Performance

Report

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| Name of service: | Merrimac Park Private Care |
| Service address: | 50-52 Macadie Way MERRIMAC QLD 4226 |
| Commission ID: | 5746 |
| Approved provider: | Superior Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 June 2023 to 15 June 2023 |
| Performance report date: | 06 July 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 Merrimac Park Private Care (**the service**) has been prepared by K. Reed, 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 05 July 2023
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

* Consumers are to receive safe and effective clinical care.
* Information needs to be documented in care plans to guide staff practice to the care needs of consumers.
* The workforce needs to be sufficient to deliver and manage safe and quality care and services.

# 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)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |

Findings

Requirement 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

Most consumers provided feedback the service provided care that suits their needs. Care documentation did not support consumers were receiving care that was best practice to optimise consumers’ health and well-being. Staff did not have a shared understanding of consumers’ needs.

For one named consumer who required a catheter, they stated they have had to wait for an hour for their catheter to be flushed and reviewed by a registered nurse after experiencing some blood clotting. Directives were included in the consumer’s care plan for hourly monitoring of urinary output to ensure adequate output of urine. Hourly monitoring of the consumer’s urinary output did not occur between 10 and 13 June 2023. The catheter required flushing due to blood clots between 13 to 15 June 2023. Clinical observations were not recorded for the consumer at the time blood clots were noted in their urine. The consumer was not referred to a medical officer after blood clots were noted in their urine and their catheter became blocked.

Following feedback to clinical staff by the Assessment Team in relation to the consumer and their catheter management, assurances were provided that clinical monitoring would occur, and the consumer would be referred to the medical officer. On 14 June 2023, the representatives of the consumer and the consumer themselves raised further concerns about the amount of blood clots forming in the consumer’s urine. Inconsistent monitoring of the consumer’s observations occurred despite assurances by clinical staff this would occur. The consumer was noted to be pale, drowsy, and struggling to talk on 15 June 2023. Clinical observations were taken which were noted to be outside normal limits and the consumer was transferred to hospital.

The clinical care and monitoring of this consumer was not safe or effective and the consumer sustained negative outcomes because of this poor care. The Approved provider in its response has not specifically addressed the deficits in care sustained by this consumer. A catheter care plan for the consumer was submitted as part of the response, the care plan does not contain directives for hourly monitoring of the consumer’s urinary output or what actions to take in the event of blood clots in the urine. The service’s plan for continuous improvement has actions relating to clinical observation, documentation and care plans including the implementation of flow charts, clinical staff provided with lanyards to support acute recognition of deterioration, and key clinical staff will monitor consumers at risk daily. I am unable to make a decision regarding the effectiveness of these actions.

For another named consumer who is at high risk of falling, had falls prevention strategies in place including head and knee protectors was observed to have these protection devices in place. The consumer has been assessed as able to self-propel in a wheelchair, and there have been four occasions in June 2023 where the consumer has propelled their wheelchair into other consumers. Incident reports have not been completed for these incidents, and the incidents have not been analysed to determine if they are reportable to the Serious incident response scheme. Key clinical staff and the Physiotherapist stated they were unaware of these incidents.

The Approved provider in its response has not specifically addressed the concerns raised in the report in relation to this consumer and has attached the consumer’s behaviour support plan to the response. Self-propelling the wheelchair into other consumers has been noted and is a strategy to allow the consumer to self-propel their wheelchair as this allows the consumer ’to still enjoy some independence and freedom’. There are no strategies to ensure the safety of other consumer that are injured when the consumer is known to self-propel their wheelchair into other consumers. In relation to incidents not recorded or analysed, the service’s plan for continuous improvement indicates clinical management will review all incidents to determine if they are reportable. While the plan for continuous improvement has indicated this action has been completed, I am unable to evaluate the effectiveness of this action.

For a third named consumer who has a pressure injury on their buttocks and requires regular repositioning to manage the pain associated with the pressure injury. The consumer provided feedback staff do not reposition her frequently enough to relieve her pain and they ask to be taken to the toilet to ensure she is repositioned, and this was confirmed by an entry in the consumer’s care stated the consumer requests to go to the toilet four to five times daily. Repositioning records do not support the consumer was repositioned every four hours, these records were submitted as part of the Approved provider’s response and this confirmed information contained in the Assessment contact report. The Approved provider through the plan for continuous improvement that registered staff are to monitor all charts throughout the shift to ensure charts are appropriately filled. While the plan for continuous improvement has indicated this action has been completed, I am unable to evaluate the effectiveness of this action.

