Performance

Report

**1800 951 822**

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| Name of service: | Macleay Valley House |
| Service address: | 80-114 Macleay Street Frederickton NSW 2440 |
| Commission ID: | 0946 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 December 2022 to 16 December 2022 |
| Performance report date: | 12 January 2023 |

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 Macleay Valley House (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 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 - 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 team’s report received 4 January 2023.
* the Performance Report dated 19 May 2022 following the Site Audit undertaken from 28 March 2022 to 5 April 2022.
* Notice of decision to impose sanctions and Notice of requirement to agree to certain matters issued 19 December 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |

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 1(3)(a) – The approved provider must demonstrate staff practices and workforce planning is effective in ensuring respectful and dignified interactions, care and services for consumers.
* Requirement 3(3)(b) – The approved provider must demonstrate the high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to wounds, skin integrity, restrictive practices, and unplanned weight loss. Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* Requirement 3(3)(d) – The approved provider must demonstrate deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Wound/skin and pain assessment, monitoring and management is effective in identifying and responding to deterioration or changes in consumer’s pain and skin integrity.
* Requirement 7(3)(c) – The approved provider must demonstrate staff are competent and have the knowledge required to effectively perform their roles. This includes in relation to identification and response to deterioration or changes in consumer condition, ensuring risks associated with the care of consumers are effectively managed, and appropriate knowledge of consumer’s condition and needs to ensure safe and effective care.

While the below Requirement was not assessed for the purpose of this Assessment contact, deficits identified in the Assessment contact report indicate areas for improvement are required in relation to this Requirement.

* Requirement 8(3)(d) – The approved provider must demonstrate risk management systems and practices are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system. Incidents reportable under the serious incident response scheme are identified, assessed and responded to appropriately and in a timely manner.

# Other relevant matters:

The service was previously found Non-compliant in the below Requirements following a Site Audit undertaken from 28 March 2022 to 5 April 2022. Not all Requirements were assessed for the purpose of the Assessment Contact conducted 14 December 2022 to 16 December 2022. However, the below Requirements remain Non-compliant.

* Standard 1 Requirements (3)(a), (3)(c) and (3)(d)
* Standard 2 Requirements (3)(a), (3)(d) and (3)(e)
* Standard 3 Requirements (3)(a), (3)(b), (3)(d) and (3)(e)
* Standard 4 Requirements (3)(f) and (3)(g)
* Standard 6 Requirements (3)(a), (3)(c) and (3)(d)
* Standard 7 Requirements (3)(a), (3)(c) and (3)(d)
* Standard 8 Requirements (3)(b), (3)(c), (3)(d) and (3)(e)

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-compliant |

Findings

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

The service was previously found Non-compliant in Requirement 1(3)(a) following a Site Audit undertaken from 28 March 2022 to 5 April 2022. Consumer and representative interviews, and observations by the Assessment Team during this Site Audit, indicated that consumers were not consistently treated with dignity and respect.

During the Assessment Contact conducted 14 December 2022 to 16 December 2022, the Assessment Team found continuous improvement actions relating to this non-compliance had been commenced, however the service did not demonstrate ongoing monitoring of staff interactions to ensure they are dignified and respectful. Some consumers and representatives interviewed by the Assessment Team provided positive feedback about being treated with dignity and respect. However, feedback received from other consumers, representatives and staff indicated some staff interactions were not always respectful, including during the delivery of personal and clinical care. Documentation reviewed and observations by the Assessment Team indicated consumers were not consistently treated with dignity and respect.

The approved provider’s response to the Assessment Contact report includes a training plan developed to address the deficiencies identified in Requirement 1(3)(a). This includes education, training and assessments for all levels of staff including management, registered staff and care staff.

The service did not demonstrate each consumer is consistently treated with dignity and respect. I find Requirement 1(3)(a) Non-compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(d) | 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. | Non-compliant |

Findings

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

The service was previously found Non-compliant in Requirement 3(3)(b) and Requirement 3(3)(d) following a Site Audit undertaken from 28 March 2022 to 5 April 2022. The Assessment Team found that risks associated with consumer’s care were not consistently or effectively managed, and the service was unable to demonstrate that consumers who experience a change in their condition have their needs recognised and responded to in a timely manner.

