Performance

Report

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| Name of service: | Ozcare Mackay |
| Service address: | 15 Charlotte Street West Mackay QLD 4740 |
| Commission ID: | 5767 |
| Approved provider: | Ozcare |
| Activity type: | Assessment Contact - Site |
| Activity date: | 28 February 2023 to 1 March 2023 |
| Performance report date: | 27 March 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 Ozcare Mackay (**the service**) has been prepared by G-M.Cain, 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 21 March 2023.
* other information and intelligence held by the Commission regarding the service.

# 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** |
| **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.

* Ensure the service effectively manages high impact or high prevalence risks associated with the care of each consumer.
* Ensure the 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.
* Ensure the service’s 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.

# 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. | Compliant |

Findings

Consumers were satisfied with the service’s assessment and care planning processes. Care documentation identified key risks such as falls, pain and changed behaviours. Risks associated with diagnoses, decline or past health history were assessed and care planning documents recorded strategies used to mitigate risks.

The service had processes to review consumer care and services when there is a change in consumers’ health and/or wellbeing occurs; and consumers’ care documentation evidenced that reviews occurred. Staff demonstrated awareness of individual consumers’ risk, inluclidng strategies implemented to minimise these risks. Care staff received information about consumers’, at shift handover and accessing the electronic care doucmentaiton system.

Based on the summarised evidence, this requirement 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. | Non-compliant |

Findings

The Assessment Contact Report found the service had failed to effectively identify and/or manage consumer risks in relation to medication management, changed behaviours and pain management. Consumers/representatives were not satisfied that consumers' clinical risks were effectively managed. Staff could not consistently describe risks to consumers or individualised strategies to ensure risks are minimised for consumers. Consumers’ behaviour support plans were not individualised to include triggers and strategies to guide support staff in managing consumers with changed behaviours.

For one named consumer, feedback was raised about numerous medication issues:

* Consistent delays in administering pain medication resulted in the consumer experiencing increased pain.
* Blood pressure medication was not administered (due to a lack of supply) during this period; the consumer's blood pressure was not monitored, and this caused the consumer distress.
* Pre-packaged medication with another consumer's name on the packet was administered to the consumer.

For a second named consumer, medications prescribed to be administered 30 minutes before breakfast were found by the consumers' representative to be untouched after breakfast on several occasions. The service's plan for continuous improvement identified an action dated 17 November 2022 relating to delays in medication administration due to technical issues, and the action was recorded as resolved on 21 November 2022.

For a third named consumer, representative feedback advised medications are often found under or beside the consumers’ bed, it occurs so frequently the representative advised they do not raise it with the service everytime.

For a fourth named consumer, on 2 occasions between January 2023 and February 2023, care documentation evidenced that psychotropic medication considered a chemical restrictive practice was administered without evidence that non-pharmacological strategies were implemented before the administration of psychotropic medication. Representative feedback advised that the consumer had experienced significant behaviour changes related to dehydration and dissatisfaction with the management of cellulitis on the consumer's leg; however, the service had not recognised or responded to this.

Consumers/representatives provided feedback that consumers' pain was not being adequately managed by the service, including for:

* A fifth named consumer progress notes identified that on 22 January 2023, the consumer was unable to stand due to pain, and staff observed the consumer had difficulty standing and transferring. The was no evidence that pain assessment or charting was commenced. The consumer continued to decline in health, including increased overall weakness and difficulty swallowing and was transferred to the hospital on 20 February 2023. Care documentation identified the consumer was administered medications crushed due to difficulty swallowing, however the medications were identified as not being appropriate to crush. Subsequently the consumer’s medications were not administered on 15 February 2023 or the 16 February 2023, however there was not evidence that risks to the consumer associated with the withholding of medication were identified or escalated.
* A sixth named consumer experienced a fall on 8 February 2023 and was assessed as not having an injury or increasing pain. The medical officer reviewed the named consumer on 16 February and prescribed increased pain medication. Progress notes dated 22 February 2022 reflected increasing pain and swelling, and the named consumer was transferred to the hospital, where it was assessed, they had experienced a fractured femur.

The Assessment Contact Report provided information that most consumers’ behaviour support plans are not individualised to include triggers and strategies to guide support staff in managing consumers with changed behaviours. The service’s plan for continuous improvement had an improvement action dated 21 September 2022; however, evaluation of this action dated 19 November 2022 recorded this was not completed due to staff shortages. Management acknowledged consumers' behaviour support plans are not individualised or consistently reflective of consumers' current needs.

The approved provider's response included clarifying information and clinical record extracts and refuted the findings in the Assessment Contact Report under this requirement.

