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: | 21 August 2023 |
| Performance report date: | 5 October 2023 |

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 A. Kasyan, 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 5 September 2023;
* the Performance report dated 20 February 2022 for the Assessment Contact – Site undertaken on 12 October 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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 3 Requirement 3(3)(b)** Ensure each consumer’s high impact and high prevalence risks are managed effectively including in relation to chemical restraint that must only be used as a last resort for the shortest period of time to prevent harm to the consumer.
* Ensure high impact risks associated with chemical restraint are managed in line with best practice guidelines by exploring non-pharmacological approaches which are recommended as first-line strategies for managing changed behaviours in consumers living with dementia.

# 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. | Compliant |

Findings

Requirement 2(3)(e) was found non-compliant following an Assessment Contact undertaken on 12 October 2022 and prior to that, following a Site Audit conducted from 12 to 14 April 2022.

The service has since provided training for all clinical and care staff on how to document and update care plans.

At the assessment contact, the assessment team found care plans are reviewed and updated annually and when required which was evident in reviewed progress notes, care plan updates and referrals.

Incidents reports and follow up actions demonstrated consumers’ care and services are reviewed and necessary adjustments to the care plans are made in a timely manner.

Staff interviews demonstrated a good understanding of the importance of regular care plan reviews and the ability to recognise when circumstances change. Clinical staff demonstrated their knowledge of the processes for updating care plans in response to these changes.

Based on the evidence summarised above, I find Requirement 2(3)(e) 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. | 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(3)(a) and 3(3)(b) were found non-compliant following an Assessment Contact undertaken on 12 October 2022 and prior to that, following a Site Audit conducted from 12 to 14 April 2022.

The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The service has provided staff with training in wound care, pain management and swallowing difficulties.
* All clinical staff have reviewed the organisation policies and procedures in relation to clinical care delivery and best practice care guidelines.
* The service has implemented a High-Risk Register. Consumers have risk identified on the handover sheet to alert staff. These risks include pressure and skin integrity, smoking, increased falls and allergies.

At this Assessment Contact, the assessment team have recommended Requirement 3(3)(a) as Met and Requirement 3(3)(b) as Not Met.

I have provided reasons for my findings in relation to the above requirements below, including consideration of evidence and information provided by both the assessment team and the provider.

**Requirement (3)(a)**

The assessment team found consumers receive personal and clinical care in line with the individualised care plans. Consumers and representatives expressed their satisfaction with personal and clinical care and described how it improves the consumers’ health and well-being.

A review of documentation for the sampled consumers including care plans, monitoring charts, incident reports, medication charts and progress notes shows clinical care is provided in line with the organisation’s policies and procedures and the consumers’ care plans. This includes management of wounds, infections, nutrition and hydration and pain. The organisation’s policies and procedures refer to current best practice and are readily available to staff.

Based on the evidence summarised above, I find Requirement 3(3)(a) compliant.

**Requirement 3(3)(b)**

The assessment team found the service does not effectively manage high-impact risks associated with the care of each consumer, specifically in relation to chemical restraint.

The assessment team found where chemical restraint was used for management of consumers’ changed behaviours, the service did not ensure all necessary steps are taken to minimise risks associated with its use, in line with best practice guidelines and legislative requirements. A review of three consumer files and interviews showed the following:

* Three sampled consumers’ files did not evidence an informed consent has been obtained from the consumer or their substitute decision-maker. When asked, the representatives said they were not provided with comprehensive information about the use of medications for restraint purposes.
* Documentation showed chemical restraint is used for extended periods, over a year, without evidence of efforts to cease the restraint and to explore alternatives.
* There is no evaluation of the effectiveness of the increase in chemical restraint which was evident in one of the reviewed files.
* One of the sampled consumers’ care plans was generic and did not include guidance to staff on specific person-centred interventions that have been evaluated and are effective in how to reduce the consumer’s changed behaviours.

The provider disagrees with the recommendation of Not Met and includes additional information in relation to the three consumers mentioned in the assessment team’s report, including behaviours and activity charts, consent forms, referrals to Dementia Services Australia, a general practitioner progress notes, case conference records, medication profile and hospital discharge letter.

After reviewing the evidence and information presented in the assessment team’s report and the provider’s response, I find Requirement 3(3)(b) non-compliant.

I find the organisation does not effectively manage high impact risks associated with the care of consumers who are administered chemical restraint because these are not used for as short a time as possible and when chemical restraint is increased, the service does not explore non-pharmacological approaches which are recommended as first-line strategies for managing changed behaviours in consumers living with dementia.

In coming to my finding, I have relied upon information in relation to two consumers described in the assessment team report who were prescribed chemical restraint to manage verbal aggression and calling out.

In relation to the first consumer:

* The provider states the first consumer mentioned in the assessment team’s report is reviewed by their treating general practitioner or nurse practitioner frequently and during review the consumer’s progress notes and behaviour charts are reviewed to identify and evaluate the use of psychotropic medications.
* However, evidence attached to the provider’s response shows, the consumer’s regular antipsychotic medication dose was increased two-fold prior to the service taking actions to explore non-pharmacological strategies to manage the consumer’s verbal aggression. A referral to Dementia Services Australia, who provides specialist services to better understand the reasons for changes in behaviour and how to manage them, was sent 7 days after the increase in chemical restraint. Furthermore, a behaviour charting does not show an increase in changed behaviours prior to the increase in chemical restraint dosage and does not show implementation of person-centred strategies which are recommended as first-line strategies for managing changed behaviours.
* Finally, the assessment team found there was no evaluation of the effectiveness of the increase in chemical restraint for this consumer and the provider’s response does not provide evidence to support their assertion that the evaluation of the effectiveness has taken place. Lack of person-centred strategies was confirmed by the assessment team’s finding that the consumer’s care plan was generic which the provider did not respond to.

In relation to the second consumer:

* In response to the information about a prolonged use (for over a year) of the chemical restraint which was commenced at the hospital prior to the consumer’s entry into the service, the provider responded by stating that the consumer continues to display socially inappropriate verbal behaviours towards staff and other consumers at least weekly. Additionally, the consumer’s general practitioner and their representatives see benefit in the continuation of the psychotropic medication used as a chemical restraint. Whilst the provider states the chemical restraint benefits the consumer, the provider does not include supporting evidence to show how these benefits of the chemical restraint were assessed.
* In addition, the provider’s response does not demonstrate the antipsychotic medication commenced at the hospital to manage the consumer’s calling out was reviewed to assess its ongoing necessity and effectiveness. Since the provider states the consumer continues to display socially inappropriate behaviours, it is reasonable to suggest that the medication is not achieving its intended purpose.

In relation to informed consent:

* Whilst the provider’s response includes copies of Restrictive Practice Consent Forms, Psychotropic Medication Form and hospital discharge summaries, these do not include records demonstrating a consumer or their substitute-decision maker was informed about the medication’s use, potential risks and alternatives, and that their consent was obtained. In addition, the representatives said at the assessment contact they have not been provided sufficient information about chemical restraint. However, I have not considered this evidence in coming to my finding in relation to this requirement because an appropriate authorisation and consent for the use of restraints in compliance with legislation is more relevant to Standard 8 Requirement 8(3)(e) and I encourage the provider to review their systems and processes in relation to this.

For the reasons detailed above, I find Requirement 3(3)(b) non-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)