Performance

Report

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| Name of service: | MercyCare Kelmscott |
| Service address: | 89 Clifton Street KELMSCOTT WA 6111 |
| Commission ID: | 7245 |
| Approved provider: | Mercy Human Services Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 12 October 2022 |
| Performance report date: | 24 November 2022 |

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 MercyCare Kelmscott (**the service**) has been prepared by J Renna, 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, 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 8 November 2022; and
* the performance report dated 23 May 2022 in relation to a Site Audit undertaken from 12 April 2022 to 14 April 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **Non-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.

**Standard 2 Requirement (3)(e)**

* Ensure staff have the skills and knowledge to initiate assessments and update care plans where changes to consumers’ health are identified or when incidents occur.
* Ensure consumer care plans are updated and are in line with legislative requirements, and are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures, and guidelines in relation to assessment, care planning and review.

**Standard 3 Requirements (3)(a) and (3)(b)**

* Ensure staff have the skills and knowledge to:
  + provide best practice wound care, including undertaking measurements and recording to facilitate effective wound monitoring;
  + undertake pain monitoring, particularly when a change in medication has occurred;
  + understand and follow Medical officer directives, including in relation to monitoring of consumers and diabetes management;
  + undertake post fall management and observations in line with the organisation’s processes; and
  + understand consumers’ nutritional needs, and monitor and take appropriate action in relation to weight loss.
* Ensure policies, procedures and guidelines in relation to best practice care delivery, and management of high impact or high prevalence clinical risks, are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures, and guidelines in relation to best practice care delivery, and management of high impact or high prevalence clinical risks.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

Requirement (3)(e) was found non-compliant following a Site Audit undertaken from 12 April 2022 to 14 April 2022, where it was found the service was unable to demonstrate care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer. Specifically, care and service plan reviews were not undertaken in response to new wounds or changes in fluid intake/output, treatment plans for resolved wounds had not been closed out, and changes to catheter management and medication self-administration preferences were not reflected in care plans.

The Assessment Team’s report for the Assessment Contact conducted on 12 October 2022 did not include evidence of actions taken by the service in response to the previous non-compliance. However, the Assessment Team was not satisfied the service demonstrated care and service plans are consistently reviewed or updated when consumers’ condition changes. The Assessment Team provided the following evidence relevant to my finding:

Consumer A

* Did not have a care plan relating to a wound on their foot.
* A sleep assessment was not undertaken, despite being requested by a Nurse practitioner.
* Recommendations from a Speech pathologist have not been documented to inform care delivery.

Consumer B

* The consumer’s change in skin integrity was not reviewed on return from hospital, despite staff knowing three new wounds had developed. The consumer returned from hospital on 11 October 2022.

Consumer C

* Despite staff reporting redness to Consumer C’s skin on return from hospital, a skin and wound assessment was not completed. The consumer’s change in skin integrity subsequently aggravated and increased in size.
* Consumer C’s medication chart was not updated to reflect hospital recommendations to halve large tablets, in response to changes in their swallowing.
* The consumer was not reviewed by a Physiotherapist following a fall and their care plan was not updated to reflect changes in their mobility/transfer status.
* Their pain was not assessed, despite complaining of pain.

The provider did not agree with the Assessment Team’s findings. The provider’s response includes information and evidence to refute the Assessment Team’s assertions, which includes, but is not limited to:

Consumer A

* Explanation that a review was undertaken following identification of a wound on Consumer A’s foot. Further reviews have occurred, and wound healing is noted. The response did not include any evidence to support this assertion.
* Explanation that sleep charting was included as part of ongoing observations. A sleep charting review has been undertaken, with further non-pharmacological interventions added. The consumer reported they are sleeping ok, and staff are attentive if they are having trouble sleeping. The response did not include any evidence to support these assertions.
* Progress notes demonstrating recommendations from a Speech pathologist were documented to inform care delivery.

Consumer B

* Physical health assessment and progress notes demonstrating the consumer’s change in skin integrity was reviewed on 12 October 2022 following development of three new wounds.

