a timely manner. The approved provider demonstrated the pressure injury rate at the service is in line with other services and has improved significantly since November 2020 with pressure injuries identified early, managed effectively and without deterioration.

The approved provider is aware of staff attending to consumers on their own despite care plans indicating the consumer require two or more staff to assist with transfer. The approved provider demonstrated staff have been reminded of the importance of reading and understanding care plans, especially regarding mobility and transfers.

In making my decision I have considered the Assessment Team report and the response from the approved provider. Based on the evidence provided by the approved provider, it is my view the approved provider has demonstrated compliance with this requirement. I therefore find this requirement is Compliant.

### 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 did not demonstrate that risks related to medication and behaviour management are managed effectively and resulted in adverse impacts to consumers, co-consumers and staff.
* consumers, co-consumers and representatives expressed concern about the management of consumers medications and challenging behaviours
* staff provided feedback they did not have sufficient time to manage consumers clinical risks and medication errors are result of distraction. Staff indicated there had been an increase in medication error, aggressive behaviour and falls incidents resulting from staffing levels, care staff are administering medication outside their scope of practice and medication training for care staff is not adequate.
* a significant increase in medication incidents at the service between March 2021 and May 2021 resulting in two consumers requiring medical attention or hospital transfer. Management indicated the increase could be attributed to the commencement of a new election medication management system in March 2021 and care staff having the responsibility of administering the regular medication.
* multiple reported and non-reported incidents for a consumer involving aggressive physical behaviour towards other consumers and staff.

The Assessment Team reviewed incident reports that demonstrated review processes for staff involved in medication errors include the steps of re-education, competency and nursing supervision of medication administration.

The approved provider acknowledges the difficulty for staff in managing consumers with challenging behaviours and ensures staff are supported through free employment assistance programs and further education.

While the approved provider demonstrated that staff were aware of recommendations made by Dementia Services Australia from an assessment completed for a consumer with challenging behaviours, it concedes that this information should have been recorded in the consumers behavioural care plan and that practice has been updated to include a directive for staff to update the care plan.

In response to reported incidents involving aggressive physical behaviour, the approved provider disagrees with the number of incidents but concedes there were two incidents that did not have an incident report raised.

The approved provider demonstrated falls incidents are within the industry standard but concedes there has been an increase in medication and aggressive behaviour incidents.

The approved provider demonstrated care companions undergo a robust process to become medication endorsed.

The approved provider demonstrated the following action since the assessment contact visit:

* review of the medication process with the outcome resulting in a recommendation that trained care companions continue giving medications but during an allocated time (round).
* education to be provided to all nursing staff regarding the decision making process following any incident
* education to be provided to care companions in prioritizing work requirements and managing consumers with challenging behaviours
* medication incidents have been investigated with appropriate action taken to address the relevant staff involved in the medication error.
* implement a process for SIRS reporting to ensure incidents are verified before being notified to SIRS
* intention to implement a new occupational violence program to assist staff with consumers with challenging behaviours

In making my decision I have considered the Assessment Team report and the information in the response from the approved provider. The response from the approved provider does not demonstrate that high impact and high prevalence risks related to medication and behaviour management are managed effectively and resulted in adverse impacts for consumers, co-consumers and staff. While I acknowledge the actions taken by the approved provider, I consider at the time of the site visit the approved provider did not demonstrate compliance with the requirement. I therefore find this requirement Non-Compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The Assessment Team found the service at the time of the site visit was not adequately staffed to deliver and manage safe and quality care and services. Most consumers, representatives and staff were not satisfied with staffing numbers indicating consumers were adversely impacted on occasions where they had to wait for care.

Consumers and representatives were generally satisfied staff are trained and supported to provide quality care required.

Staff confirmed completing their annual mandatory training program and expressed confidence that the organisation would provide additional training if requested. Staff confirmed they receive feedback from management about performance expectations.

Education documents identified most staff have completed mandatory training modules.

The service demonstrated the workforce is recruited, trained and equipped. The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce. The service demonstrated a system is in place for staff appraisal and performance management processes.

This Quality Standard is rated Non-compliant as one of the specific requirements is Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team’s evidence included:

* feedback from consumers, representatives and staff about insufficient levels of staff at the service. Consumers and representatives provided examples of how staff levels impact the delivery of safe and quality consumer care.
* feedback from staff that it is common for unplanned absences to not be replaced and there is not enough rostered nursing staff to provide adequate clinical oversight. Staff described how it is difficult to get in contact with a nurse for assistance and it is common for only enrolled nurses to be on site with a registered nurse on call from home.
* increase in medication incidents between March 2021 and May 2021 and falls between February 2021 and May 2021. Feedback from staff indicated this was a result of insufficient staffing, introduction of an electronic medication management system and care staff having the additional responsibility of administering regular medication.
* roster documentation demonstrating how staff are allocated around the service, which is made up of 16 small houses across two floors identified:
	+ two care companions per house and one nursing staff per floor in the AM. Feedback from staff indicated occasions where there is no registered nurse on site.
	+ one care companion per house and one nursing staff per floor in the PM.
	+ two care companions and one nursing staff per floor overnight. Review of documents identified that there have been instances where there is only one nurse on site responsible for the whole building and the absence of the second nurse if compensated with an additional care companion.
* feedback from management that members of the management team are nurses and always available for support. However, staff explained this is not the case and management are often uncontactable and too busy to provide physical support in the capacity of a nurse.

The Assessment Team identified impacts on the provision of clinical care to consumers in relation to medication errors and behaviour management.

In its response the approved provider refutes some consumer, representative and staff feedback and Assessment Team findings. While it argues that having only enrolled nurses on site with a registered nurse on call from home is not representative of the norm and several management staff are nurses, it concedes that it can be difficult to replace a registered nurse when they call in sick last minute.

In response to staff feedback the approved provider states it is uncommon for staff unplanned leave to not be filled, the approved provider argues that where shifts cannot be replaced agency staff are engaged or staff are asked to work double shifts.

The approved provider demonstrated that most call bells are responded to in a timely manner, however conceded that there are occasions where there may be delays. In its response the approved provider explained its base staffing levels have increased since April 2021 as a result of a review of consumer needs and are in line with industry standards.

The approved provider acknowledges there is work to be done to improve staff culture and has taken steps to improve the culture and ensure staff understand how rostered hours are calculated. While I consider the approved provider has demonstrated consumers are receiving safe and effective care and, in most cases, timely care, it is my view the staffing culture issues within the service represent an ongoing risk and adverse impact to consumers in the management and delivery of safe and quality care and services.

In making my decision I have considered the Assessment Team report and the information in the response from the approved provider. The response from the service does not demonstrate the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.While I acknowledge the actions taken by the provider, I consider at the time of the site visit the approved provider did not demonstrate compliance with the requirement. I therefore find this requirement Non-Compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# 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 3(3)(b)**

* ensure effective medication incident monitoring and management
* ensure effective incident reporting and management of high impact and high prevalence risks associated with consumers with challenging behaviours to avoid adverse impact to consumers, co-consumers and staff.
* ensure recommendations made by external providers are to be recorded in consumers behavioural care plans.
* ensure staff are educated in post incident decision making, prioritising work requirements and managing consumers with challenging behaviours.
* ensure staff are supported to manage consumers with challenging behaviours.

**Requirement 7(3)(a)**

* ensure staffing is planned to enable the management and delivery of safe and quality care and services to mitigate adverse impact to consumers.