The Menzies @ Pacific Paradise

Performance Report

26-40 Menzies Drive   
Pacific Paradise QLD 4564  
Phone number: 07 5376 7400

**Commission ID:** 5365

**Provider name:** Gerontic Services Pty Ltd

**Assessment Contact - Site date:** 21 July 2022

**Date of Performance Report:** 30 August 2022

# Performance report prepared by

Tara Wurf, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Contact - Site report received 17 August 2022
* other information and intelligence held by the Commission.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant.

The Assessment Team did not assess all requirements of this Standard and therefore a summary for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

Overall consumers/representatives expressed whilst they are involved in assessment and care planning processes, they do not consistently receive care and services in accordance with their care plan due to staff shortages. Staffing matters are addressed under requirement 7(3)(a).

The organisation has policies and guidelines relating to initial and ongoing assessment and planning processes to guide staff practice. A suite of evidence-based assessment tools is available for staff to use. Staff receive information about consumers during the verbal handover, meetings, and alerts on the electronic care management system.

However, the Assessment Team found that assessment and planning were not consistently completed, including for consumers receiving respite care at the service and consumers with complex care needs. For example:

* A named consumer receiving long-term respite care who has complex care needs had an initial assessment that identified risks associated with mobility, falls, skin integrity, malnutrition and aspiration. However, care planning strategies were minimal and not consistent with the level of risk identified.
* For another consumer, assessment and planning processes were not completed following the consumer’s fall which resulted in a fracture, hospital admission and changes to their condition and care needs.
* Planning documents for two other consumers with complex care needs did not provide sufficient detail to guide staff in the management of those consumer’s care needs.

The Assessment Team brought forward information of the actions that had been taken in response to non-compliance identified at the assessment contact conducted 11 to 12 August 2021. For example, the service conducted a comprehensive review of consumer care and service plans, established alerts in the service’s electronic management system for when consumer care plan reviews were due, and implemented daily monitoring processes undertaken by the clinical team.

The approved provider’s response to the Assessment Contact Report regarding the named consumers included evidence that some information was documented at the time of the assessment contact, including in relation to falls assessments for a consumer receiving respite care and a consumer with complex care needs. Other areas of deficiency were acknowledged by the service and the response included a plan for continuous improvement that identified improvement actions taken following the assessment contact to improve assessment and care planning processes, including:

* consulting with named consumers/representatives and addressing their concerns and reviewing all consumer care plans;
* education for staff on various topics including assessment and planning, falls management, wound care, incident management, record keeping and documentation;
* improvements to the admission processes including a single admission checklist for respite and permanent consumers and monitoring by clinical staff;
* updated care plan review policy and procedure. Registered staff will receive education on this process;
* implemented a high-risk register; and
* reviewed the falls management procedure.

I acknowledge the additional clarifying information provided by the approved provider regarding some named consumers and improvement actions implemented or planned, however, at the time of the assessment contact, assessment and care planning processes were not consistently completed or completed in a timely manner, including for consumers with complex care needs and risks to their health and wellbeing.

Therefore, I find this requirement non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as non-compliant as one of the seven specific requirements has been assessed as non-compliant.

The Assessment Team did not assess all requirements of this Standard and therefore a summary for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

Most consumers and representatives said that insufficient staffing numbers had negatively impacted on delivery of their personal care needs and preferences. Consumers reported the provision of continence care, hygiene care and assistance during meal times is either delayed or not provided, including in accordance with documented needs and preferences. This was consistent with feedback from staff.

Care staff demonstrated an understanding of individual consumers’ personal and clinical care needs and said they have access to the service’s electronic care management system and have been trained to use the system. Staff reported recent changes to the handover processes and staff meetings have improved communication about consumer care needs and changes. Care and registered staff said they receive training relevant to their role via toolbox sessions, face-to-face education and on-line self-directed training modules.

However, the Assessment Team found that care documentation for some named consumers was not aligned with best practice or the consumers’ needs and preferences. For example:

* Medication incidents were not appropriately responded to. For example:
  + a consumer experienced two medication incident. No assessment or monitoring of the consumer was completed following these incidents.
  + There were instances of other consumers not being administered their medication as required.
  + A consumer named under requirement 7(3)(a) reported not receiving their antibiotic medication at the prescribed time.
* Falls risk assessments had not been completed and strategies to minimise falls had not been identified for a named consumer who had experienced seven falls over a two-month period.
* Another named consumer who requires staff assistance with hygiene cares was not receiving a daily shower as per their documented preference.

With respect to restrictive practices, whilst the service has a restrictive practice policy and procedure and associated forms that reflected current legislation, staff did not have a shared understanding of what constitutes chemical restraint, consumers subject to chemical restraint were not reviewed regularly and in line with the service’s policy, behavioural support plans were not individualised, and the service was unable to demonstrate practices to minimise the use of chemical restraint.

