Morrison Lodge

Performance Report

1A North Street   
MIDLAND WA 6056  
Phone number: 08 9250 0400

**Commission ID:** 7186

**Provider name:** Baptistcare WA Limited

**Assessment Contact - Desk date:** 26 June 2020

**Date of Performance Report:** 6 August 2020

# Publication of report

This Performance Report **may 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 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’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 - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received on 2 July 2020.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as one of the five specific Requirements have been assessed as Compliant.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 6 February 2020.

The Assessment Team recommended Requirement (3)(d) in Standard 8 as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report, and the approved provider’s response to come to a view of compliance with Standard 8 and find the service is Compliant with Requirement (3)(d).

At an Assessment Contact – Site 6 February 2020, in relation to Standard 8, Requirement (3)(d), the Decision Maker found the systems in place to manage the response to incidents of physical aggression towards consumers, including mandatory reporting incidents, was not effective or consistently implemented. The service has implemented a range of actions to address the deficiencies identified which I have detailed below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team’s report provided evidence of actions taken to address the deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the last Assessment Contact – Site, including:

* A Compulsory Reporting Incident checklist assists the service’s manager to track that all reportable assaults have been effectively investigated, including the management of the consumer’s behaviour as soon as they are aware of any allegation or suspicion.
* The organisation has reviewed and updated current documentation, including the Behaviour Management policy and clinical compulsory reporting flowchart and has made some changes to their electronic behaviour management chart. These changes were communicated to staff via memoranda or at meetings.
* The core competency elder abuse essential learning module has been amended to incorporate the process changes. Training for clinical staff was held in March 2020 on the compulsory reporting process and behaviour assessment and intervention process. The Behaviour Management Guide has been updated to clarify expectations in relation to assessment and planning within the 24-hour timeframe.
* Following the implementation of the new behaviour form, an audit was conducted on 4 May 2020, with a satisfactory result.
* A memorandum has been sent to all staff outlining responsibility to report compulsory reporting incidents to the most senior person on site and to escalate if they are unsure whether this has been actioned.
* An audit was conducted on 23 June 2020 to review staff knowledge of compulsory reporting requirements, including identifying, escalating, addressing and recording reportable assaults, with a satisfactory result. A further audit is planned to be undertaken within the next three months.

In relation to Standard 8 Requirement (3)(d), documentation and information provided to the Assessment Team by consumer representatives and senior staff through interviews demonstrated:

* Consumer representatives said they were satisfied with the service’s response to concerns about care, harm and/or abuse.
* Monthly Compulsory Reporting Incident registers since January 2020 showed all reportable incidents are recorded, including the circumstances and reasons whether or not they were reported to the Commission and the local police.
* Consumers’ behaviour evaluations were undertaken for all non-reportable incidents within 24 hours of receiving the allegation or suspicion of an incident.
* Documentation confirmed a recent compulsory reporting incident involving one consumer had been managed in accordance with the service’s processes and legislative requirements.
* The Assessment Team viewed the service’s feedback register and noted that several complaints of rough handling had been received by the service. Management provided information about the actions taken in relation to these complaints, including follow-up with consumers and staff members.

For the reasons detailed above, I find the approved provider, in relation to Morrison Lodge, does comply with Requirement (3)(d) of Standard 8.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.