Shepparton Aged Care

Performance Report

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**Commission ID:** 4357

**Provider name:** Menarock Aged Care Services (Victoria) Pty Ltd

**Assessment Contact - Site date:** 1 December 2021 to 3 December 2021

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

# Performance report prepared by

S Byers, 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)(c) | Compliant |
| Requirement 2(3)(d) | 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) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The service was found non-compliant in four of the specific requirements under this Quality Standard during a Site Audit in May 2021.

The focus of this assessment contact was to assess the service’s progress in returning to full compliance with the Quality Standards.

The service was unable to demonstrate that actions undertaken have fully addressed the deficits identified at the last visit.

The Assessment Team identified deficits in consumer care documentation. Sampled documentation demonstrated care plans are not always tailored to the individual consumer and did not always consider risks to consumers health and well-being.

The Assessment Team found care planning documents did not demonstrate care and services are reviewed when consumer circumstances change or when incidents occur.

The service demonstrated involvement and partnerships with consumers or their representative in assessment, planning and review, including the engagement of external organisations in care planning.

The service demonstrated how it documents and communicates the outcomes of assessment and care planning to consumers and representatives.

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:

* Care documentation sampled did not include evidence of assessment and planning of care, including consideration of risks to health and wellbeing. For example:
  + care documentation did not identify risks associated with psychotropic medication or the impacts of that medication in relation to falls risk
  + care documentation did not demonstrate the risks associated with and the consideration of dysphagia as a cause of a consumer’s continued refusal of nutrition and hydration. The service did not commence food and fluid charting to monitor the consumers food and fluid intake
  + interventions recorded on care plans to mitigate identified risks are not individualised or effective to ensure the delivery of safe care. For example, behaviour management strategies.
* Deficits were identified in consumer care documentation. For example:
  + conflicting information about repositioning requirements and wound dressings for a consumer with a stage two pressure injury
  + inconsistencies were identified across nutritional care planning and risk documentation for a consumer with swallowing difficulties with poor oral intake.

The approved provider contends that while consumer documentation did not mention the risks associated with or the impact to each consumer in relation to psychotropic medication or dysphagia, they do not agree the risks were not considered, or that the risks were factors contributing to or resulting in the consumers’ falls or poor oral intake. However, the approved provider’s response did not provide sufficient evidence to demonstrate the risks associated with psychotropic medication and dysphagia were considered in the assessment and planning for each consumer to inform safe and effective care for each consumer.

In its response the approved provider undertakes to complete a full review of all documentation.

While I acknowledge the action to be taken by the approved provider to address the deficits, these steps have not been fully implemented and evaluated. I consider at the time of the visit the approved provider did not demonstrate compliance with the Requirement. I find the service Non-compliant with this Requirement.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

All representatives interviewed confirmed the service had provided them with a copy of the consumer’s care plan and they had attended care planning conferences.

The Assessment Team reviewed consumer care planning documents that evidenced the involvement of other organisations and/or individuals in the delivery of consumers’ care and services.

Staff and management described how they involve consumers and representatives in the care planning process and provided examples where they made referrals to external organisations to inform assessment care and planning.

Based on the available evidence, summarised above, I consider the approved provider complies with this Requirement. I therefore find this Requirement is Compliant.

### 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 the service had implemented improvements to address the deficits identified at the last visit.

All representatives interviewed confirmed the service had provided them with a copy of their consumers care plan. Representatives demonstrated an understanding of the consumer’s care plan and how it informs delivery of care. Staff described how they communicate assessment and planning outcomes to consumers and/or their representatives.

The service demonstrated how it documents and communicates the outcomes of assessment and care planning to consumers and representatives. The service has established lines of effective communication to ensure care and services plans are readily available.

Based on the available evidence, summarised above, I consider the approved provider complies with this Requirement. I therefore find this Requirement is Compliant.

### 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:

* While sampled consumer files demonstrated regular review, care planning documents did not demonstrate care and services are reviewed when circumstances change or when incidents occur. For example:
  + care documents were not current for a consumer with pain
  + care documents were not current and did not reflect the commencement, administration and review for effectiveness for two consumers administered psychotropic medication
  + menu and dietary assessments did not demonstrate reassessment and review for a consumer with swallowing difficulties whose care needs changed after experiencing several incidents of refusing nutrition and hydration.

