Performance

Report

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| Name: | Mayfield Aged Care |
| Commission ID: | 2507 |
| Address: | 115 Crebert Street, MAYFIELD, New South Wales, 2304 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 31 July 2024 |
| Performance report date: | 8 October 2024 |
| Service included in this assessment: | Provider: 432 M.N.H. Pty Ltd  Service: 884 Mayfield Aged Care |

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 Mayfield Aged Care (**the service**) has been prepared by Katrina Platt, 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 (performance assessment) – site which 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 on 21 September 2024
* a performance report dated 16 April 2024 for an Assessment contact (performance assessment) – site conducted from 11 to 12 March 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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 3(3)(a) - the approved provider ensures consumers are provided with safe and effective personal and clinical care based on their individual needs, goals and preferences. The health and well-being of consumers should be optimised through best practice and care which is tailored the individual needs. Consumers are supported to make informed decisions about their care and services and are able to consider alternate care and services delivery options when required.
* Requirement 3(3)(b) – the approved provider ensures the effective management of risks underpinned by clinical governance systems for safety and quality. Personal and clinical care delivery is reviewed for risk to consumers and appropriate and timely responses to the changing needs of consumers are managed accordingly. Care and services delivery for pain management, skin integrity, continence care and falls management is in accordance with individual consumer care plans.
* Requirement 8(3)(d) – the approved provider ensures appropriate risk management systems and processes are in place to identify and assess risks to the health, safety and well-being of consumers. Appropriate risk management systems are required to respond to high-impact and high-prevalence risk, abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Risk escalation protocols are in place and actioned appropriately and all incidents are reviewed for performance improvement.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |

Findings

Requirement 2(3)(a) was Not Compliant following an Assessment Contact conducted from 11 March 2024 to 12 March 2024. An Assessment Contact was conducted on 31 July 2024 to reassess the Requirement.

Consumers and consumer representatives indicated their care was well planned and they felt supported by staff who understand their health and well-being needs. Staff described how assessment and planning processes informed consumer care and risk assessments which supported consumers to minimise risks. Care documentation evidenced regular care plan reviews and risk assessments were completed and validated risk assessment tools were used for risk identification and mitigation.

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

Findings

Requirements 3(3)(a) and 3(3)(b) were Not Compliant following an Assessment Contact conducted from 11 March 2024 to 12 March 2024. An Assessment Contact was conducted on 31 July 2024 to reassess these Requirements.

Consumers and consumer representatives were not always satisfied with personal and clinical care received, which was not always individualised and tailored to their needs. Delayed personal care provision was discussed by consumers, with consumers indicating assistance for personal care needs was not provided when required. Administration of pain medications could be delayed and some consumer medications were not readily available. Pain assessments were inconsistently charted and pain medications were not always reviewed for effectiveness. End of life comfort cares were not documented in accordance with relevant policies and procedures. Effective management was demonstrated for catheter and colostomy care, fluid management, time sensitive medication management and diabetes management.

In response to the Assessment Team report, the approved provider discussed that pain management is provided, with appropriate pain and medication reviews conducted and alternatives offered when certain medications are not available to the pharmacy. Medication rounds are provided within a one-hour window under the registered nurse model of care and consumers are aware they can request pain medication outside of this window directly from the registered nurse. An action from the plan for continuous improvement noted additional education and training was provided to registered nurses on pain management and a pain management documentation audit is taking place in September 2024. A copy of the education package on pain management was provided for consideration.

The approved provider noted end of life comfort measures are provided to consumers as requested and staff provide the necessary support. Care and assessment documentation is prepared to reflect the needs of each consumer and evidence of assessment completion was provided. When consumer needs change during end of life, staff handover sheets and care plans and assessments are updated accordingly.

The approved provider indicated consumer personal care needs are attended in accordance with consumer needs and cognitive abilities and some consumer preferences were checked recently for clarification. Consumers are supported to remain independent. Consumers with increased personal care needs are supported by staff, with some wait times experienced when multiple staff are required to assist with care delivery.

In making a decision about Requirement 3(3)(a), I have considered the intent of the Requirement which is to provide safe and effective personal and clinical care to consumers. The personal and clinical care that is delivered and implemented is evidence-based where possible and reflects best practice and national standards. Care is tailored to meet the needs of consumers, who are supported to make informed decisions about their care and services and consider alternate care and services delivery options when required.

I have considered the feedback from consumers, who consistently described delays in care and services delivery and some instances where no care was provided. Whilst I acknowledge that consumers are supported to maintain their independence, their feedback suggests that consumers have tempered their goals, needs and preferences to align with support availability. This contradicts the intent of the Requirement which is to provide safe and effective personal and clinical care to consumers based on their individual needs, goals and preferences.