In relation to the first named consumer, and the 3 matters raised relating to medication management:

* Concerning the delay in the administration of medication, the approved provider, in its response, stated since 1 January 2023, pain medication was administered outside of the prescribed window (an hour on either side of the prescribed time) on only 7 percent of occasions with the rationale for the delay being the lack of familiarity of newly recruited registered staff with the medication management system and consumers. I am not persuaded by the approved provider's assertion, as whilst it was reported the delay in the administration of pain medication for the consumer was minimal, I have placed weight on the consumers' feedback that they were experiencing increased pain. I acknowledge the service has taken action in relation to this and is currently in the process of implementing, in agreement with the consumer/representative, that the consumer can self-administer the pain relief medication.
* Concerning the blood pressure medication, the approved provider's response provided evidence that for 5 days in December 2022, the pharmacy was unable to supply the prescribed medication and stated that an increase in the frequency of assessing the consumers' blood pressure could have been introduced during the period of the medication delay. The approved provider apologised to the consumer at an open disclosure meeting on 14 March 2023. However, the approved providers' response does address the immediate actions taken by the service to minimise the risk for the consumer in response to the blood pressure medication not being supplied by the pharmacy, such as notification to the consumer's medical officer for directives or strategies implemented to monitor the consumer during the period. I have placed weight on information in the approved provider's response which stated the consumer believed they were symptomatic of a raised blood pressure and experienced a headache.
* Concerning being administered medication for another consumer, the approved providers' responses identified the consumer reported on 2 occasions medication prescribed for another consumer was given to the consumer by agency staff. However, the approved provider's response stated that the service was unaware of this and that the consumer had not raised this feedback. At the open disclosure meeting on 14 March 2023, management encouraged the consumer to raise any issues or concerns with service management. I am unable to come to a view on this issue, as the approved provider's response states the service was unaware of this issue, and the Assessment Contact Report did not identify if the consumer had raised this concern.

For a second named consumer, the approved provider's response acknowledged that one of the prescribed medications needed to be administered 30 to 60 minutes before breakfast and presented rationale for why it may be delayed at times, such as emergent staff leave. The approved provider, in its response, stated since 1 January 2023, the named consumers' medication had been delayed on 1 occasion (15 February 2023) due to registered nurse emergent leave. Concerning the observations that the consumers' medication had been left untouched on numerous occasions, the approved provider clarified that the consumer lines up medications before taking them and will take them slowly, which may explain why the medications were observed on the table. However, I am not persuaded by this, as staff administering medications have the responsibility to ensure the safe administration of medicines to consumers' this includes observing consumers to ensure medications are taken. I have placed weight on interviews with the clinical management at the time which identified registered staff had been reminded to ensure consumers have taken their medications, and acknowledged this was an ongoing issue.

Concerning the third named consumer, the approved provider's response acknowledges that the consumer's representative had found medication. However, the approved provider stated this had not been escalated to service management and that a case conference was scheduled for a future date. While I acknowledge, the actions taken by the service, staff administering medications have the responsibility to ensure the safe administration of medicines to consumers' this includes observing consumers to ensure medications are taken.

The approved provider, in its response, disputes that there are ongoing medication delays and provided an explanation that new staff will take longer to learn the service's electronic medication system and to become familiar with consumers; time delays in medication are due to the experience of the nurse administering; and the services electronic medication system precludes more than 1 staff member accessing the system at a time. While I acknowledge the actions taken by the service, including an extension orientation for new staff and agency staff, including support shifts planned by the service with medication management, including newly graduated registered staff to be supported in medication rounds by clinical management, it is my view that these improvements will need to be evaluated for effectiveness.

For the fourth named consumer, the approved provider's response under requirement 7(3)(a) provided information that the consumer had been referred to the medical officer when staff identified a change in the consumer's behaviours a subsequently referred to a geriatrician. The approved provider asserted that the consumer's family member requested the psychotropic medication to be administered to the consumer, although staff advised this was not an appropriate action. However, I am not pursued by this as the approved provider's response did not descend to the details about the 2 occasions in January 2023 and February 2023 when psychotropic medication considered a chemical restrictive practice was administered. Concerning the recognition and response to the consumer’s changed behaviours and deterioration of the cellulitis on the consumer's leg, I have considered this information under requirement 3(3)(d).

For the fifth named consumer, in relation to the crushed medications, the approved provider's response asserted that only medications that were suitable to be crushed were administered. This does not pursue me as the approved provider's response included a progress notes dated 14 February 2023 at 10:26 PM stating all medications are not crushable; however, in progress note dated 14 February 2023 at 2:04 PM, the consumer was administered medications that were crushed and provided in yoghurt. Additionally, a progress note date 18 January 2023 stated registered staff offered to crush medication as the consumer was having difficulty swallowing. In relation to the recognition and response of the consumer experiencing difficulty standing and transferring and continued decline in the consumer's health, I have considered this under requirement 3(3)(d).

