MercyCare Rockingham

Performance Report

1 Tanby Place   
COOLOONGUP WA 6168  
Phone number: 08 9592 9500

**Commission ID:** 7218

**Provider name:** Mercy Human Services Limited

**Assessment Contact - Site date:** 3 May 2022 to 4 May 2022

**Date of Performance Report:** 22 June 2022

# Performance report prepared by

Marek Dubovinsky delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Contact - Site report received 25 May 2022; and
* the Performance report dated 27 July 2022 for the Site Audit undertaken from 10 May 2021 to 12 May 2021.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Requirement (3)(e) in Standard 1 Consumer dignity and choice. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(e) in this Standard was found non-compliant following a Site Audit undertaken from 10 May to 12 May 2021, as the service was not able to demonstrate information regarding chemical restraint was provided for two consumers to enable them to exercise choice. The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirement (3)(e) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

This Requirement was found non-compliant following a Site Audit undertaken from 10 May 2021 to 12 May 2021, as the service was not able to demonstrate information regarding chemical restraint was provided for two consumers to enable them to exercise choice. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Education to staff in relation to restrictive practices.
* An external consultant reviewed all consumers on psychotropic medications to determine if the medication was used as a form of restrictive practice.
* Clinical staff informed and sought consent from relevant representatives for consumers who were subject to a restrictive practice.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Four consumers interviewed said the service provides them with information to enable them to exercise choice and make informed decisions about their day-to-day activities and care
* Four care staff interviewed were able to describe the various ways they provide information to consumers, including having personal conversations, particularly where consumers may have literacy issues or difficulties understanding written communication.
* The Assessment Team observed a range of information displayed in the foyer and on noticeboards throughout the service.
* A review of care plans and relevant forms showed for consumers who are unable to make decisions around care and services, staff seek these choices from their families.
* The service provided documents showing choices offered to consumers, including the menu and activity program

Based on the information summarised above, I find Mercy Human Services Limited, in relation to MercyCare Rockingham, compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as non-compliant as two Requirements in this Standard have been found non-compliant. The Assessment Team assessed Requirement (3)(a) and (3)(d) in Standard 3 Personal care and clinical care.

Requirement (3)(d) in Standard 3 was found non-compliant following a Site Audit undertaken from 10 May 2021 to 12 May 2021 where it was found the service was not able to demonstrate deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner.

The Assessment Team recommended Requirements (3)(a) and (3)(d) not met. The Assessment Team were not satisfied the service demonstrated:

* Each consumer gets safe and effective personal and/or clinical care that is best practice; and is tailored to their needs; and optimises their health and well-being; and
* 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.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirements (3)(a) and (3)(d) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team were not satisfied the service was able to demonstrate each consumer gets safe and effective personal care and/or clinical care that is best practice; and is tailored to their needs; and optimises their health and well-being. Consumers did not receive effective clinical care in relation to management of wounds, pain, specialised nursing needs and behaviours of concern. This was evidenced by the following:

Consumer A

* The consumer sustained a fall approximately 2 weeks prior to the Assessment Contact. The discharge summary recommended to monitor for pain which was not undertaken.
* The consumer was identified with a pressure injury 2 days before the Assessment Contact. The consumer said they are experiencing pain resulting from the wound.
* Three care staff were not aware the consumer had a pressure injury.
* A pressure ulcer risk assessment was not completed or reviewed following the development of the pressure injury.

Consumer B

* The consumer displays physical and verbal behaviours.
* Recommendations made by a specialist service 5 weeks prior to the Site Audit have not been implemented.
* The representative was satisfied with the care and services being provided.
* Three care staff expressed difficulty in providing care and services for the consumer and how it impacted service delivery.

Consumer C

* The consumer is non-ambulant and is unable to communicate verbally. Four staff indicated the consumer has pain on movement when being attended.
* Care planning documentation does not show pain has been effectively addressed and reviewed with the most recent pain review completed approximately 11 months prior.
* Medication administration records indicate the consumer is not being administered medication to manage their pain.

Consumer D

* The consumer entered the service 4 months prior to the Assessment Contact and does not have a completed care plan.
* The consumer has specialised nursing care needs and a relevant assessment and plan has not been developed. Staff are not aware of how to manage the consumer’s specialised nursing care needs.
* The consumer’s care plan was completed during the Assessment Contact.

