Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Meercroft Care |
| Commission ID: | 8788 |
| Address: | Clements Street, DEVONPORT, Tasmania, 7310 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 May 2024 |
| Performance report date: | 11 July 2024 |
| Service included in this assessment: | Provider: 1226 Meercroft Care Inc  Service: 5072 Meercroft 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 Meercroft Care (**the service**) has been prepared by G Harbrow, 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 28 June 2024

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Non Compliant |
| **Standard 7** Human resources | **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

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)(b)

* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer is aligned with best practice, with documented strategies that are clear, consistent, and reflective of current consumer experience.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Not Compliant |

Findings

The service was found previously not compliant in relation to Standard 3 Requirement (3)(b), with a subsequent unannounced Assessment Contact conducted in May 2024. I am satisfied based on the Assessment Team’s report and the Provider’s response that the service remains not compliant with Requirement 3(3)(b).

The Assessment Team found the service was unable to demonstrate an effective process to ensure consistent and effective assessment for, and management of, high impact or high prevalence risks associated with the care of each consumer. Identification and reporting of consumer risk by staff was not consistent, and consumer care needs and associated risks were not consistently and or effectively reviewed, and managed.

The Assessment Team report identified a consumer at risk of elder abuse with a document review indicating no risk assessment being completed nor a process to identify the potential of further abuse.

The Provider submitted a response (the response), including information to rectify inaccuracies identified in the Assessment Team Report. The response provided evidence of consumer assessment for and management of this risk commencing March 2024. The response provided an updated consumer behaviour support plan and associated assessment documents, showing strategies in place to further mitigate consumer risk.

The Assessment Team report identified consumer wounds are not always effectively assessed, reviewed and or managed, indicating one consumer had experienced wound deterioration without a referral being made to a wound specialist or medical officer. Clinical staff members confirmed no wound assessment had been completed for this consumer following subsequent development of a new wound, and the service management advised of being unaware of this consumer’s wounds.

The Provider submitted a response (the response), explaining incorrect documentation by staff in identifying the newly identified wound assessment during May 2024. Documentation was updated to reflect the correct wound assessment in June 2024. The response indicated a wound referral to, and review by, a specialist wound service following identification of the wound’s deterioration during the Site Audit. The response confirmed the service’s nursing staff to be previously and currently aware of this consumer’s wound.

I acknowledge the Provider’s response and the addressing of identified deficits. However, I have found wound management and assessment documentation inconsistent. Metrics were often omitted with no explanatory note documented. The updated wound management plan provided in the response is inconsistent with the treatment provided in the wound chart. While the response attributes this to noncompliance of the consumer, this has not been clearly identified in the consumer wound assessment and management plan, nor have the alternative treatment options currently being used. Without the provision of metrics or consistent use of a measurement tool, it is difficult to determine wound progress.

The Assessment Team report identified changed behaviour and associated risks were not effectively assessed and or managed. Behaviour support plans did not provide specific and personalised interventions for managing changed behaviour, with an example provided for one consumer, indicating in the event of changed behaviour being experienced, staff were to divert the consumer’s attention by providing reassurance. The Assessment Team were unable to identify an assessment occurring to determine potential triggers for this consumer to experience changed behaviour, with the consumer’s behaviour support plan suggesting attention seeking. Management said no referral to an external relevant specialist or service had been made.

The Provider submitted a response (the response), including an updated behaviour support plan for this consumer. The response indicated improvements made following the recent Site Audit to include a new behaviour support plan to be generated each time a consumer experiences changes in behaviour. The response confirmed referral to a specialist service had been made, providing evidence of input by a specialist team in January 2024. While I acknowledge this omission, a review of the consumers current behaviour support plan documents that no external services have been consulted.

The Assessment Team found the service did not manage falls effectively with no evidence to indicate assessment for potential causes of falls or consideration of risk mitigation for prevention of future falls for at least 2 consumers.