Consumer C

* Progress notes demonstrating on return from hospital, assessments were undertaken in relation to pressure injury risk, skin integrity, meal and drinks, and referrals were made to the Occupational therapist, Physiotherapist and Speech pathologist.
* Progress notes demonstrating upon identification of reddened skin, appropriate treatment was provided, including barrier cream and implementation of four-hourly repositioning.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, the service did not demonstrate care and services are reviewed when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

I acknowledge that care and service reviews may have been undertaken for Consumers A and C, however, the intent of the Requirement also expects care and service plans are up to date and meet consumers’ current needs, goals and preferences. I find the service did not meet this expectation, as their care plans did not include details of their wound, outcomes of Speech pathologist review, hospital discharge recommendations and changes in mobility/transfer status.

I have also considered that a sleep assessment was not undertaken for Consumer A, despite being requested by a Nurse practitioner. While the provider maintains sleep monitoring was occurring and a charting review was undertaken, no evidence was provided to support this assertion.

In relation to Consumer B, I have considered the consumer returned from hospital the evening prior to the Assessment Contact and I have placed weight on evidence in the provider’s response demonstrating the consumer’s change in skin integrity was reviewed the next day.

I have placed weight on evidence in the provider’s response demonstrating Consumer C’s skin integrity and pressure injury risk was assessed following identification of redness to their skin, and arrangements were made for a Physiotherapist review when they returned from hospital following a fall. However, I have considered that the consumer’s pain was not assessed despite complaints of pain.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

Requirements (3)(a) and (3)(b) were found non-compliant following a Site Audit undertaken from 12 April 2022 to 14 April 2022, where it was found the service was unable to demonstrate:

* each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to pain, catheter or bowel management, and fluid monitoring; and
* effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to catheter care and medication.

The Assessment Team’s report for the Assessment Contact conducted on 12 October 2022 did not include evidence of actions taken by the service in response to the previous non-compliance, and the Assessment Team has recommended the service does not meet Requirements (3)(a) and (3)(b). The Assessment Team provided the following evidence relevant to my finding:

Requirement (3)(a)

* Consumers A, D and E did not receive wound care in line with best practice guidelines. Monitoring of the wound during care treatment, including measurement and description of the wounds, was not completed to ensure safe and effective wound care.
* The effectiveness of Consumer A’s changed pain medication was not monitored.
* Sleep monitoring following a change in psychotropic medication did not occur and a Medical officer was not contacted when Consumer A’s blood glucose levels (BGLs) were out of range for three days, in line with Medical officer directives.
* Consumer C’s pain was not effectively monitored following discharge from hospital to ensure safe and effective clinical care. Pain management provided was reactive and the effectiveness of pain monitoring was not undertaken, in line with Medical officer directives.
* Information in the Assessment Team’s report under Requirement (3)(b) in this Standard indicates post falls management procedures were not followed for Consumer C, which places them at further risk of injury. Following the unwitnessed fall, the consumer was transferred to their bed and while vital observations were undertaken, neurological observations were not. The consumer was subsequently transferred to hospital and received surgical interventions for a fracture.

The provider did not agree with the Assessment Team’s findings. The provider’s response includes information and evidence to refute the Assessment Team’s assertions, which includes, but is not limited to:

* Explanation that one of Consumer A’s wounds was reviewed and is showing positive signs of healing. Additionally, Consumer A’s other wound has been reviewed and treatment plans have been implemented. No evidence was provided to support these assertions.
* Explanation that sleep charting was included as part of Consumer A’s ongoing observations. The response did not include any evidence to support these assertions.
* Acknowledgement that the agency staff member who attended to Consumer C following a fall did not adhere to organisational policy or procedure. The nursing agency has been contacted and a performance improvement plan has commenced. The agency staff member is not returning to the service until they have been deemed competent. No evidence was provided to demonstrate this occurred.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, the service did not demonstrate each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being.

I have considered that best practice wound care was not undertaken in relation to three consumers’ wounds, as measurements and descriptions were not completed to enable effective wound monitoring to occur. While the provider asserts that one of the three consumer wounds were reviewed, there was no evidence to support that this review included documentation of wound measurement and description.

I have also considered that two consumers’ changed pain medication was not monitored to ensure it was effective and meets their needs.