The provider’s response indicates they agree with the Assessment Team’s recommendation of not met. The following evidence was provided:

Consumer A

* Agreed with the evidence presented and the service will review their wound management program to ensure best practice.

Consumer B

* Agreed with the majority of the evidence and implemented a number of the recommendations made by the specialist service during and following the Assessment Contact.

Consumer C

* Agreed with the majority of the evidence, referred the consumer to the medical officer for review and implemented additional pain monitoring for the consumer. Indicated the service will provide further education and guidance to staff on pain management.

Consumer D

* Agreed with the majority of the evidence and that the care plan should have been completed at an earlier time which included the specialised nursing needs assessment and care plan.
* The service indicates they will implement additional monitoring processes to ensure the care plans are developed by the relevant time frame.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate each consumer gets safe and effective personal and/or clinical care that is best practice; and is tailored to their needs; and optimises their health and well-being. This specifically related management of consumers with pain, behaviours of concern, specialised nursing needs and wounds.

In relation to Consumer A, I find the service did not ensure the consumer’s pain and wounds were effectively managed. To support my view, I have noted the consumer expressed they were in pain, adequate pain monitoring was not completed and the consumer’s pressure ulcer risk assessment was not reviewed to support effective delivery of clinical care and wound management.

In relation to Consumer B, I find the service did not ensure personal and clinical care was tailored to the needs of the consumer as the recommendations made by the specialist service were not effectively communicated and implemented.

In relation to Consumer C, I find the service did not ensure clinical care optimised the consumer’s health and well-being. In coming to my finding, I have noted the feedback from staff in relation to the observations indicating the consumer was in pain when being provided personal care. In addition, I have noted the time since the most recent pain review to support my view of ineffective pain management with respect to the consumer’s comorbidities.

In relation to Consumer D, I find the service did not ensure clinical care was best practice. In coming to my finding, I have noted the consumer did not have a specialised nursing care plan and staff were not aware of how to manage the consumer’s specialised nursing care needs. In addition, I have noted the consumer did not have a care plan developed to support staff in providing personal and clinical care for the consumer.

Based on the information summarised above, I find Mercy Human Services Limited, in relation to MercyCare Rockingham, non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(d) Non-compliant

*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.*

This Requirement was found non-compliant following a Site Audit undertaken from 10 May 2021 to 12 May 2021. The service was not able to demonstrate 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. One consumer was not effectively monitored and showed signs of deterioration. A range of improvements have been implemented, including providing education to staff in relation to recognising and responding to deterioration.

At the Assessment Contact undertaken 3 May 2022 to 4 May 2022, the Assessment Team were not satisfied the service was able to demonstrate for two consumers, 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. This was evidenced by the following:

Consumer A

* The consumer has a complex medical history and their fluid intake and weight is regularly monitored and recorded by staff in light of the consumer’s medical condition. Two clinical staff were unable to describe why the service was recording the consumer’s weight daily and relevant weight parameters and appropriate fluid intake.
* The care plan did not contain relevant strategies or interventions to monitor for deterioration, shortness of breath or weight gain.
* In the month prior to the Assessment Contact, records showed the consumer experienced shortness of breath and was reviewed by the medical officer who noted to continue with current care.
* The Assessment Team viewed documentation which showed the consumer was experiencing shortness of breath in the days prior to and during the Assessment Contact, had subsequently gained weight and was transferred to hospital.
* A clinical staff member said the consumer was deteriorating during the last week prior to the Assessment Contact and was unable to describe monitoring that was implemented.

The provider’s response indicates the provider agreed with the evidence in the report. The response indicates following the Assessment Contact, the medical officer was contacted for further clarification in relation to managing the consumer’s shortness of breath, weight and fluid monitoring.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate 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.

In relation to Consumer A, I find the service did not effectively identify and monitor the consumer’s deterioration and shortness of breath. In coming to my finding, I have noted the consumer had an underlying medical issue and was having their weight and fluid intake monitored. However, staff were not aware of the relevant parameters and reportable ranges to identify if the consumer’s health had deteriorated. In addition, appropriate care planning and assessment had not been developed to support service delivery and guide staff practice in relation to managing the consumer’s shortness of breath. Finally, I have noted the staff feedback indicating the consumer was experiencing shortness of breath in the month prior to and during the Assessment Contact, which was not effectively monitored, and the consumer was subsequently transferred to hospital.