The Provider submitted a response (the response). The response indicated a review and update of individual consumer behaviour support and or assessments to reflect current care needs and care management strategies. The response indicated a decrease in the number of falls for one consumer since the implementation of these strategies, supported by a falls history graph.

The response indicated the service’s appropriate management of most of the concerns of the Assessment Team. However, a record of neurological observations included in the response, indicates the frequency of assessment not in accordance with best practice to identify associated risk following an unwitnessed fall. Nor is there an explanatory note indicating why some assessments were omitted.

I acknowledge Provider’s response including information to rectify inaccuracies identified in the Assessment Team Report, and I acknowledge the initial steps to address identified deficits. While the response provides an overview of the steps commenced to establish an improvement in practice for identified individuals, it does not address the processes resulting in a finding of not compliant.

With actions yet to be implemented, imbedded, and evaluated, I find the Requirement Not Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

The Assessment Team recommended this Requirement was not met. This was due to consumers, representatives and staff, indicating staffing levels were insufficient for the service to consistently provide timely, quality, and safe care and services. Interviewed consumers and representatives provided examples of rushed, impersonal and incomplete provision of personal care and services, and insufficient staff supervision of consumers experiencing changed behaviour. Interviewed staff confirmed workforce numbers were insufficient at times, impacting on their ability to deliver care and services in accordance with the assessed needs of consumers.

Management advised of processes in place to adjust the workforce skill and mix according to consumer need. Management explained strategies to manage unplanned leave to include staff commencing shifts early, and or completing shifts late. They explained staff skilled to work across multiple areas, could be redeployed to areas of need. Management advised of limited access to agency staff at short notice due to geographical location, however, confirmed booking agency staff for set periods of time. Management acknowledged challenges in recruitment and retention of staff across the workforce, however, said negotiations around recruitment initiatives were in progress and reported recent recruitment of staff.

The Assessment Team identified recent management meeting minutes, and a workforce plan evidencing strategies being considered to mitigate workforce risks. These strategies included provision of accommodation for agency employed staff, and the investigating recruitment of oversees staff.

The Assessment Team report identified a consumer’s representative reporting ineffective meeting of a consumer’s hygiene needs due to inadequate staffing. It identifies representatives advising of no response to the call bell when requesting assistance, and the representative’s subsequent attendance to a consumer requiring continence care. The Assessment Team report identified other consumer representatives dissatisfied with the level of attention provided consumers due to time limitations, resulting in changes to a consumer’s condition going unnoticed, or meaningful activities omitted.

The Assessment Team report identified staff voicing concerns about inadequate staff numbers being available to provide effective assistance and supervision for consumers and the associated potential risks of consumers experiencing incontinence and or falling.

The Assessment Team report includes call bell response data inclusive of a period the service was experiencing a COVID outbreak. While it is expected consumers continue to receive ongoing safe and quality care and services, during periods of outbreak, I acknowledge this data may not be an accurate reflection of service care provision at that time.

The Provider submitted a response (the response), acknowledging the service staffing levels in need of review, and indicated recent and ongoing discussions about recruitment at board level. The response informed that while all rostered shifts are filled at time of roster publication, the service does not have access to agency staff to back fill unplanned absences such as sick leave for the same day. The response provided further information regarding ongoing recruitment of overseas staff indicating interviews for new staff currently in progress. The response confirmed the service as meeting the industry required care minute targets.

The response addressed the individual concerns of consumers and representatives and described call bell monitoring practices to ensure consumer needs were met in a timely fashion, such as reviewing call bell reports for delays and appropriate follow up with staff.

The responses provided by consumers and representative and staff interviews are compelling and relevant and have been taken into consideration. However, based on the information available to me, I have been unable to determine documented or observed consumer impact resulting from insufficient staffing levels to confirm these concerns.

I have considered the service’s processes to manage unplanned leave, and the recruitment plans and strategies identified in the Assessment Team report. Along with current and ongoing plans for recruitment indicated in the response.

With consideration to the information available to me and the Provider’s response, I have come to a different view to the Assessment Team. I am satisfied that the service complies with this Requirement.

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)