During the Assessment Contact conducted 14 December 2022 to 16 December 2022, the Assessment Team identified deficits in the management of high impact or high prevalence risks associated with consumer’s care. Consumers and representatives interviewed by the Assessment Team did not consider the personal and clinical care provided by the service was effective in meeting consumer’s needs, and minimising associated risks. The service did not demonstrate effective wound management to minimise associated risks. This included wound monitoring to identify healing or deterioration, and management of wounds in line with documented directives. For several consumers, the Assessment Team identified limited assessment and interventions to manage risks associated with skin integrity, mobility and transfers.

The Assessment Team found interventions to manage one consumer’s risk of unplanned weight loss were not effective and the consumer had continued to lose weight at the time of the Assessment Contact. For another consumer, administration of chemical restrictive practice was not used as a last resort after tailored non-pharmacological interventions to manage behaviour were evaluated as not effective. The consumer’s behaviour support plan did not identify all non-pharmacological interventions to manage behaviour and minimise associated risk. The Assessment Team identified an overall lack of incident investigation and review to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.

The Assessment Team found that, for sampled consumers who have experienced a deterioration or change in their condition or capacity, their needs were not recognised and responded to in a timely manner. Two consumer representatives interviewed by the Assessment Team provided negative feedback about the identification and response by the service to a change in their consumer’s condition or deterioration.

Wound and skin integrity monitoring was not effective to identify deterioration of consumer’s wounds, and for one consumer, a wound was not identified until it had significantly deteriorated. A change in a consumer’s condition and function was not identified by the service in a timely manner, which had a negative impact on their health and well-being. The Assessment Team found limited evidence of pain assessment, monitoring and management despite indication of, or changes in, consumer pain.

The Assessment contact report notes that some improvements were commenced during the Assessment contact in response to the issues identified by the Assessment Team to improve the care provided to consumers, including the management of high impact or high prevalence risks, and identification and response to deterioration. This included review of consumer care, engagement of specialist services/allied health professionals to assist in the care of consumers and increased clinical oversight by management.

The approved provider’s response to the Assessment contact report includes a training plan developed to address the deficiencies identified in Requirement 3(3)(b) and Requirement 3(3)(d). This includes education, training and assessments for all levels of staff including management, registered staff and care staff.

The service did not demonstrate the effective management of high impact or high prevalence risks associated with consumers care, or the timely identification and response to changes in consumer mental health, cognitive or physical function, capacity or condition. While the service had commenced some continuous improvement action in response, these issues were not identified under the service’s clinical monitoring and oversight processes, and continuous improvement has not yet been demonstrated to be effective. I find Requirement 3(3)(b) and Requirement 3(3)(d) 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. | Non-compliant |

Findings

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

The service was previously found Non-compliant in Requirement 7(3)(c) following a Site Audit undertaken from 28 March 2022 to 5 April 2022. The service did not demonstrate a competent workforce with members who have the qualifications and knowledge to effectively perform their roles.

During the Assessment Contact conducted 14 December 2022 to 16 December 2022, the Assessment Team found while members of the workforce have appropriate qualifications for their roles, deficiencies in relation to staff knowledge and skills were identified in care assessment, planning and delivery for multiple consumers. Several consumers and representatives interviewed by the Assessment Team identified issues regarding staff competency and knowledge in the delivery of personal and clinical care. The Assessment Team identified deficits in staff competently and effectively identifying and responding to consumer deterioration or change in condition, and ensuring risks related to consumer wounds and skin deterioration are effectively managed. Some staff interviewed by the Assessment Team did not demonstrate appropriate knowledge of consumer’s condition or needs, such as knowledge of current wounds, or personal care requirements including action to take if this is subsequently refused.

The approved provider’s response includes a training plan developed to address the deficiencies identified in Requirement 7(3)(c). This includes education, training and assessments for all levels of staff including management, registered staff and care staff.

The service did not demonstrate the workforce is competent and the members of the workforce have the knowledge to effectively perform their roles. The service has implemented a training plan with a planned completion date towards the end of April 2023. I find Requirement 7(3)(c) is Non-compliant.

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