In addition, the Assessment Team presented information in this Requirement relating to a consumer’s wound management. I have considered this evidence with my finding for Requirement (3)(a).

Based on the information summarised above, I find Mercy Human Services Limited, in relation to MercyCare Rockingham, non-compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as non-compliant as one Requirement in this Standard was assessed as non-compliant. The Assessment Team assessed Requirements (3)(a) and (3)(c) in Standard 7 Human resources.

Requirement (3)(c) in Standard 7 was found non-compliant following a Site Audit undertaken from 10 May 2021 to 12 May 2021 where it was found the service was not able to demonstrate staff had the knowledge and skills in relation to minimising chemical restraint.

At the Assessment Contact undertaken from the 3 May 2022 to 4 May 2022, the Assessment Team recommended Requirement (3)(c) not met. The Assessment Team were not satisfied the service demonstrated staff have the relevant skills and knowledge in relation to minimising the use of restraint. In addition staff did not have the skills and knowledge in relation to ensuring personal and clinical care was assessed and planned for to support the delivery of personal and clinical care.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) and non-compliant with Requirement (3)(c) in Standard 7 Human resources. I have provided reasons for my finding under the specific Requirements below.

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Five consumers and 3 representatives interviewed were overall satisfied with the sufficiency of staffing.
* Four staff said staffing levels were adequate to meet the needs and preferences of the consumer.
* A review of the rosters showed most vacant shifts were filled by existing staff nominating to cover a shift or through use of labour hire staff.
* Records show the service monitors call bell response times to identify opportunities for improvement.

Based on the information summarised above, I find Mercy Human Services Limited, in relation to MercyCare Rockingham, compliant with Requirement (3)(a) in Standard 7 Human resources.

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

This Requirement was found non-compliant following a Site Audit undertaken from 10 May 2021 to 12 May 2021. The service was not able to demonstrate staff have the knowledge and skills in relation to minimising chemical restraint. A range of improvements have been implemented, including providing education to staff in relation to restrictive practices and recognising and reporting consumer deterioration.

At the Assessment Contact undertaken from the 3 May 2022 to 4 May 2022, the Assessment Team were not satisfied the service was able to demonstrate staff have the relevant skills and knowledge in relation to minimising the use of restraint or ensuring personal and clinical care was assessed and planned for to support delivery of personal and clinical care. This was evidenced by the following:

* One consumer did not have a care plan completed despite entering the service approximately 3 months prior. In addition, the consumer did not have a specialised nursing needs assessment and management plan.
* One consumer experienced a wound and staff did not review the consumer’s pressure ulcer risk rating and monitor the consumer’s pain as directed.
* One consumer was not effectively monitored during their deterioration and staff were not aware of strategies to monitor and manage the consumer’s medical condition.
* One consumer, who displayed behaviours of concern, did not have relevant recommendations implemented as directed by a specialist service.
* Two consumers were being administered psychotropic medication which was not considered by the service as a restrictive practice. Representatives of both consumers had been informed of the risks. The clinical nurse did not consider the two consumers as being chemically restrained. Records showed for one of the consumers, the medication administered was not reviewed for effectiveness on 3 occasions within the last 2 two months following administration. A restrictive practices report did not identify the 2 consumers as being chemically restrained. During the Assessment Contact, the manager informed relevant staff and medical officers in relation to obtaining consent for the restrictive practice.

The provider’s response indicates they agree with the Assessment Team’s recommendation of not met. The following evidence was provided:

* Consumers identified in the Assessment Team’s report have had the relevant issues addressed.
* A range of processes were reviewed, including in relation wound management and restrictive practices, and education was provided to staff on a range of topics, including pain and completing care plans.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate the workforce is competent and the members of the workforce have the skills and knowledge to effectively perform their roles, specifically in relation to minimisation of chemical restraint and management of wounds, pain, behaviours of concern and monitoring of consumers who are at risk of deteriorating.

In coming to my finding, I have considered the deficits identified in Standard 3 Requirements (3)(a) and (3)(d), specifically in relation to staff not having the knowledge and skills in relation to management of wounds, pain, behaviours of concern and monitoring of consumers who are at risk of deterioration. In addition, I have noted deficits in relation to recognising and minimising chemical restraint to support my view in my finding.