In considering the impact on consumers, I note the response from the approved provider in highlighting that minimal impacts were evident and multiple references to the cognitive ability of consumers. This is one factor relevant to care and services delivery, however the intent of the Requirement is to meet the needs, goals and preferences of consumers despite their level of cognition and what they can do for themselves. Based on the consumer feedback, which is compelling and consistent, I consider the health and well-being of consumers is not being promoted and optimised and not sufficiently tailored to their goals, needs and preferences.

As such, I find that Requirement 3(3)(a) is Not Compliant.

Some consumers and consumer representatives expressed concern about delayed continence care, pain management, skin integrity and falls management. Falls mitigation strategies were not consistently reviewed for effectiveness and neurological observations were not completed in accordance with policies and guidelines. Staff were inconsistent when describing post-fall management processes and were unfamiliar with individual consumer falls incidents. Skin integrity assessments were not conducted and updated in a timely manner when consumer changes were identified and associated pain charting was not always completed. Best practice in restrictive practices management was not demonstrated, with non-pharmacological measures not administered before chemical restraint and environmental restraint in place and not recognised.

In response to the Assessment Team report, the approved provider discussed consumer supports in place for continence care and policies and procedures which guide staff practice in wound and pressure area care, which includes assessments on admission. For one consumer with skin integrity issues, a copy of their skin assessment was provided showing evidence of appropriate pressure injury assessment. The approved provider supplied evidence of staff remediation actions taken to ensure medical officer directives were followed and charted.

Clinical staff were provided with additional education on pain interventions and documentation and a pain management documentation audit planned for September 2024 will ensure the education has been sufficient. Updated care plans and requests for case conferences have been attended. For restrictive practices, a copy of a consumer restrictive practice assessment was submitted for consideration.

In making a decision about Requirement 3(3)(b), I have considered the intent of the Requirement which is to ensure the effective management of risks is underpinned by clinical governance systems for safety and quality. This includes reviewing the delivery of personal and clinical care and responding appropriately to the changing needs of consumers.

I have considered consumer representative feedback which raised concerns with delays in receiving care and the management of pain, skin integrity, continence care and falls management. I have considered the impact on consumers expressed by consumers and their representatives. While the approved provider has policies and procedures to guide staff practice, these are not always followed to ensure staff are delivering care that responds appropriately and promptly to each consumer’s changing needs. It is an expectation that organisations manage risks related to the care of each consumer in line with the consumer’s current care plan. Where the service has not recognised a relevant high-impact or high-prevalence risk for a consumer, this impacts on the management of the risk for the consumer.

The approved provider has taken action following the Assessment Contact on 31 July 2024. However, the service has not been Compliant in Requirement 3(3)(b) since April 2024 and has not identified the ongoing deficits of this Requirement and has not taken the required action to address them.

As such, I find that Requirement 3(3)(b) is Not Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | 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. | Not Compliant |

Findings

Requirement 8(3)(d) was Not Compliant following an Assessment Contact conducted from 11 March 2024 to 12 March 2024. An Assessment Contact was conducted on 31 July 2024 to reassess the Requirement.

Whilst an assortment of electronic tools and strategies supported staff practice, effective clinical oversight and management of high-impact and high-prevalence risks was not demonstrated. Inconsistencies in clinical observations and incident monitoring and evaluation for falls and skin integrity impacted consumer health and well-being and their ability to live their best life. Policies were in place for managing high-impact and high-prevalence risks, identifying consumer abuse and neglect and supporting consumers to live the best life they can.

In response to the Assessment Team report, the approved provider did not directly address the issues raised under Requirement 8(3)(d) and submitted no evidence to support continuous improvement actions were being undertaken in relation to this Requirement.

In making a decision about Requirement 8(3)(d), I have considered the intent of the Requirement which is to ensure systems and processes are in place to identify and assess risks to the health, safety and well-being of consumers. Appropriate risk management systems are required to respond to risk and ensure all incidents are reviewed for performance improvement. Risk escalation protocols, both within the organisation and to external services or organisations, are in place and actioned where appropriate.

I have considered the information submitted by the approved provider in response to Standard 2 and Standard 3 for correlation with this Requirement, noting there was no specific direction it was to be considered under this Requirement.

Based on the information provided in the Assessment Team report and there being no specific response from the approved provider to refute the findings of the Assessment Team, I find Requirement 8(3)(d) is Not 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)