The Assessment Team brought forward information of the actions that had been taken in response to non-compliance identified at the assessment contact conducted 11 to 12 August 2021. For example, the service delivered clinical education workshops, provided education on restrictive practices, established monitoring by the clinical care team and streamlined reporting and monitoring of clinical indicator data.

The approved provider’s response to the Assessment Contact Report referred generally to external factors that have contributed to staff shortages and capacity of the senior clinical team. It also identified several strategies to improve medication management at the service, including:

* restructuring the clinical team to ensure medication management and conformance with best practice is monitored;
* education for registered staff and enrolled nurses; and
* clinical pharmacist review and monitoring of the service’s medication management system and processes.

In response to restrictive practice deficits identified in the Assessment Contact Report, the approved provider stated that a medical officer reviews consumers subject to chemical restraint three-monthly in line with the service’s policy and, following the assessment contact, these reviews will be documented in consumers’ progress notes. The response also clarified that whilst changes have since been made to improve the psychotropic register to include the relevant diagnosis, individual consumer files recorded the purpose of the chemical restraint documented by the medical officer. The response also included a plan for continuous improvement and identified improvement actions such as:

* consulting with named consumers/representatives and addressing their concerns;
* education on restrictive practices and behaviour management;
* update to the organisation’s procedure on minimising the use of restrictive practices;
* referral of some consumers to Dementia Support Australia; and
* review of behaviour support plans and the provision of education to individual staff.

I acknowledge some improvement actions were implemented following the non-compliance identified during the assessment contact conducted in August 2021 and the approved provider has identified further improvement actions following the assessment contact. However, at the time of the assessment contact, I am of the view that there were deficiencies in the service’s management of medication, restrictive practices and delivery of personal care, and consumers were not consistently receiving care that was safe, effective and tailored to the consumers’ needs and preferences.

Therefore, I find this requirement non-compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant.

The Assessment Team did not assess all requirements of this Standard and therefore a summary for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

Overall, consumers/representatives reported there were not enough staff to provide care in accordance with their needs and preferences, particularly in relation to the delivery of clinical care, hygiene care, continence care and emotional support. Consumers described staff as overworked and stressed. For example:

* Two consumers and another consumer’s representative provided examples of extensive staff delays in assistance that had negatively impacted their continence care.
* A named consumer did not consistently receive their antibiotics at the prescribed time due to staff delays with medication rounds.
* Several named consumers that require staff assistance with showering reported significant delays in receiving hygiene care, and when care is provided, it is often not in accordance with their preferences. One of these consumers had not received a shower for two weeks and another for three days.
* Many consumers/representatives said staff did not have time to talk with them or provide emotional support.

Staff expressed concerns regarding staffing levels at the service and provided feedback consistent with the consumer/representative feedback. Staff confirmed consumers are not consistently receiving hygiene and continence care in line with their preferences, and they do not have time to talk with consumers and provided emotional support.

Staff reported there are several shift vacancies on most days, which was consistent with feedback from management and staff rosters that demonstrated unfilled registered and care staff shifts each day.

The Assessment Team brought forward information of the actions that had been taken in response to non-compliance identified at assessment contact conducted 11 to 12 August 2021. Management described the service’s recruitment and retention initiatives to increase staffing levels and the introduction a new carer support role to undertake the non-critical functions for care staff.

The approved provider’s response to the Assessment Contact Report acknowledged consumers have experienced delays in staff assistance and identified additional remedial actions implemented or planned, including:

* consulting with named consumers/representatives and implementing strategies to address relevant areas of concern;
* ongoing review of the roster to ensure spread of regular staff members and staffing levels against consumer care needs;
* monitoring of call bell response times and addressing delayed responses;
* conducting a staff survey to determine pressure points for staff and receiving feedback on opportunities for improvement;
* sourcing additional staff from interstate to replace staff furloughed due to COVID outbreaks;
* introducing a carer support role to support care staff with basic duties such as bed-making, cleaning, emotional and social support, delivering meals and drinks, and assisting house-keeping and laundry; and
* various organisational supports, such as clinical managers forums, assistance from Executive and Quality Teams to minimise rostering pressure and review and increase of staff remuneration.

Whilst some improvement actions were implemented following the non-compliance identified during the assessment contact conducted in August 2021 and the approved provider has identified further improvement actions following the assessment contact, I have given weight to the detailed and consistent consumer, representative and staff feedback received during the assessment contact that, despite improvements implemented and planned, there is an insufficient number of staff at the service to deliver care and services to consumers in accordance with their needs and preferences.

Therefore, I find this requirement non-compliant.

# 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 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.
* Ensure consumers gets safe and effective personal and clinical care.
* Ensure 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.