For the sixth named consumer, concerning the recognition and response of the consumer experiencing increasing pain and subsequent transfer to the hospital, I have considered this under requirement 3(3)(d).

Regarding consumers’ behaviour support plans not being individualised or reflective of consumers’ current needs, the approved provider’s response stated this improvement action had been evaluated and had an expected completion date of 30 April 2023.

I acknowledge the actions taken and planned by the approved provider in response to the Assessment Contact Report. This requirement requires the effective management of high-impact or high-prevalence risks associated with the care of each consumer. The service has not demonstrated effective management of medications in relation to the named consumers above; or that behaviour support plans are in place for all consumers. Therefore, requirement 3(3)(b) is non-compliant.

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| Requirement 3(3)(d) | 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. | Non-compliant |

The Assessment Contact Report identified the service did not effectively recognise or respond to consumers whose condition had changed. Consumers/representatives were not satisfied the service was identifying consumers’ deterioration or responding to this in a timely manner.

For the third named consumer, representative feedback advised that the consumer’s mental health had been deteriorating and they were unaware of what actions had been taken by the service. Additionally, the consumer had been experiencing new incontinence and was diagnosised with constipation by the medical officer which the service had failed to recognise.

For the fourth named consumer, representative feedback advised that the consumer had experienced significant behaviour changes related to dehydration; however, the service had not recognised or responded to this and the consumer had required hospitalisation for dehydration twice in the previous 6 week period. Directives for managing the cellulitis were provided upon the consumers' discharge from the hospital; however, care documentation did not evidence a wound management plan was established to guide staff and wound photographs identified the wound was deteriorating.

For the fifth named consumer, the representative raised concerns regarding the consumers’ declining health which resulted in hospitilisation due to dehydration, a urinary tract infection and oral thrush. Care documentation identified that on 22 January 2023, the consumer was unable to stand due to pain, and staff observed the consumer had difficulty standing and transferring. The was no evidence that pain assessment or charting was commenced. The consumer continued to decline in health, including increased overall weakness and difficulty swallowing and was transferred to the hospital on 20 February 2023.

The sixth named consumer experienced a fall on 8 February 2023 and was assessed as not having an injury or increasing pain. The medical officer reviewed the named consumer on 16 February and prescribed increased pain medication. Progress notes dated 22 February 2022 reflected increasing pain and swelling, and the named consumer was transferred to the hospital, where it was assessed, they had experienced a fractured femur. The consumer’s representative raised feedback that the hospital staff had identified the consumer was on a very high dose of pain medication, which had subsequently been reduced.

The approved provider's response included clarifying information and clinical record extracts and refuted the findings in the Assessment Contact Report under this requirement.

Concerning the third named consumer and changes in mental wellbeing and incontinence, the approved provider, in its response, provided:

* A copy of a bowel report from 8 February 2023 to 7 March 2023; and a copy of progress notes from 1 January 2023 to 28 January 2023. It is unclear from the provided information whether the service identified a change in the consumers' bowel habits in December 2022, as previous charts and progress notes were not provided. Regardless, I have given weight to the representative interview at the time of the Assessment Contact, who identified this was not typical and was causing the consumer distress.
* A copy of the medication chart for a prescribed laxative medication from 15 December 2022 to 13 January 2023 and the approved provider's response asserts that the consumer refuses to take this medication. However, this argument does not persuade me as for December 2022, when the representative identified a change in the consumers' bowel habits, the consumer had only refused the medication on 3 occasions.
* In relation to the consumer's decline in mental health, the approved provider's response stated that the consumer continues to be supported by visits from an external wellbeing program and mental health nurse practitioner. It is unclear whether these strategies were in place at the time of the Assessment Contact. Regardless, I have given weight to the representative interview at the time of the Assessment Contact, who raised concerns as the consumer was isolated and lonely.

For the fourth named consumer, the approved provider's response under this and other requirements provided:

* The consumer had been referred to the medical officer when staff identified a change in the consumer's behaviours and subsequently referred to a geriatrician. However, while I acknowledge the actions taken by the service, I am not able to come to a view about this as the approved provider's response did not descend to the detail of the recognition of the consumer's behaviour changes.
* The approved provider disputes the rationale for transferring the consumer to the hospital (on 2 occasions) due to dehydration and provided copies of hospital discharge summaries which identified a diagnosis of cardiac conditions; anaemia and leg cellulitis. Regardless, the consumer presented with changed behaviour, and I am concerned that when the service recognised this, the consumer was administered psychotropic medications on 2 occasions in January 2023 and February 2023. The approved provider's response does not descend to the detail of recognising the consumers' behaviour changes.
* Concerning the deterioration of the cellulitis on the consumer's leg, the approved provider's response under other requirements provided evidence that the service implemented the hospital directives for managing the cellulitis, including the daily application of prescribed topical ointment. It is unclear whether the cellulitis on the consumer's leg had deteriorated, as previous photographs were not provided. Regardless, I have given weight to the service following the directives on the consumer's discharge from the hospital. I am satisfied that the service appropriately managed the consumer in this regard.

