Performance

Report

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| Name: | Uniting Mingaletta Port Macquarie |
| Commission ID: | 0975 |
| Address: | 7 Sherwood Road, Port Macquarie, New South Wales, 2444 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 19 June 2024 to 20 June 2024 |
| Performance report date: | 29 July 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 6233 Uniting Mingaletta Port Macquarie |

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 Uniting Mingaletta Port Macquarie (**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 [including Plan for Continuous Improvement (PCI)] received 16 July 2024.
* information given to the Commission, and the assessment team for the Assessment contact (performance assessment) – regarding lack of clinical care/oversight.

# Assessment summary

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| 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 3(3)(a) – implement effective systems/processes to ensure provision of safe/effective personal/clinical care in-line with principles of best practice, tailored to consumer’s specific needs in particular relating to minimising use of psychotropic medications, restrictive practices, wound care, behaviour and pain management and weight loss. In addition, implement an effective monitoring system to ensure compliance.
* Requirement 3(3)(d) – implement effective systems/processes to ensure deterioration and/or changes to consumer’s condition are recognised/responded to in a timely manner; plus, an effective monitoring system to ensure compliance.

# 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. | Not 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. | Not Compliant |

Findings

This Standard is non-compliant as two requirements are found non-compliant.

Requirement 3(3)(a)

Consumers and representatives express positive feedback relating to care. However, via Management and staff interview, plus review of documentation the assessment team bought forward evidence a lack of effective systems/processes to ensure provision of safe/effective personal/clinical care in-line with principles of best practice and tailored to consumer’s specific needs. Deficiencies exist relating to minimising use of psychotropic medications, restrictive practices, wound care, pain management and weight loss.

The service did not demonstrate legislative requirements under the *Aged Care Act 1997* and *Quality of Care Principles 2014* are adhered to when medications deemed as chemical restrictive practice are prescribed/administered. Comprehensive Behaviour Support Plans (BSPs) are not developed to reflect principles of best practice care to guide care delivery, monitoring processes are not effective in identifying when consumers’ needs are not met and a process to demonstrate use of restrictive practice as a last resort is not evident. Documents are not completed, and evaluation of measures trialled prior to introduction of restrictive practice are not followed/completed. Via review of nine consumer’s care, the assessment team note the following details. For one consumer whose medication has been identified as a chemical restrictive practice, the service did not demonstrate consideration of comprehensive measures or non-pharmacological strategies used prior to administration of anti-psychotic medication. There is limited documentation to indicate exhibited behaviour requires use of medication/nor effectiveness when administered. The BSP lists generic behaviours/unmet needs, not those specific to guide staff in relation to individualised care. While documents detail consent obtained from the consumer’s representative, details regarding comprehensive discussion relating to possible negative side effects is not evident. Evaluation on the effect/benefit of medication has not occurred neither monitoring of pain as a potential trigger. The service has not implemented directives from a specialist dementia/behaviour support organisation. They did not demonstrate a review/evaluation process for four consumers frequently being administered ‘as required’ (PRN) medication deemed as a chemical restrictive practice. For another consumer, the service did not demonstrate consideration of prescribed medication deemed as a restrictive practice has occurred in relation to managing exhibited behaviour/unmet needs.

The service did not demonstrate assessment and monitoring of pain occurs when consumers are possibly experiencing pain. The use of regular PRN psychotropic medications for pain relief has not been monitored or escalated for medical review. For one consumer administered prescribed psychotropic medication on 14 occasions within two weeks upon return from hospital, review or escalation relating to the multiple administration of PRN pain relief has not occurred/nor referral to medical officer. The service did not demonstrate pain, skin assessment occurred upon return from hospital and a mobility/physiotherapy assessment was not conducted until 15 days after return. Via consumer interview the assessment team note they experience chronic pain and required medication (as directed while in hospital) had not been provided upon return to the service. Management advised medical officer review to occur, noting concerns multiple use of PRN pain relief did not result in medical officer referral/review. Appropriate pain assessment, monitoring and response has not occurred for two consumers experiencing pain.