While the approved provider’s response did not specifically respond to the Assessment Team’s evidence under this Requirement, the approved provider stated it undertakes to complete a full review of documentation and intends to conduct monthly audits, submitting several audit document templates as evidence.

On the balance of the evidence available to me, I consider at the time of the visit the service did not demonstrate that care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. I find the service is Non-compliant with this Requirement.

# 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

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 service was found non-compliant in six of the specific requirements under this Quality Standard during a Site Audit in May 2021.

The focus of this assessment contact was to assess the service’s progress in returning to full compliance with the Quality Standards.

The service was unable to demonstrate that actions undertaken have fully addressed the deficits identified at the last visit. The service did not demonstrate effective management of high impact or high prevalence risks including wound, diabetes and weight loss management.

The Assessment Team identified deficits in consumer care documentation that did not reflect the consumer’s current needs and best practice clinical care.

The service did not demonstrate that it responds to the deterioration in a consumer’s health promptly. Referrals to wound, weight loss management and behaviour management specialists are not occurring in a timely manner. Information about consumers condition, needs and preferences are not effectively documented and communicated within the service and to those with shared responsibility in care. The Assessment Team consistently observed poor adherence to infection control protocols by staff throughout the visit.

The Quality Standard is assessed as Non-compliant as six 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 consumers do not consistently receive care in a timely manner, according to their needs or in accordance with best practice principles. The Assessment Team’s report outlines areas of concern across several clinical areas including restrictive practice, wounds and pain. For example:

* documentation review identified inconsistent management of a consumers wound with the consumer being prescribed antibiotics nearly two weeks after the wound was identified. Management advised antibiotics were prescribed after the wound developed a bad odour. While staff continued to document that the consumers wound appeared to be infected, the service did not make a referral to a wound specialist
* documentation identified a consumer with a wound and that clinical staff had been advised. Consumer care documentation did not support the consumer’s wound is being assessed, managed or evaluated, Management were not aware of the consumers wound. Management said it is expected that all wounds be recorded and monitored by the registered nurse
* documentation did not consistently reflect the assessment and evaluation of pain and as required pain medication for effectiveness. For example, pain charting was not commenced prior to and after the commencement of pain medication to evaluate the effectiveness of the medication and interventions in managing consumers pain
* non pharmacological strategies for consumers documented by staff are generic and not tailored to the individual consumer. This is supported by the deficits identified by the Assessment Team in care planning documentation under Standard 2.

The Assessment Team identified deficits in the service’s psychotropic register and inconsistencies with consumers medication charts. While management advised that six consumers at the service were subject to chemical restraint, the Assessment Team found that no consumers listed on the Psychotropic Register were recorded as being subject to chemical restraint.

The approved provider did not specifically respond to the Assessment Team’s evidence under this Requirement.

On the balance of the evidence available to me, I consider at the time of the visit the service did not demonstrate each consumer gets effective clinical care that is best practice, tailored to their needs and optimises their health and well-being. I find the service is Non-compliant with this Requirement

### 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 effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team’s evidence included the management of behaviours, weight loss, diabetes and medication. The Assessment Team found deficits in the way these aspects of consumers’ care is delivered. For example:

* care is not always delivered and risks managed in line with consumer care plans and medical practitioner directives. For example, administration of psychotropic medication and diabetes injections
* behaviour charting is not always commenced to inform or evaluate psychotropic medication for consumers with challenging behaviours including after incidents. Interventions are not tailored to mitigate risk to individual consumers.

While representatives were generally satisfied with the care provided to consumers, one representative expressed dissatisfaction with the management of the consumers medication.

I have also considered the deficits in care documentation and delivery of care in relation to skin integrity and wound management identified by the Assessment Team under Standard 2, Requirement 2(3)(a) and Standard 3, Requirement 3(3)(a) and consider the service is not effectively managing the risks associated with pressure care injuries and wounds. Consumer documentation demonstrated conflicting information in relation to re-positioning requirements and wound dressings. Staff confirmed re-positioning of consumers at risk of pressure injuries is not documented in charts.

The approved provider did not specifically respond to the Assessment Team’s evidence under this Requirement.

On the balance of the evidence available to me, I consider at the time of the visit the service did not demonstrate compliance with this Requirement. I find the service is Non-compliant with this Requirement

### Requirement 3(3)(d) Non-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.*

The Assessment Team found consumer care documentation does not always reflect the identification of, and timely response to, changes in health status. For example, the Assessment team identified the service did not identify and respond promptly to a change in physical function for a consumer experiencing pain.

