Performance

Report

**1800 951 822**

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| Name: | McLean Care Mackellar Apex Campus |
| Commission ID: | 2773 |
| Address: | 2 Apex Road, GUNNEDAH, New South Wales, 2380 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 July 2024 |
| Performance report date: | 5 August 2024 |
| Service included in this assessment: | Provider: 2623 McLean Care Ltd  Service: 1128 McLean Care Mackellar Apex Campus |

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 McLean Care Mackellar Apex Campus (**the service**) has been prepared by M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 19 July 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirement were 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 service demonstrated appropriate policies and procedures to identify consumer risk(s) and to deliver effective care associated with these risks. The Assessment Team reported, however, deficits in management of high impact or high prevalence risks associated with clinical oversight of consumer wound management, behaviour management including chemical restrictive practice, catheter care management and potential choking risks. Management identified the service’s high impact high prevalence risks as behaviours, pressure injuries, continence and malnutrition. The Assessment Team reported a lack of timely identification of consumer pressure injuries and or wounds leading to delays in consumer wound management, and deficiencies in wound documentation leading to possible inaccuracies in identifying wound deterioration and optimising wound healing. Consumer behaviour management strategies were not personalised to the needs of individual consumers and, in some cases, staff relied on medication and the use of chemical restrictive practice for management and support of consumer behaviours. The Assessment Team reported that consumer catheter management was not well documented and was reactive to problems as they arise. In their response to the Assessment Contact Report, the Provider highlighted their compliance posture which focuses on exceeding the Aged Care Standards and is in line with their commitment to excellence in all aspects of service delivery. The Provider supplied their corrective action plan and demonstrated immediate review of all consumers to ensure no unidentified wounds were present or developing. Consumers with active wounds were reviewed by senior clinical staff to ensure current wound status is correctly recorded and that appropriate wound interventions are established. The service delivered education for clinical and care staff on wound identification and management via toolbox talks.

The service also administered immediate review of all consumer behaviour support plans to ensure personalised interventions are in place, and delivered related education for clinical and care staff. The service undertook immediate review of catheter care documentation and introduced focus auditing and weekly oversight of a newly developed catheter change calendar with oversight by the Facility Manager. The service also demonstrated immediate review of all consumer swallowing and dietary assessments, immediate clinical review of all consumers to ensure no immediate risk as a result of ineffective assessment and care planning processes or documentation. This included a clinical review of all consumers to ensure no immediate risk to consumers due to poor oversight of PRN medication administration. The service delivered staff education regarding PRN medication and associated documentation requirements, and introduced a daily PRN focus audit to track PRN administration and ensure appropriate follow up and documentation. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to effective management of high impact or high prevalence risks. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 3(3)(b).

The service demonstrated consumers who have experienced deterioration or a change in their cognition, function and or mental health have their needs recognised and responded to in a timely manner. The service administers an appropriate consumer deterioration procedure, which provides guidance to staff in relation to their responsibilities. Registered nursing staff liaise with clinical management as well as the consumer’s medical officer when a consumer’s condition deteriorates. The service consistently demonstrated that relevant communication and consultation with the consumer and their representative occurs when a consumer’s condition changes or deteriorates. The Assessment Team reported that consumer care planning documentation and progress notes appropriately and consistently reflect identification and response to consumer deterioration, including changes in function, capacity and or condition. As such, I find the service compliant in Requirement 3(3)(d).

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)