Performance

Report

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| Name: | Craigcare Maylands |
| Commission ID: | 7867 |
| Address: | 6 Third Avenue (East), MAYLANDS, Western Australia, 6051 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 28 September 2023 |
| Performance report date: | 9 November 2023 |
| Service included in this assessment: | Provider: 1213 Glenn-Craig Villages Pty Ltd  Service: 4874 Craigcare Maylands |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Craigcare Maylands (**the service**) has been prepared by M Roach, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the approved provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives;
* the approved provider’s written response to the assessment team’s report received on 23 October 2023; and
* the provider’s compliance history against the Quality Standards in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **Not Applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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)** – the provider ensures all consumers’ high-impact and high-prevalence risks are managed appropriately and documented consistently, including in relation to the management and documentation of pressure injury care, pain assessment and restrictive practice.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |

Findings

In relation to Requirement 3(3)(a)

The assessment team found the service delivers tailored personal care which meets consumers’ needs and preference. However, through documentation review, consumers and staff interview and observation, the assessment team identified best practice clinical care regarding the management of nutritional supplement, oxygen therapy and chemical restraint was not delivered to each consumers, specifically:

* A named consumer, who is underweight and requires regular nutritional supplement drinks (3 times a day), has not been consistently offered or provided with the supplement drinks that was recommended by a Dietitian. The consumer also requires intermittent oxygen therapy. However, oxygen cannula replacement and oxygen equipment cleaning were not consistently completed in accordance with the consumer’s care plan.
* Two consumers who are subject to chemical restraint do not have the details of prescribed medication that have been used as chemical restraint included in their behaviour support plans. The 2 behaviour support plans also lack information to guide staff practice in monitoring consumers; this includes medication side effects and possible changes in consumers behaviour or ability to engage in activities of daily living.

The provider in its response to the assessment team’s report refuted the assessment team’s finding and included the below evidence relevant to this Requirement:

* For the named consumer:
  + The provider submitted information on the consumer’s complex health background, low appetite and provided documentation on the consumer’s nutritional intake monitoring and evaluation. Since the on-site assessment contact, the provider has implemented processes to include nutritional supplement drinks on relevant charting such as medication chart to ensure appropriate provision and documentation.
  + The provider submitted Statutory Declarations from 2 regular staff members confirming the oxygen cannula replacement and the equipment cleaning had been completed each week whilst not documented. Following the on-site assessment contact, the provider has added prompts in its electronic documentation system for staff to document when oxygen cannula is change and oxygen equipment is cleaned.
* For the 2 consumers who are subject to chemical restraint:
  + The provider gave information on the consumers’ clinical and personal background and provided records relating to the ongoing monitoring of the consumers’ behaviour or functional change, including weight management, prior to and following the on-site assessment contact.
  + The provider explained a recent electronic documentation system update had been completed and staff were still being trained relating to the recording of restrictive practice and behaviour support plans. The provider submitted paper based restrictive practice documentation for the 2 named consumers, including information on the chemical restraint medication and its side effects. The provider also provided an additional consumer’s restrictive practice and behaviour assessment record that was completed prior to the on-site assessment contact, as an example, to demonstrate all required information including psychotropic medication had been captured and documented to guide staff practice.
  + Following the on site assessment contact, both named consumers’ restrictive practice and behaviour assessments had been updated to capture required information such as prescribed medication, possible side effects and other information to guide staff practice in monitoring consumers.

In considering relevant information from the assessment team’s report and the provider’s response, whilst I acknowledge the deficits included in the assessment team’s report relating to nutritional supplement, oxygen therapy and chemical restraint documentation which is further discussed in Requirement 3(3)(b), I was persuaded by the provider’s detailed response and supporting evidence demonstrating overall safe clinical care to the mentioned consumers. I place weight on the general positive feedback from consumers and representatives relating to care delivery. I also place weight on examples of other consumers’ experience, included in the assessment team’s report and the provider’s response, demonstrating the delivery of safe personal care, effective weight management and tailored behaviour support. Further, the provider’s response and the service’s compliance history against the Quality Standards showed their willingness and ability to implement continuous improvement to deliver clinical care that is safe, effective and best practice.

Based on the evidence and reasons detailed above, I find Requirement 3(3)(a) compliant.

In relation to Requirement 3(3)(b)

Whilst majority of sampled consumers and representatives said they were satisfied with the consumers’ care, the assessment team found the provider was not effectively managing high-impact and high-prevalence risks relating pressure injuries and pain for 2 sampled consumers.

* The first consumer acquired a second pressure injury when they were not provided with a pressure relieving air mattress for a period of 4 to 5 weeks despite the air mattress being an assessed need. Staff interviewed showed lack of understanding in the consumer’s pressure injury prevention and management strategies, including the requirement of utilising an air mattress. Although both the observation and representative interview indicated the consumer was experiencing pain, review of documentation identified the consumer’s pain was not monitored frequently by staff to ensure effective management.
* The second consumer acquired 2 pressure injuries at the service within a 15-day period. The care plan and pressure injury prevention strategies were not reviewed or evaluated following the identification of the first and the second pressure injury. Although staff interviewed advised they assist the consumer with repositioning, the consumer’s care plan had of of date information relating repositioning needs, observation and documentation review identified staff were not guided to effectively reposition the consumer including avoiding further pressure to be applied on areas with pressure injuries.