I have also considered the deficits identified in the management of a consumer’s wound under Standard 3 Requirement 3(3)(b) and consider while the wound was identified the service did not respond to the change in the consumer’s health status in a timely manner.

The approved provider’s response did not specifically respond to the Assessment Team’s evidence under this Requirement.

On the balance of the evidence available to me, I consider at the time of the visit the service did not demonstrate it effectively recognises and responds to the deterioration or change in a consumer’s health capacity or condition in a timely manner. I find the service is Non-compliant with this Requirement

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team found that information about the consumers condition, needs and preferences is not effectively documented and communicated within the organisation and others. For example:

* consumer care documentation and charting is not consistent or current for all consumers. Staff confirmed that pressure area care charts are not documented
* while progress notes identified consultation and end of life wishes for a palliative consumer, this information is not reflected in the consumer’s care planning documentation.

While most representative feedback was positive, one representative described ineffective communication between the service and the hospital resulted in the consumer’s psychotropic medication being ceased. A review of the consumer’s care documentation and medication chart by the Assessment Team identified inconsistencies and conflicting information.

I have also considered deficits and inconsistencies in care planning documents regarding wounds, nutrition and hydration, behaviour management and psychotropic medication under Standard 2, Requirement 2(3)(a) and Requirement 2(3)(e).

The approved provider’s response did not specifically respond to the Assessment Team’s evidence under this Requirement.

On the balance of the evidence available to me, I consider at the time of the visit the service did not demonstrate it effectively documents and communicates information about the consumer’s condition within the organisation and with others where responsibility for care is shared. I find the service is Non-compliant with this Requirement.

### Requirement 3(3)(f) Non-compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team’s evidence included examples of consumers who have not been referred, or referred in a timely manner, to other providers of care and services. This includes wound, weight loss and behaviour management specialists. For example:

* a referral was not made to a wound specialist as requested by a consumer’s medical practitioner. This was confirmed by clinical staff and consumer documentation
* a consumer with challenging behaviours was not referred to Dementia Support Australia after an incident. This was confirmed by management and consumer documentation
* while management said weight loss is initially referred to the medical practitioner for review, and then a referral is made to the dietician, the Assessment Team found a medical practitioner was not contacted within a timely manner for a consumer who experienced weight loss over a 3 month period. A dietician referral was not completed.

The approved provider’s response did not specifically respond to the Assessment Team’s evidence under this Requirement.

On the balance of the evidence available to me, I consider at the time of the visit the service did not demonstrate it makes timely and appropriate referrals to individuals, other organisations and providers of other care and services. I find the service is Non-compliant with this Requirement.

### 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.*

While the Assessment Team found the service identifies and manages consumers infections and antibiotic prescriptions are minimised, the service did not demonstrate the implementation of standard precautions to prevent and control infection at the service.

Throughout the visit the Assessment Team consistently observed poor staff practice in relation to, hand hygiene and use of Personal Protective Equipment (PPE), specifically face masks.

The Assessment Team also observed a lack of disinfectant wipes, hand sanitiser and reminder signage near high touch point areas, communal areas and shared equipment. For example, near the front entrance, the nurses’ station and recreation room with a communal vending machine. I acknowledge that management rectified some of these issues during the visit.

Staff confirmed receiving regular infection control and PPE training, this was supported by training records.

The approved provider’s response did not specifically respond to the Assessment Team’s evidence under this Requirement.

Based on the evidence summarised above, the service does not comply with this Requirement.

# 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The service was found non-compliant in two of the specific requirements under this Quality Standard during a Site Audit in May 2021.

The focus of this assessment contact was to assess the service’s progress in returning to full compliance with the Quality Standards.

The service demonstrated that actions undertaken to date have not addressed the deficits previously identified in this Standard.

While the organisation provided a documented risk management framework supported by policies and procedures to manage risk, it was not able to demonstrate it effectively manages high impact and high prevalence clinical risks.

The organisation provided a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy however, while a clinical governance framework and policy is in place, the approved provider was not able to demonstrate how psychotropic medication is monitored and minimised by the service.

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

## Assessment of Standard 8 Requirements

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

While the organisation provided a documented risk management framework supported by policies and procedures to manage risk, the Assessment Team found high impact or high prevalent clinical risks were not effectively managed in practice.

