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: | 11 March 2024 to 12 March 2024 |
| Performance report date: | 16 April 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 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 (performance assessment) – 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 8 April 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **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 2(3)(a) – the provider must demonstrate assessment and planning consistently considers risks associated with consumer’s health and well-being, and informs safe and effective care delivery. Falls, mobility, and medication management are comprehensively assessed to minimise associated risks to consumers. Information regarding consumer risk is accurately documented to inform care delivery.
* Requirement 3(3)(a) – the provider must demonstrate clinical and personal care provided to consumers is best practice, tailored to the consumer’s needs and optimises their health and well-being. Staff practices regarding personal care, medication management, nutrition and hydration, and clinical observations are guided by consumer’s needs and preferences and optimises their health and well-being.
* Requirement 3(3)(b) – the provider must demonstrate the high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes risks associated with medications and falls. The service’s monitoring and oversight processes are effective in identifying any deficiencies in the management of consumer risk, and any emerging risks that require mitigating strategies.
* Requirement 8(3)(d) – the provider must demonstrate risk management systems 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.
* The provider must demonstrate the service has implemented all continuous improvement actions identified in their response to the Assessment Contact report.

# 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. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |

Findings

The Quality Standard is assessed as not compliant as one of the five specific Requirements has been assessed as not compliant.

The Assessment Team found that assessment and planning did not consistently consider risks to consumer’s health and well-being, and assessment did not always inform safe and effective care delivery. For three consumers sampled, risks associated with falls, mobility, and/or time sensitive medications were not comprehensively assessed to enhance the consumer’s health and well-being, and inform safe and effective care. The service did not demonstrate appropriate assessment and review by the physiotherapist for consumers who had experienced falls or had changes in their mobility. The Assessment Team found inconsistent information in care documentation regarding management of consumer risks.

The provider’s response to the Assessment Contact report provides additional information regarding changes to clinical governance and oversight that had occurred prior to the Assessment Contact. The service has reviewed the consumers identified in the Assessment Contact report to ensure care planning accurately and comprehensively considers risks associated with their care, and that this is used to inform care delivery. The service has implemented continuous improvement regarding assessment and planning including delegating responsibility and oversight to registered nurses, and review of assessments processes including for physiotherapy assessments.

While the service has made improvements to their clinical governance and clinical assessment processes, the information in the Assessment Contact report and in the provider’s response indicates these improvements are still underway and were not fully implemented at the time of the Assessment Contact. The service requires time to ensure improvements implemented are evaluated as effective in ensuring assessment and planning consistently considers risks to consumer’s health and well-being.

I find Requirement 2(3)(a) is not compliant.

Care documentation reviewed by the Assessment Team identified consumer’s current needs, and documentation for some consumers identified their preferences regarding care and service delivery. Most consumers and representatives interviewed confirmed they have been given the opportunity to discuss their consumer’s current needs, including advanced care or end of life planning goals and preferences. However, the Assessment Team found that goals for consumers were clinical and not individualised or identified by the consumer.

While the Assessment Team found goals and some preferences for consumers were not individualised or driven by the consumer, overall, assessment and planning identified and addressed consumer’s current needs, including advance care planning and end of life planning if the consumer wishes.

I find Requirement 2(3)(b) is compliant.

# 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

The Quality Standard is assessed as not compliant as two of the seven specific Requirements have been assessed as not compliant.

The service did not demonstrate best practice personal and clinical care, or the effective management of high impact and high prevalence risks, to ensure care provided to consumers is safe, effective, tailored to their needs, and optimising their health and well-being. Several consumers or representatives provided feedback to the Assessment Team that they were not satisfied with staff assistance for continence and hygiene care, or with nutrition and hydration needs. One consumer provided feedback that they were not satisfied with the service’s action in response to concerns they had raised regarding their skin integrity.

For consumers sampled who required time sensitive medications, the Assessment Team found all these consumers were not consistently receiving their medications within the directed timeframe, or some medication administration had been missed. Staff who administer medications did not demonstrate an understanding of time sensitive medications or the importance of receiving medication on time for consumers with specific health conditions. Service management had not identified the deficits in medication management for time sensitive medication through their clinical oversight or incident management processes.

The Assessment Team found clinical observations for fluid intake and temperature monitoring were not undertaken in line with directions for two consumers. The service had not appropriately investigated fall incidents for consumers to mitigate the risk of injury or further falls. However, for sampled consumers the service did demonstrate effective management of diabetes, wounds, behaviours, catheters, and colostomy care.

The provider’s response to the Assessment Contact report acknowledges the deficits in clinical care identified by the Assessment Team, and identifies continuous improvement action implemented in response. This includes increased accountability and oversight by registered nurses, improved processes for time sensitive medications, review of consumers identified in the Assessment Contact report, improvements to staffing and meals processes, and review of the service’s high impact and high prevalence risk register.

While the service has identified continuous improvement action in response to the Assessment Contact, these improvements are in the process of being fully implemented and require time to ensure they are effective in ensuring the delivery of best practice personal and clinical care and the management of high impact and high prevalence risks.

I find Requirement 3(3)(a) and Requirement 3(3)(b) are not compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the three specific Requirements has been assessed and found compliant.

The Assessment Team observed the service environment is safe, clean, well maintained, and comfortable, and the service environment generally enables consumers to move freely indoors and outdoors of the service. Consumers and most representatives interviewed provided feedback that the service environment is safe, well maintained, and comfortable. Consumers and representatives said their rooms and bathrooms are always clean.

The Assessment Team observed some outdoors areas were not clean or well maintained, including dirty and worn outdoor furniture. However, once this was raised by the Assessment Team the service took action to rectify this during the Assessment Contact. Representatives and consumers interviewed did not raise any concerns regarding the outdoor courtyards.

Overall, the service is safe, clean, and well maintained, and ensures consumers can move freely around the service environment. Information provided by management and observations of the outdoor areas at the end of the Assessment Contact identified the service is working towards improving the outdoor environment for consumers.

I find Requirement 5(3)(b) is 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

The Quality Standard is assessed as not compliant as one of the five specific Requirements has been assessed as not compliant.

Service management indicated there are organisational risk management systems and practices implemented at the service, which is underpinned by policy, to manage high impact and high prevalence risks, identify abuse and neglect of consumers and support consumers to live the best quality of life they can. However, the Assessment Team identified that whilst there are risk management systems in place, they were not consistently effective in identifying and managing risks associated with the care of consumers or managing and preventing incidents. Risk management systems were not effective to identify the risks associated with time sensitive medications, and that these were not being effectively managed for consumers at the service. The Assessment Team found limited evidence of recent formal reporting and documented meetings of the governing body to demonstrate oversight of risk management at the service.

The provider’s response and the Assessment Contact report identifies planned improvements to the risk management systems and practices at the service. This includes improved monitoring and oversight of high impact and high prevalence risks, improved documentation of Board communication, and monitoring of new or emerging high risk areas of care through regulatory bulletins and peak body communications.

While the service has identified continuous improvement action in response to the Assessment Contact, these improvements are in the process of being fully implemented and require time to ensure they are effective in managing high impact and high prevalence risks, and managing and preventing incidents.

I find Requirement 8(3)(d) is not 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)