Performance

Report

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| Name: | Miranda Aged Care Facility |
| Commission ID: | 2502 |
| Address: | 268 Port Hacking Road, MIRANDA, New South Wales, 2228 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 13 March 2024 to 14 March 2024 |
| Performance report date: | 30 April 2024 |
| Service included in this assessment: | Provider: 3229 Jesmond Aged Care Pty Ltd  Service: 879 Miranda Aged Care Facility |

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 reports.**

This performance report for Miranda Aged Care Facility (**the service**) has been prepared by G Cherry, 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 5 April 2024.
* Performance Report dated 27 September 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not 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.

* Requirement 2(3)(a) – implement an effective system to ensure assessments to identify/manage risks are conducted in a timely manner when consumers first enter the service, experience an incident and/or when changes occur. Ensure a monitoring system is effective in identifying/responding to irregularities.
* Requirement 3(3)(b) – implement an effective system to ensure management of high impact/prevalence risks associated each consumers’ care, in particular relating to management of incidents, restrictive practices, minimising use of psychotropic medications, timely medical officer/specialist review and adherence to subsequent directives. Ensure a monitoring system is effective in identifying/responding to irregularities.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, which are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |

Findings

Requirement 2(3)(a) - a decision of non-compliance made on 27 September 2023 followed an assessment contact on 20 August 2023. At an assessment contact on 13-14 March 2024 the provider advised of actions taken to address/remedy previous non-compliance, including review of assessment/care planning processes and creation of a new admission assessment checklist, weekly oversight by governance team, provision of staff education, implementation of risk management meetings for clinical staff, engagement of external consultant to identify consumer risk and review documentation plus implement a monitoring system to ensure consultation.

Most sampled consumers/representatives express positive feedback relating to care and services, however via interview and document review the assessment team bought forward evidence planned improvement activities are not effective in ensuring consumer’s needs are met (including consideration/management of risk). They note failure to undertake comprehensive assessments when consumers first enter the service, experience an incident or when changes occur. While Management explained the new monitoring process introduced as a method to improve assessment/care planning processes, the assessment team note multiple new consumers do not have risk assessments to guide staff in care delivery. As a result of lack of effective assessment to identify/consider risk, 2 consumers developed pressure injuries resulting in subsequent pain. Effective processes to assess/monitor/plan care ensuring psychotropic medication/restrictive practices are minimized, are not evident for 4 consumers. Reassessment did not occur for a consumer experiencing repetitive falls nor pain assessment conducted upon return from hospital. Limited assessment occurred for 2 consumers post fall resulting in pain. Management team members acknowledge skill deficiencies of registered nurses, describing planned measures for improvement.

In their response, the provider acknowledge evidence bought forward by the assessment team resulting in failure to undertake comprehensive assessments. They note actions to address this include implementing new assessment procedure (and accompanying policy/guidance requirements), reassessment of risk for all named consumers, implement a comprehensive staff education program and a planned program of ad-hoc auditing of documentation to monitoring adherence/ compliance. In addition, they advise recent engagement of a new medical officer to provide care and employment of a new nurse practitioner with experience in staff education. In consideration of compliance, while I note the providers recognition of continuing issues in relation to assessment/planning and their responsive actions I am swayed by the evidence bought forward by the team regarding lack of assessment to ensure consumers’ needs are met. I consider it will take some time for the provider to address issues of concern to attain compliance. I find requirement 2(3)(a) is non-compliant.

Requirement 2(3)(c) – Policy documents guide staff regarding required processes for partnering with consumers and others. However, 2 consumers express dissatisfaction of not participating in ongoing partnership regarding assessment, planning and review of care. Representatives consider while they have observed care plans they are not necessarily the nominated person responsible for decisions relating to consumer’s care. An effective process to ensure partnering with consumers and/or others in the assessment and planning process is not evident for all consumers as reviewed documents lack evidence of discussion, consultation, and partnership with consumers. The electronic document system details those who consumers wish to be involved in this process, however via consumer interview and document review the assessment team note the service involves consumer’s primary contacts/next of kin, not necessarily those as per consumer’s preference. Management acknowledge confusion exists in relation to who should be involved, resulting in recent staff education relating to substitute decision makers and planned changes to the electronic document system to enable clear directions.

