Performance

Report

**1800 951 822**

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| Name of service: | Mary MacKillop Hostel Carrington Retirement Village |
| Service address: | 90 Werombi Road GRASMERE NSW 2570 |
| Commission ID: | 0399 |
| Approved provider: | Carrington Centennial Care Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 26 April 2023 |
| Performance report date: | 8 June 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 Mary MacKillop Hostel Carrington Retirement Village (the service) has been prepared by Melissa Buhagiar, 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 conducted 26 April 2023, 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 23 May 2023.

**Assessment summary**

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| Standard 3 Personal care and clinical care | 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**

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

**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. | 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. | Compliant |

**Findings**

The Assessment Team interviewed consumers and representatives who provided positive feedback in relation to management of their high-risk care, however the Assessment Team found that the service did not demonstrate that high impact and high prevalence risks associated with the care of consumers are effectively managed. This includes risks relating to consumers behaviours, falls, pain management, and recognition and the use of restraint. The outcomes show negative impact upon the health and well-being of some consumers.

The Assessment Team reviewed documentation and found that post-fall assessment has not been consistent and consumers who experienced unwitnessed falls were not monitored appropriately when incidents happen such as unwitnessed falls with injuries or possible head strikes. Observations in identifying early signs of deterioration have not been completed such as neurological/vital status and pain management in accordance with the organisation’s post falls procedures.

The Assessment Team identified that for consumers who are experiencing behavioural issues and are chemically restrained, high-impact risks have not been managed. The Assessment Team reviewed documentation for one consumer who demonstrated responsive behaviours that affects other consumers and staff such as physical and verbal aggression. While there is a referral to other organisations such as Dementia Services Australia (DSA) for guidance on behaviour management, initial strategies suggested by DSA were not trialled prior to the use of chemical restraint. Some advice provided by the geriatrician was not incorporated into the consumer’s behaviour support plan and was not practised by staff.

The psychotropic register dated 2 April 2023 records two consumers receiving chemical restraints with authorisations and behaviour support plans in place. However, the review of the psychotropic register identified more consumers who receive psychotropic medications to manage behaviours or symptoms, without corresponding diagnosis and are not identified by the service as a chemical restraint. Furthermore, since the psychotropic medications were not identified as chemical restraints, there is no evidence of an appropriate consultation process conducted and no valid restraint consent forms in place.

The Assessment Team found that skin integrity and pressure injury prevention are well managed. The report on skin integrity as of 11 April 2023 provided by the service identified three consumers with pressure injuries. The review of the consumer’s care and service documents showed that staff are appropriately monitoring and managing wounds according to the wound directive in place formulated by the general practitioner or the wound specialist.

The Assessment Team interviewed consumers and representatives who provided feedback that deterioration in consumer care is identified, followed up and communicated with them in a timely manner. Some consumers care and service documents and other information gathered showed timely identification of deterioration or changes in conditions such as wounds, diabetes management and overall physical health.

The approved provider responded to the Assessment Team’s report with further documentation to support their compliance with the requirements. The evidentiary documentation included information about neurological observations being taken following falls in line with the organisation’s guidelines and follow up with medical officer prior to hospital transfer. The provider has acknowledged that improvements could be made for recording of additional information in documentation and education has been attended, however the organisations post fall management was reviewed to ensure it aligns with best practice.

The provider also furnished information in relation, to the behavioural issues and acknowledged that although the Behaviour Support Plans that were in place at the time of assessment were not user friendly and information had not been transferred across to new system, the information relating to the consents and triggers and strategies for behaviour had been recorded and referrals to all specialist and medical officers had occurred in a timely manner. The provider had discussed that there was a gap identified in March by the service that not all chemical restraints had been identified and Behaviour Support Documentation had been completed, however this was added to the Continuous Improvement Plan which was also provided with the response. The provider has acknowledged opportunities for improvement and intensive education on the completion of behaviour monitoring documentation is in place.

I have considered the Assessment Team’s report and their findings that these specific requirements were not met and the evidence that the provider has submitted and am satisfied that the provider’s response, evidence and Continuous Improvement Plan demonstrate compliance for the requirements 3(3)(b) and 3(3)(d).

I find that the approved provider is Compliant with requirements 3(3)(b) and 3(3)(d).

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