The provider in its response to the assessment team’s report refuted the assessment team’s finding and included the below evidence relevant to this Requirement:

* The provider gave information on the first consumer’s rapid deteriorating health condition and associated complex skin care needs. The provider submitted progress notes and wound photos to demonstrate the consumer’s pain and skin needs’ assessment, monitoring and management by staff and health professionals. The provider advised the second pressure injury was staged incorrectly and was resolved on the same day; whilst an air mattress was not used for 4 weeks, the consumer was provided with a different type of pressure reliving mattress.
* For the second consumer, the provider gave an overview of the consumer’s overall deteriorating clinical condition and submitted assessment records and progress notes to demonstrate pressure area care had been provided prior to and following the development of pressure injuries. Wound photos provided showed the pressure injuries had improved.
* Following the on-site assessment contact, the provider had completed a review of skin assessment for all consumers residing at the service and implemented repositioning charting for consumers living with pressure injuries or other specific conditions requiring regular repositioning. The provider acknowledged there is opportunity for improvement in recording pressure relieving equipment and have updated a form in its electronic file system to include specific comments. Additional training on ‘Maintaining the Alternating Air Mattress’ and Pain assessment by using a validated tool had been delivered to staff.

In considering relevant information from the assessment team’s report and the provider’s response, I was not persuaded that high-impact or high-prevalence risks associated with the care of each consumer had been effectively managed. My reasons include:

* The first consumer was not provided the correct type of pressure relieving mattress based on their assessment outcome and care plan for 4 weeks to manage their actual risk of pressure injury. The consumer’s condition was deteriorating and approaching palliative stage, the pressure relieving air mattress which would provide valuable comfort measures was not in place to support the management of risks relating to end of life care.
* The second consumer and the 3 consumers mentioned in Requirement 3(3)(a) all had documentation deficits. These include inconsistent or incomplete records reflecting care delivery relating to nutritional and respiratory risks, assessments lacking relevant or key information relating to behaviour risks, care plan with incorrect or out of date information relating to pressure injury risks. Whilst the provider in its submission stated the service have multiple layers of clinical oversight including regular reviews, these deficits were not identified through the service’s review process prior to the on-site assessment contact.
* Whilst I acknowledge there had been no direct adverse outcome to the mentioned consumers, I was not provided sufficient evidence to be satisfied that the service has addressed all of the deficiencies identified, including having an effective process to identify and address issues, such as having detailed and up to date information to guide staff practice, to enable effective management of all consumers’ high-impact or high-prevalence risks.
* I acknowledge the provider had taken some improvement actions. However, I encourage them to evaluate the effectiveness of the improvements and to embed effective improvements into their usual practice to ensure all consumers’ high-impact and high-prevalence risks are managed appropriately and documented consistently.

Based on the evidence and reasons detailed above, I find Requirement 3(3)(b) non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

The assessment team found whilst the service has processes to ensure the workforce has appropriate qualifications specific to their role, the service does not have an effective process to monitor staff competency or identify staff knowledge and skill gaps to ensure effective assessment and care delivery. The assessment team’s report provided the following evidence:

* The service requires staff to complete annual mandatory training on multiple topics and annual competency assessments relating to handwashing and medication. However, there is not a process in place to evaluate the effectiveness of training undertaken or ongoing monitoring of staff competency.
* The assessment team provided consumer’s experiences that indicate staff awareness, knowledge or skill gap relating to management of restrictive practice, pain and pressure injuries, which have been discussed in Standard 3 Requirements 3(3)(a) and 3(3)(b).

The provider in its response to the assessment team’s report refuted the assessment team’s finding and included the below evidence relevant to this Requirement:

* Staff are monitored to ensure all scheduled education and training are completed though a monthly reporting mechanism.
* To monitor staff practice, incidents are reviewed to monitor whether staff practice is a contributing factor and progress notes are reviewed daily to identify if incidents or changes have been reported as staff. Service management team observe staff practice throughout the day.
* Complaints and feedback from consumers, representatives and staff feedback are used to identify deficiency in staff practice or knowledge.

In considering relevant information from the assessment team’s report and the provider’s response, I was persuaded by the provider’s detailed response and supporting evidence regarding system and processes in place to ensure the workforce is qualified and competent to deliver care and services. As discussed in Standard 3, whilst deficiencies in managing high- impact and high-prevalence risks had been identified, the workforce generally deliver care and services consistently with consumers’ needs, goals and preferences. In addition, I relied on the positive feedback relating to care delivery from the majority of consumers and representatives interviewed.

Based on the evidence and reasons detailed above, I find Requirement 7(3)(c) compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)