In their response, while acknowledging consumer’s point of view, via investigation for named consumers they dispute some evidence bought forward by the assessment team, supplying evidence of engagement/involvement. In recognition of continuous improvement, they implemented a new process to alert/ensure staff consistently in offering consumers the opportunity to receive copies of their care plans and processes to identify appropriate substitute decision makers. An ongoing ad-hoc monitoring processes is planned to monitor compliance due to new enhancements. I am swayed by the provider’s evidence and immediate response to ensure ongoing compliance and find requirement 2(3)(c) is compliant.

Requirement 2(3)(d) – Policy documents guide staff in development/completion of care plans within stipulated timeframes including engagement of consumers, however 3 consumers consider they are not in receipt of a copy, nor involved in development of same. Via review of documents and interview the assessment team note in most instances the next of kin or primary contact receives a copy however consumer’s including those with decision making responsibility, do not. In their response, while acknowledging consumer’s point of view, via investigation for named consumers they dispute some evidence bought forward by the assessment team, providing evidence engagement/involvement occurs including processes to identify appropriate substitute decision makers and provision of care plan. In recognition of continuous improvement, they have implemented a new process to alert/ensure staff provide care plans to consumer/representatives; and planned ad-hoc processes to monitor/review compliance due to new enhancements. I am swayed by the provider’s evidence and immediate response to ensure ongoing compliance and find requirement 2(3)(d) is compliant.

# Standard 3

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| 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

A decision of non-compliance made on 27 September 2023 followed an assessment contact on 20 August 2023. At an assessment contact on 13-14 March 2024 the provider advised of to address/remedy previous non-compliance, including development of a monitoring document high-impact/prevalence risks including consumers at risk of falls or deteriorating condition, governance team weekly oversight, provision of staff education, implementation of risk management meetings for clinical staff, engagement of external behavioural specialist to develop behaviour management plans and introduction of intentional daily monitoring processes.

Sampled consumers/representatives express positive feedback relating to staff provision of care and services. However, via review of documentation, observation and interview the assessment team note while improvement activities have occurred, these have not been effective in ensuring management of high impact/prevalence risks associated each consumers’ care. For 7 sampled consumers, the assessment team note deficiencies in relation to management of incidents, restrictive practices, minimising use of psychotropic medications, lack of timely medical officer/specialist review and lack of adherence to medical directives. They note limited (or lack of) incident investigation to identify contributing factors and inform effective preventative measures; gaps in initial and ongoing assessment processes limit development of effective measures to reduce risks such as development of pressure injury, pain management and/or repeated falls for 5 consumers. Appropriate reassessment did not occur for 2 consumers upon return from hospital. In addition, consistent comprehensive medical officer support is not evident resulting in extended periods between review of consumer’s needs. Members of the senior organisational management team acknowledge deficits in registered nurse ability/knowledge/skill, describing planned measures for improvement. They advise self-identifying that minimisation/monitoring of psychotropic medications are not appropriately managed resulting in increased organisational oversight, plus identification the electronic system did not provide clear details of information to guide care delivery. In an addition, comprehensive induction/orientation and extensive education is planned for registered nurses.

In their response, the provider acknowledge evidence bought forward by the assessment team resulting in failure to effectively manage high impact/prevalence risks, restrictive practices, psychotropic medication, incident/falls management noting assurance of swift, diligent work to rectify non-compliance. Responsive actions include reassessment of risk for all named consumers, implement a comprehensive staff education program, review of policy/guidance documentation and planned auditing of psychotropic medications. In addition, they advise recent procurement of a new medical officer to provide consumer care and employment of a new Nurse Practitioner with experience in staff education. In consideration of compliance, while cognisant of the providers recognition of continuing issues and responsive actions, I am swayed by the evidence bought forward by the team resulting in negative consumer outcome. I consider it will take some time for the provider to address issues of concern to attain compliance. I find requirement 3(3)(b) 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)