Based on the information summarised above, I find Mercy Human Services Limited, in relation to MercyCare Rockingham, non-compliant with Requirement (3)(c) in Standard 7 Human resources.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

## The Assessment Team assessed Requirement (3)(c) in Standard 8 Organisational governance. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(c) in Standard 8 was found non-compliant following a Site Audit undertaken from 10 May 2021 to 12 May 2021. The service was not able to demonstrate effective governance systems, specifically in relation to regulatory compliance with the *Quality of Care Principles 2014* and chemical restraint.

At the Assessment Contact undertaken from the 3 May 2022 to 4 May 2022, the Assessment Team recommended Requirement (3)(c) not met. The Assessment Team were not satisfied the organisation was able to demonstrate effective organisation wide governance systems relating to regulatory compliance in relation to the *Quality of Care Principles 2014* and chemical restraint.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and have come to a different view and find the service compliant with Requirement (3)(c). I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

This Requirement was found non-compliant following a Site Audit undertaken from 10 May 2021 to 12 May 2021. The service was not able to demonstrate effective governance systems, specifically in relation to regulatory compliance with the *Quality of Care Principles 2014* and chemical restraint. A range of improvements have been implemented which included:

* Education to staff on psychotropic medications.
* Implementation of a psychotropic medication and restraint register.
* Review of the organisation’s restrictive practice policy and procedure.

During the Assessment Contact undertaken from 10 May 2021 to 12 May 2021, the Assessment Team were not satisfied the organisation was able to demonstrate effective organisation wide governance systems relating to regulatory compliance in relation to the *Quality of Care Principles 2014* and chemical restraint. However, the Assessment Team were satisfied the organisation has effective organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance and feedback and complaints. This was evidenced by the following:

* In relation to regulatory compliance, whilst the service has access to a policy and processes to guide regulatory compliance with the *Quality of Care Principles 2014* in relation to chemical restraint, the service did not demonstrate this was effectively followed for 2 consumers. The organisation did not demonstrate relevant consents were undertaken or alternative strategies were trialled prior to administration of the chemical restraint medication.
* In relation to information management, the service has organisational systems to ensure information is provided to consumers, representatives and staff. The organisation has controlled document forms, policies and procedures and other information accessible to staff, such as duty statements, notifications and educating platforms. The organisation also has relevant policies and procedures about privacy and information management.
* In relation to continuous improvement, the plan reviewed by the Assessment Team showed the service logs continuous improvements through feedback systems, consumer focus meetings, staff meetings, audits and clinical indicators and incidents.
* In relation to financial governance, processes support the management of financial planning and expenditure. The Board monitors financial expenditure monthly.
* In relation to feedback and complaints, complaints and feedback are reported monthly to the organisation, trends are identified and continuous improvement and/or corrective actions are implemented where required.

The provider’s response indicates they agree with the Assessment Team’s recommendation of not met. No new information was provided in relation to the deficits identified by the Assessment Team.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the organisation was able to demonstrate effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

In coming to my finding of compliance, I have considered the totality of evidence presented by the Assessment Team and whilst I acknowledge deficits in relation to staff adherence with the *Quality of Care Principles 2014* in relation to chemical restraint, I have considered the core deficits lie in staff competence and application of the legislation which has been reflected in my finding for Standard 7 Requirement (3)(c). In addition, I have noted the organisation had updated their policies and procedures in response to the changes in legislation which confirms my view that the service has process to identify and respond to changes in legislation.

Based on the information summarised above, I find Mercy Human Services Limited, in relation to MercyCare Rockingham, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

# 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)(a)**

* Review policies and procedures in relation to personal and clinical care with a focus on the management of pain, wounds, specialised nursing needs and management of behaviours of concern.
* Ensure staff are provided relevant training to deliver effective management of consumers with specialised nursing needs, pain, behaviours of concern and wounds.

**Standard 3 Requirement (3)(d)**

* Review policies and procedures in relation to personal and clinical care with a focus on identifying and managing consumers who are at risk of deterioration.
* Ensure staff are aware of consumers who have specified monitoring recommendations to manage their medical condition, such as for consumers who are on fluid restrictions or regular weighs.

**Standard 7 Requirement (3)(c)**

* Ensure staff are aware of their roles and responsibilities and have the skills and knowledge to deliver personal and clinical care, specifically in relation to management of specialised nursing needs, pain, behaviours of concern and wounds. In addition, ensure staff are provided relevant support to ensure they are able to identify restrictive practices, in particular chemical restraint, in accordance with legislative requirements.