Performance

Report

**1800 951 822**

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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: | 27 June 2023 |
| Performance report date: | 27 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 Ozcare Mackay (**the service**) has been prepared by E Blance, 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 19 July 2023
* Other relevant information known to the Commission

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |

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.

* The effective prevention and management of risks associated for consumers who experience falls.
* The effective management of medications for consumers who require time sensitive medications.

# 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 |
| 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. | Compliant |

Findings

Requirement 3(3)(b)

I find this Requirement non-compliant.

The site report identified the service was unable to demonstrate effective management of high impact and high prevalence risks associated with each consumer particularly in relation to falls management and medication management.

The approved provider’s response included the service’s plan for continuous improvement which details actions taken and planned, in response to the issues raised in the site report.

In relation to falls management:

The site report raised that the prevention of, monitoring and post falls management of consumers’ who have experienced falls is ineffective.

* For one named consumer, post falls procedures were not followed in line with the organisation’s policy including that neurological observations were not charted for the period of time required, the consumer was not reviewed by a physiotherapist within 24 hours of the fall, care documentation was not reviewed post fall to consider falls prevention and a visual monitoring chart was not active. The site report is silent on the impact to the consumer.
* For a second named consumer, post falls procedures were not followed in line with the organisation’s policy including that neurological observations were not charted in the period of time required and the consumer was not reviewed by a physiotherapist. Falls prevention strategies for the consumer were not in place and the consumer experienced a second fall. The site report is silent on the impact to the consumer.
* For a third named consumer who experienced 3 falls in a one month period, individualised falls prevention strategies were not in place for the consumer. Following 2 unwitnessed falls, post falls procedures were not followed including that the consumer’s care plan was not reviewed, and the consumer was not reviewed by a physiotherapist. The consumer experience a third fall causing a fracture which required hospitalisation.

Review of the approved provider’s response to the information raised within the site report includes:

* The service discuss falls management as a standing agenda item at weekly clinical meetings to monitor consumers who have experienced falls.
* The service has met with staff to discuss the findings within the site report and discuss the implementation of a document to monitor the emerging needs of consumers from shift to shift. The document has been updated to include referral to allied health. Registered staff are responsible for handover of unmet emerging needs to other registered staff.
* The service has met with and addressed performance management issues with relevant staff and identified that some staff have now resigned from the service.
* Clinical staff are conducting rounding which includes monitoring of the environment and falls hazards.
* The approved provider states they have monitored all recorded falls with or without injury for a 3 week period post assessment contact and found 25 of 26 falls were managed in line with the organisations policies and procedures including for review by a physiotherapist. The staff member for one incident which was not managed accordingly was provided mentorship.
* Through the monitoring of incidents, the physiotherapist identified a high number of falls were being experienced by consumers falling from their chairs. The service purchased non-slip mats for the chairs and have seen the number of falls reduce to nil for those consumers with the mats installed.
* Evidence of review by the physiotherapist following each fall in the 3 week period.

The service plan to implement a registered nurse to care assistants handover, and the physiotherapist is developing a checklist for clinical handovers to highlight consumers at high risk of experiencing a fall planned for completion by 27 July 2023.

In relation to medication management:

The site report identified the service was unable to demonstrate effective medication management for 2 named consumers.

* For one named consumer who receives time sensitive medication for the management of Parkinson’s disease, the site report identified the consumer did not receive the medication in a timely manner on 2 occasions. The site report is silent on the impact to the consumer.
* For a second named consumer who receives time sensitive medication, the site report identified the consumer did not receive the medications in a timely manner on 3 occasions. The site report is silent on the impact to the consumer.

Review of the approved provider’s response to the information raised within the site report includes:

* The service completed a review of time sensitive medications for the named consumers and found additional medication errors:
  + For one named consumer who receives time sensitive medication for the management of Parkinson’s disease, 12 occasions where the consumer did not receive medications in a timely manner over a 3 week period.
  + For a second named consumer who receives time sensitive medication, 26 occasions where the consumer did not receive medications in a timely manner over a 3 week period.
* The service have discussed this information with staff and provided education through a reflective practice tool.
* The service has initiated a review by the medical officer for one named consumer in relation to the timing for the delivery of medication.
* The service is conducting a review of the medication management system.

I acknowledge the actions taken by the service in relation to changed behaviours and pain management. However, deficiencies in medication management have continued to be identified by the assessment team and as evidenced by the approved provider’s response. In relation to falls management, while the approved provider’s response has included actions taken for the prevention, monitoring and post falls management. It is my view that the continuous improvement measures require time to be embedded within the service and evaluated for effectiveness. Both the site report and the approved provider’s response is silent to the impact for some named consumers, however the potential risk of harm to consumers who experience falls and receive untimely medication has been considered in my decision. Overall, the service has not demonstrated effective management of high impact or high prevalence risks.

Requirement 3(3)(d)

I find this Requirement compliant.

The service has processes to review monitor and identify clinical risk and deterioration of consumers. Clinical deterioration is discussed as an agenda item to clinical meetings to support that appropriate measures are implemented to ensure consumers receive effective clinical care. Education in providing clinical care to consumers who experience clinical deterioration is available for staff. Documentation evidenced appropriate and timely response to identified deterioration including referral to medical officers, hospital and for appropriate palliative cares where required. Consumers and representatives expressed satisfaction in responsiveness of staff to deterioration.

I have considered the information within the site report and the information provided by the approved provider. I have placed weight on the information within the site report including the positive feedback from consumers in relation to recognising and responding to deterioration. The approved provider has taken actions to strengthen care delivery and improve consumer outcomes. I am satisfied the service demonstrates 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.

# 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. | Compliant |

Findings

Requirement 7(3)(a)

I find this Requirement compliant.

The staff number and skill mix is determined by consumer feedback, consumers’ acuity, and experience of staff. Processes are in place to support new staff with continuity of care and a review process monitors where additional supports may be required. Performance management procedures ensure staff are managed appropriately where deficits in performance are identified. Consumers and their representatives expressed satisfaction that staff attend to consumers’ care needs in a timely manner, and with the number and mix of staff at the service.

I have considered the information within the site report and the information provided by the approved provider. I have placed weight on the information within the site report including the positive feedback from consumers in relation to the number and skills mix of staff. The approved provider has taken actions to strengthen care delivery in relation to workforce planning and improve consumer outcomes. I am satisfied the service demonstrates the workforce is planned and the number and skills mix enables the delivery of quality care and services.

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)