In relation to Consumer A, I have considered that sleep monitoring did not occur following a change in psychotropic medication, as requested by a Medical officer. While the provider maintains sleep charting was included as part of Consumer A’s ongoing observations, no evidence was provided to support this assertion. I have also considered that the consumer’s BGLs were out of range for three days and the Medical officer was not contacted, in line with Medical officer directives.

In relation to Consumer C, I have considered that staff did not provide best practice post fall care, as neurological observations were not undertaken in line with the organisation’s processes. While the provider’s response states action was taken to address agency staff competency, there was no evidence provided to support this assertion.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

Requirement (3)(b)

* Wounds for Consumers A, D and E were not treated in line with their care plans (where available), resulting in poor skin health and further wound deterioration.
* Four consumers’ pain was not monitored to ensure pain interventions were effective. When analgesia for pain had changed, the effectiveness of the change was not evaluated.
  + Consumer A told the Assessment Team they had pain during the morning. They were observed walking around the environment during the afternoon and confirmed their pain was now stable.
  + Charting did not consistently occur following Consumer C’s return from hospital, despite progress notes indicating they were in pain. The day after the consumer returned from hospital, they were reviewed by a Medical officer who prescribed pain relief medication. Progress notes indicate pain relief was administered following identification of pain.
  + No charting of Consumer E’s pain occurred despite having a stage three pressure injury.
  + No charting of Consumer F’s pain whilst eating occurred despite having a severe infection in their gums.
* Three consumers were not receiving their nutritional supplements in line with Dietitian directives.
  + Documents show Consumer D is eight kilograms under her health weight parameters. The nutritional supplements are not listed on their medication profile for regular administration, and staff said they do not provide it to the consumer.
  + Records show, and staff confirmed, Consumer E is not receiving their thrice-daily nutritional supplement. The consumer has no parameters regarding her healthy weight range and records show her weight is stable.
  + Records show Consumer F has lost three kilograms in three months and their care plan says they need to have nutritional supplements twice-daily, however, there is no evidence this is occurring.
* Post falls management procedures were not followed for Consumer C, which places them at further risk of injury. Following the unwitnessed fall, the consumer was transferred to their bed and while vital observations were undertaken, neurological observations were not. The consumer was subsequently transferred to hospital and received surgical interventions for a fracture.

The provider did not agree with the Assessment Team’s findings. The provider’s response includes information and evidence to refute the Assessment Team’s assertions, which includes, but is not limited to:

* Explanation that one of Consumer A’s wounds was reviewed and is showing positive signs of healing. Additionally, Consumer A’s other wound has been reviewed and treatment plans have been implemented. No evidence was provided to support these assertions.
* Explanation that Consumer D’s wounds have been reviewed. No evidence was provided to support these assertions.
* Explanation that Consumer E’s wounds are chronic and difficult to heal. When deterioration is identified or healing is not progressing as expected, a Medical officer and specialist review is sought. No evidence was provided to support these assertions.
* Progress notes to demonstrate Consumer D receives milkshakes three times per day. Explanation that the consumer is currently within their weight parameter, however, no evidence was provided to support this. The most recent progress note included in the provider’s response indicates the consumer is six kilograms below their weight parameter.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, the service did not demonstrate high impact or high prevalence risks associated with the care of each consumer have been effectively managed.

I have considered that three consumers did not receive wound treatment in line with their assessed need, which has resulted in poor skin health and further wound deterioration.

In relation to pain, while the evidence indicates areas for improvement relating to pain charting, I have considered there is no evidence indicating consumers’ pain was unmanaged.

I have considered that three consumers did not receive nutritional supplements in line with Dietitian directives, and documentation shows two of the three consumers are experiencing weight loss. While the provider asserts one of the three consumers was within their weight range and had been receiving their nutritional supplements, there was no evidence provided to support these assertions.

I have considered that the service’s failure to undertake neurological observations following an unwitnessed fall indicates best practice care was not provided, rather than ineffective risk management. Additionally, while the consumer required surgical interventions for a fracture, there was no evidence indicating a head injury had occurred. I have therefore considered this evidence in my finding for Requirement (3)(a) in this Standard.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

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)