While the service undertakes monthly audits, the Assessment Team identified deficits and inconsistencies in the audits reviewed. For example:

* The November 2021 audit described the services psychotropic medication management as good and current, however, the Assessment Team found several deficits with the psychotropic register.

I have also considered the deficits identified by the Assessment Team in Standard 2 and Standard 3 regarding the consideration of risks in consumer care planning and the management of clinical risks. For example, the risks associated with psychotropic medication and falls are not considered, strategies to mitigate risks in care plans are not individualised and the management of challenging behaviours, weight loss and nutrition, diabetes and medication is not effective.

While the approved provider’s response did not specifically respond to the Assessment Team’s evidence under this Requirement, the approved provider stated it will conduct monthly audits and provided audit document templates in relation quality, psychotropic medication, restraint and charting.

On the balance of the evidence available to me, I consider at the time of the visit the service did not demonstrate with this Requirement. I find the service is Non-compliant with this Requirement.

### 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 Assessment Team found the clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy, however, while a clinical governance framework and policy is in place, the service was unable to demonstrate how the use of restrictive practices is monitored and minimised.

While staff described the importance of using non-pharmacological strategies to manage consumers challenging behaviours, the strategies described by staff were generic and not tailored to individual consumers.

I have also considered information in Standard 3 Requirement 3(3)(a) and Standard 8 Requirement 3(3)(d) relating to restrictive practices. The Assessment Team reviewed the services November 2021 audit that identified the psychotropic medication register as accurate and current. However, the Assessment Team identified several deficits in the services psychotropic register and inconsistencies with consumer medication charts. For example:

* several consumers administered psychotropic medication were not identified on the services psychotropic register
* not all psychotropic medications prescribed to consumers on the register are recorded
* the psychotropic register did not identify any consumer as being subject to chemical restraint. Management advised six consumers were subject to chemical restraint.

Management advised the psychotropic register had recently been updated and could not explain the deficits identified by the Assessment Team.

While the approved providers response did not specifically respond to the Assessment Team’s evidence under this Requirement, the approved provider stated it will conduct monthly audits and provided audit document templates in relation to quality, psychotropic medication, restraint and charting.

On the balance of the evidence available to me, I consider at the time of the visit the service did not provider has not demonstrated it effectively identifies, monitors and minimises psychotropic medications. I find the service is Non-compliant with this Requirement.

# 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 2, Requirements 2(3)(a) & 2(3)(e)**

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs delivery of safe and effective care.
* Ensure staff have the knowledge and skills to support the processes.
* Implement effective processes to ensure care planning documents are reviewed when circumstances change or when incidents occur.
* Establish and implement monitoring processes to ensure deficits in documentation are identified and addressed to ensure all information remains current and relevant and the requirements of Standard 2 are complied with on an ongoing basis.

**Standard 3 Requirements 3(3)a, 3(3)b, 3(3)(d), 3(3)(e), 3(3)(f) & 3(3)(g)**

* Ensure planned care that is tailored to each consumer’s needs is consistently delivered and best practice clinical principles applied.
* Ensure effective identification and management of high impact and high prevalence risks associated with the care of each consumer.
* Ensure staff have the skills and knowledge to manage high impact and high prevalent risks relevant to consumers living at the service.
* Ensure the service’s processes enable deterioration or change to be responded to in a timely manner.
* Implement processes to ensure consumers have access to timely and appropriate referrals to providers of other care and services.
* Establish and implement processes to ensure information about the consumers condition, needs and preferences is effectively documented and communicated to relevant parties
* Ensure staff have the knowledge and skills to support processes relating to clinical care, management of high impact and high prevalence risks, timely identification and response to deterioration, prompt referrals.
* Implement and monitor effective infection control and minimisation practices.
* Educate and monitor staff to ensure adherence with infection control protocols.

**Standard 8 Requirement 8(3)(d) & 8(3)(e)**

* Effectively implement organisational risk framework to ensure high impact and high prevalence risks are managed effectively
* Implement processes to ensure monthly audits are accurate and current and establish monitoring processes to ensure deficits are identified and addressed efficiently and effectively.
* Effectively implement organisational governance policies and procedures in relation to recognising and minimising restrictive practices and the management of psychotropic medications.
* Ensure staff have the knowledge and skills to apply the organisation’s clinical governance framework particularly in relation to restrictive practices, psychotropic medication and chemical restraint.