A system is not evident to ensure wound care is reflective of best practice regarding monitoring and implementation of measures to support healing/prevent deterioration. Directives to support wound healing and prevent further injury for one consumer have not been correctly implemented and lack of wound management/adherence to nurse practitioner directives for another. Members of the management team acknowledge gaps in relation to provision of care, noting recent actions aimed to address these, plus a planned review of all psychotropic medications with a view to deprescribing where possible. Management advised self-identification of issues relation to recording/monitoring care, including behaviour, pain, and nutritional intake.

In their response, the provider cited organisational systems/processes however acknowledged these are not effectively implemented at a service level to ensure compliance. They supplied a detailed PCI noting designated responsibility for implementation of corrective actions including planned achievement dates. They advised review of all named consumers, plus review of consumer cohorts relating to weight loss, wound care/skin integrity, behavioural support and restrictive practices including psychotropic medications. Staff education/training has commenced, plus planned education regarding specific clinical care needs. Reporting as per legislative requirements has occurred in relation to identified care deficits. In consideration of compliance, while accepting the provider’s immediate/responsive and planned actions I am cognisant of time required to implement organisational requirements and educate/train staff. I find the service does not demonstrate appropriate systems to ensure consumers receive safe, effective best practice care, tailored to individual needs to optimise health, well-being. I find requirement 3(3)(a) is non-compliant.

Requirement 3(3)(d)

Consumers and representatives gave positive feedback regarding care provision, including when changes occur. However, via Management and staff interview, plus review of documents, the assessment team bought forward evidence regarding lack of effective systems/processes to ensure deterioration and/or changes to consumer’s condition is recognised/responded to in a timely manner. Management acknowledge staff have not been responding appropriately to unplanned weight loss. They advise of 18 consumers who have experienced significant weight loss over the past six months where action had not occurred until recent self-identification resulted in all being referred to a dietitian’s planned visit. As an interim measure food recording charts were commenced to enable assessment of nutritional intake, however Management notes incomplete recordings and lack of registered nurse oversight resulted in a change of focus and introduction of nutritional supplements.

Via review of documents the assessment team bought forward evidence five consumers experiencing ongoing weight loss during the prior six months did not have appropriate action taken. For one consumer (weight loss recorded as 5.6kg) documents detail lack of nutritional assessment over a four-month period, lack of information in care plans relating to weight loss and inconsistent completion of food monitoring records. For another (weight loss recorded as 12.3kg) inconsistent completion of food monitoring records and lack of recording to detail dietitian directives are being adhered to.

Via review of documents the assessment team note, the service’s processes are not effective in identifying/responding to pressure injuries at an early stage to enable healing. Pressure injuries noted to be staged 2 upon identification for two consumers, one subsequently deteriorated to stage 3, plus a third consumer living with an unstageable pressure injury. Management explained the required process of investigation to identify causes, however review for three consumers did not demonstrate a comprehensive investigation/root cause analysis was undertaken in relation to pressure injuries nor why these were not identified prior to advancement to stage 2. Management advised of planned staff education/training relating to this, plus because of investigation relating to a recently deceased consumer a range of actions have been developed to improve care. These include daily meetings post completion of observation rounds, introduction of a tool used to identify/make referrals to organisational clinical nurse practitioner/clinical care consultant and staff education/training. Management advised care/service plans require three monthly reviews (or earlier when consumers demonstrate signs of deterioration), noting 75 percent completion.

In their response, the provider cited organisational systems/processes to be implemented at a service level to ensure compliance. They supplied a detailed PCI noting designated responsibility for implementation of corrective actions including planned achievement dates, including review of all named consumers, plus review in relation to weight loss, wound care/skin integrity, return from hospital assessment requirements, and staff education/training. Reporting to Serious Incident Response Scheme as per legislative requirements has occurred in relation to care deficits. In consideration of compliance, while accepting the provider’s immediate/responsive and planned actions I am cognisant of time required to implement these and educate/train staff. I find the service does not demonstrate appropriate systems to ensure deterioration/change of consumer’s capacity/condition is recognised and responded to in a timely manner. As such requirement 3(3)(d) is non-compliant.

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