Mooroolbark Aged Persons Mental Health Residential Care Facility

Performance Report

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**Commission ID:** 4489

**Provider name:** Eastern Health

**Assessment Contact - Site date:** 21 April 2021

**Date of Performance Report:** 29 June 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) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(e) | 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 staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 12 May 2021.

# 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:

### 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 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.

The Quality Standard is assessed as Non-compliant as the specific requirement assessed at this visit has 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 sampled four consumers to understand the service’s assessment, monitoring and review of psychotropic medication processes. The service did not demonstrate chemical restraint is used as a last resort. Assessment and care planning documentation to inform care did not reflect the individual consumer’s current needs and information was not always tailored to the individual consumer. Consumers who wander and may intrude into other consumers’ rooms are not effectively managed.

The approved provider’s response included a comprehensive continuous improvement plan to address the information in the Assessment Team’s report. While acknowledging the approved provider has taken immediate steps to improve the care being delivered to consumers, at the time of the assessment visit the service did not meet the expectations of this requirement and has been found non-compliant as a result.

# STANDARD 7 NON-COMPLIANT Human 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 deficits in workforce management and noted interactions between staff and consumers not to be supportive of the consumer’s wellbeing.

The Quality Standard is assessed as Non-compliant as both specific requirements assessed at this visit have been assessed as 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 service did not demonstrate the number of staff deployed enables the delivery and management of safe and quality care and services. Consumer / representative interviews noted dissatisfaction with the availability of staff to deliver care and meaningfully engage with consumers. Non-attendance of known care needs were also outlined by interviewees. Staff identified specific instances of care not being delivered as planned.

The approved provider’s response included a comprehensive continuous improvement plan to address the information in the Assessment Team’s report. While acknowledging the approved provider has taken immediate steps to improve workforce planning, at the time of the assessment visit the service did not meet the expectations of this requirement and has been found non-compliant as a result.

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

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The Assessment Team observed the interactions between staff and consumers and noted that for two consumers the way care was delivered / the interaction with the consumer was disrespectful. A further instance where a consumer needed support was not acted on by the staff member. Representatives gave further examples and expressed, in various ways, disappointment with the interactions from staff.

The approved provider’s response included a comprehensive continuous improvement plan to address the information in the Assessment Team’s report. While acknowledging the approved provider has taken immediate steps to support staff to understand how their interactions can better support the wellbeing of consumers, at the time of the assessment visit the service did not meet the expectations of this requirement and has been found non-compliant as a result.

# STANDARD 8 NON-COMPLIANT 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 service did not adequately demonstrate effective clinical governance of chemical restraint and minimising the use of restraint.

The Quality Standard is assessed as Non-compliant as specific requirement assessed at this visit has been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Non-compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The service did not demonstrate an effective framework for monitoring the use of psychotropic medication. Relevant documentation regarding the use of chemical restraint were out of date or incomplete. The service did not adequately demonstrate that chemical restraint was correctly identified and actively minimised. It was not evident that chemical restraint was used as a last resort and only after all other strategies to support the consumer had been exhausted.

The approved provider’s response included a comprehensive continuous improvement plan to address the information in the Assessment Team’s report. While acknowledging the approved provider has taken immediate steps to improve governance in regard to the use of psychotropic medication, at the time of the assessment visit the service did not meet the expectations of this requirement and has been found non-compliant as a result.

# 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 that all care delivered aligns with best practice and meets the individual needs of consumers, the priority area being the use of psychotropic medications.
* Demonstrate that relevant staff understand their accountabilities in relation to Requirement 3(3)(a) specifically in the delivery of care and for senior staff, their accountability for the oversight of care delivery.
* Ensure 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.
* Seek confirmation that consumers and representatives are satisfied that the workforce is delivering care and services as assessed.
* Ensure all staff interactions with consumers support the consumers wellbeing.
* Establish an ongoing mechanism for identifying and addressing staff interactions (or lack thereof) that diminish a consumer’s wellbeing.
* Ensure the clinical governance frameworks supports the best practice use of psychotropic medications.
* Provide relevant information to the Governing body in regard to personal care and clinical care so that members can make informed decisions and meet their governance obligations in relation to maintaining compliance with Standard 3, 7 and 8.