Performance

Report

**1800 951 822**

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| Name of service: | Moran Kellyville |
| Service address: | 35 Goodison Street North Kellyville NSW 2155 |
| Commission ID: | 1070 |
| Approved provider: | Moran Australia (Aged Care Services) Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 May 2023 to 30 May 2023 |
| Performance report date: | 21 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 Moran Kellyville (**the service**) has been prepared by J Durston, 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 3 July 2023

# Assessment summary

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| 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.

* Requirement 3(3)(a) – the approved provider ensures each consumer receives safe and effective personal and clinical care that is tailored to their needs in relation to effective pain management, continence and bowel care, management of restrictive practices, behaviour support, and management and prevention of wounds and pressure injuries.
* Requirement 3(3)(a) - Directives for consumers with complex care needs are followed by staff, in areas such as blood pressure monitoring and observations for consumers with hypertension.

# 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 |

Findings

The service was previously found non-compliant in Requirement 3(3)(a) following a Site Audit conducted 18 January to 20 January 2023. The Assessment Team found the service did not demonstrate each consumer received safe and effective clinical care that was best practice, tailored to their needs and optimised their health and well-being, in the areas of pain management, behaviour management post incident pain monitoring and continence care.

An Assessment Contact was conducted on 29 May to 30 May 2023. The Assessment Team found the service has implemented some improvements in response to the non-compliance raised in the 2023 Site Audit. Management advised they did not make a separate action plan for continuous improvement, but instead updated their 2021 clinical action plan.

Improvements made by the service include, two education sessions delivered covering wound care, behaviour management and post incident pain monitoring. Management advised 80 of 140 staff attended each of the sessions. Pain assessment and pain flow charting education. Other education included registered nurse education on post fall protocol, pain monitoring assessment and charting review, monitoring post administration of analgesia and implementation of non-pharmacological interventions; and implementation of proper observations following a fall and pain assessment. A presentation was delivered on continence care in general staff meeting on 23 May 2023 attended by 15 staff. The pain assessment policy and procedure and delivery of toolbox talks were reissued.

However, during the Assessment Contact the Assessment Team found the service was unable to demonstrate consumers’ care is safe and effective or tailored to each consumer’s needs. There were significant gaps in effective pain management, complex care management, continence management, management of restrictive practices and behaviour support, and monitoring in relation to wound care, negatively impacting and placing the health safety and wellbeing of those consumers at risk.

Pain was not always considered as a possible trigger for consumers displaying behaviours of concern. Staff identified one consumer whose behaviour escalates when they are in pain, but their behaviour support plan did not record pain as a possible trigger.

Directives for consumers’ complex care needs are not always followed by staff, such as in blood pressure monitoring and observation charts showed staff have not been following required monitoring and observations for consumers with hypertension.

There continue to be gaps in the service’s management of continence care. One consumer’s behaviour support plan documents the need to use the toilet as one of the triggers for their behaviours of concern. The Assessment Team observed a consumer’s behaviours escalate for approximately an hour before staff assisted them to change their continence aid – after which the consumer’s behaviour settled. One representative advised they had continued concerns about timely changing of continence aids for their consumer.

Staff demonstrated a lack of understanding about restraint and consumers’ behavioural triggers. Behavioural support strategies were not effective as some consumers were observed to be physically and mechanically restrained, to manage challenging behaviours and prevent falls. Staff (including a registered nurse) stated they were ‘doing it for their safety,’ and were unable to demonstrate an understanding of behavioural support strategies and dignity of risk discussions that could be applied to prevent falls instead of the use of physical and mechanical restraint.

The Assessment Team identified additional gaps in safe and effective care. Care plans for some consumers who had or were at high risk of developing pressure injuries did not include current prevention and management strategies. There were inconsistencies in the frequency and accuracy in observation and monitoring of bowel movements to prevent constipation; and in recording of unfinished meals in consumers’ progress notes to monitor weight loss. Staff were observed to use manual handling techniques that were not best practice, to guide a consumer to a chair and to assist a consumer into a stand-aid lifter.

In their response to the Assessment Team report, the approved provider advised they acknowledge the observations in the Assessment Team report and provided an updated continuous improvement plan with further continuous improvement actions in response. The service also provided documentary evidence demonstrating commencement of the improvement actions including but not limited to DSA reviews containing behaviour support recommendations for multiple consumers, relevant training attended by staff and an upcoming environmental to enhance dementia support.

I have considered the Assessment Team’s report and the approved provider’s response. I acknowledge the actions the service has taken in response to the areas identified in the Assessment Team report. However, I understand that it will take some time to ensure those actions and improvements in the plan for continuous improvement will be sustained.

Accordingly, I find requirement 3(3)(a) non-compliant.

1. The preparation of the performance report is in accordance with section 68A [68A – assessment contact]of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)