Based on the above information and the lack of information included in the Approved provider’s response related to the individual consumers and the deficits identified at the Assessment contact-site report, it is my decision this Requirement is Non-compliant as consumers have not received safe and effective clinical care.

**Requirement 3(3)(e) Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.**

Consumer care documentation did not demonstrate consumers’ condition, needs and preferences was documented in the consumer’s planning of care and communicated with staff where responsibility of care was shared. Staff described consumers’ care is not always planned for and discrepancies were present in consumers’ care documentation.

For one named consumer who experiences falls, propels their wheelchair into other consumers causing injury, their care planning contained no risk management strategies to reduce the risk of the consumer injuring other consumers with their wheelchair. The behaviour support plan submitted by the Approved provider in its response confirms a lack of preventative strategies to ensure the safety of other consumers when the consumer self-propels their wheelchair.

For another named consumer who recently had a catheter inserted in hospital, care planning does not contain instruction to guide staff in flushing the catheter and wound care documents do not support care for the previous stoma due to the former catheter. The Approved provider in its response to the Assessment contact report submitted the consumer’s catheter management plan which contains a lack of information relating to the risk of blood clots for the consumer.

Care staff provided feedback care planning was confusing for one named consumer in relation to the application of barrier cream to manage their incontinence. The Approved provider in its response submitted the consumer’s care plan which directs staff to apply moisturiser/ barrier cream regularly.

For a consumer who requires insulin to manage their diabetes, their diabetic management did not contain instructions to follow when their blood glucose levels were not within recommended ranges. The Approved provider in its response submitted a diabetic management plan with instruction completed by the medical officer on 30 June 2023 to manage the consumer’s diabetes.

Based on the information contained above it is my decision information relating to the care of consumers was not appropriately documented to guide staff and therefore it is my decision this Requirement is Non-compliant.

# Standard 7

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| 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. | Non-compliant |

Findings

The service did not demonstrate the workforce was able to deliver safe and quality care due to vacant senior clinical positions and a training coordinator. Consumers expressed concern with high numbers of inexperienced new staff and agency staff, and call bell response times. Some consumers waited for excessive periods for care and services to be provided when they used the call bell system. The Assessment Team observed this whilst interviewing consumers.

One named consumer stated they waited up to 30 minutes for staff to assist them to the toilet. The Assessment Team observed the consume to wait for 24 minutes for staff to attend their call bell request, staff then deactivated the call bell, said they would return, and returned to attend to the consumer 10 minutes later. This resulted in the consumer waiting 34 minutes for care to be delivered.

For a named consumer experiencing blood in their urine, the Assessment Team observed the consumer was not seen by a registered staff member for over ten minutes after care staff identified concerns with their catheter and went to seek a registered nurse. The Assessment Team provided feedback to management onsite who confirmed a registered nurse was assessing the consumer.

Observation made by the Assessment Team of the Memory support unit included four consumers self-propelling in their wheelchairs and a consumer laying sideways on their bed with continence aid overflowing with faecal matter.

Excessive call bell response times were not monitored or investigated by the service. A call bell response was requested by the Assessment Team which evidenced 67 instances of call bell response times exceeding 30 minutes between 1 June 2023 and 14 June 2023.

Following feedback onsite, management stated call bell response times will be monitored daily and raised at daily clinical meetings when they commence. Ongoing recruitment will continue, a Head of Care was to commence 19 June 2023and an additional Clinical Nurse Consultant was to commence 03 July 2023.

The Approved provider in its response has not specifically responded to the information regarding staffing in the Assessment Contact-site report, however, has sent attachments with their response. Attachments have included education attendance forms, a newsletter, contact details, a blank Head of Care Services Executive Report, advertisements for staff, a blank Heads of Department meeting minutes form, a roster, a training register, staff meeting minutes, a meeting and training schedule, Agency staff orientation checklist, and a buddy shift checklist. Without explanation, I am unable to interpret how these attachments support a workforce that delivers safe and effective care.

The Approved provider submitted a plan for continuous improvement with their response, actions relating to this requirement include the training calendar will be updated by 30 July 2023, monthly clinical audits have commenced, and staff have been notified a performance review calendar is in place.

It is my decision these actions do not support a sufficiently planned workforce to deliver safe and effective care, and therefore this Requirement is Non-compliant.

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)