For the fifth named consumer, regarding their declining health, including difficulty transferring and standing, resulting in hospitalisation due to dehydration, a urinary tract infection and oral thrush, the approved provider's response under this and other requirements provided:

* A copy of a discharge summary from the hospital identifying urosepsis as the consumer's principal diagnosis. The approved provider asserts that the discharge summary does not refer to dehydration as a rationale for the consumers' deterioration, and the consumers' decline was likely due to multiple chronic medical conditions. However, this argument does not persuade me; progress notes identified a change in the consumers' mobility and increased pain was first identified by staff on 21 January 2023 and included an incident where the consumer had passed out. A copy of the email communique provided as part of the response submission identified that the medical officer was first notified on 10 February 2023, almost 3 weeks after the changes were identified. The service's 'Decline or Variance in Client Health Status' procedure, provided as part of the response submission, outlines actions to be taken when a change in the consumer's condition is identified; however, the approved providers' response and review of the progress notes provided does not evidence this process was followed including that the medical officer and representative must be telephoned regarding the consumers emerging potential health and care status.

For the sixth-named consumer, the approved provider's response reported that the consumer was assessed by registered staff and reviewed by the medical officer and the physiotherapist post-fall. The consumer representative was notified and wished for the consumer to be monitored at the service. I am satisfied that the service took appropriate actions at the time of the fall, including pain assessment and clinical observations. The approved provider's response submission evidences ongoing review by the medical officer and physiotherapist and monitoring of the consumer's pain. Progress notes identified the consumer reported pain in various locations, including abdomen, knee and neck on 9 February 2023, 12 February 2023, 18 February 2023 and 21 February 2023; and on several occasions, was found lying on the floor and required staff to utilise a hoist to transfer the consumer. The approved provider asserts it was not uncommon for the consumer to be found lying on the floor, it was usual that the consumer could transfer themselves back to bed. I acknowledge the service took some action, including review by the physiotherapist. However, I am concerned that this change in the consumer was not recognised and responded to, as progress notes identify that the consumer was found lying on the floor on 4 occasions between 12 February 2023 and 15 February 2023 and required a hoist to transfer back to bed. Concerning the increase in pain medication, I cannot come to a view as the approved provider's response does not provide any further detail.

I acknowledge the actions taken and planned by the approved provider in response to the Assessment Contact Report. This requirement requires the recognition and response to deterioration or changes in consumers' condition to be responded to in a timely manner. The service has not demonstrated effective changes and decline in relation to the named consumers above. Therefore, requirement 3(3)(d) 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 Assessment Contact Report identified that consumers/representatives provided mixed feedback in relation to the timeliness and quality of care and service consumers' received. Consumers/representatives interviewed during the Assessment Contact provided examples of delays in medication administration, including missed medications, delays in the recognition and response to changes in consumers' condition with 3 named consumers requiring hospitalisation, and lack of communication between the workforce resulting in care delays.

While the service had processes for ensuring a planned workforce, such as the extension of shifts and casual and agency workforce, management advised newly graduated registered staff and agency staff can take an extended time to administer medications to consumers due to them being unfamiliar with consumers'.

The approved provider's response refuted the findings under this requirement. It stated that medication delivery is impacted not because of inadequate staffing levels but due to new staff members in training, which is understandable. However, I am not persuaded by this as this requirement requires the service to demonstrate a planned workforce, with a mix of staff to enable the delivery and management of safe and quality care and services. Organisations are expected to consider the different levels of skills and abilities needed to meet consumers' needs, including registered professional and support staff and the supervision and leadership required. Five of the 15 consumers/representatives interviewed during the Assessment Contact provided examples of how the mix of staff with newly registered staff and agency staff had impacted consumers negatively, resulting in delays in medication, missed medications and incorrect medications administered by agency staff. I have also placed weight on the service's plan for continuous improvement reviewed at the time of the Assessment Contact, which was recorded on 19 November 2022; the improvement action for review of consumers' behaviour support plans was not completed due to staffing shortages.

I acknowledge the actions taken and planned by the approved provider in response to the Assessment Contact Report, including support for new graduate registered nurses in medication rounds; and commitment by the approved provider that consumers' behaviour support plans are continuing with the expected completed date of 30 April 2023. In coming to my decision, I have considered information under this and other assessed requirements. It is my decision that requirement 7(3)(a) 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)