Mandalay Retreat

Performance Report

Crn Bay and Wellington Streets   
CLEVELAND QLD 4163  
Phone number: 07 3286 6879

**Commission ID:** 5350

**Provider name:** Senjah Pty Ltd

**Assessment Contact - Site date:** 14 January 2021

**Date of Performance Report:** 11 February 2021

# 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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 - 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.

# STANDARD 3 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

Not all Requirements were assessed and therefore an overall compliance rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

Consumers and representatives sampled by the Assessment Team stated they received safe and effective care that was right for them. Registered and care staff were aware of sampled consumers care needs, and advised the service had policies and procedures to guide them in the delivery of safe and effective care in relation to restraint, skin integrity and pain.

Progress notes, care plans and charts for sampled consumers were individualised evidencing care that was safe, effective and tailored to the specific needs of the consumer. Consumers and representatives interviewed said consumers received the care they needed and described the ways the care being provided was meeting their needs.

Staff demonstrated individual knowledge of consumers’ needs and preferences. Staff confirmed they could access consumer care plans and advised if they had any concerns in relation to care provided to consumers they would escalate to senior clinical staff. Staff advised they received sufficient information regarding consumers during shift handover. Registered staff reported they had the knowledge, skills, equipment and support to provide safe and effective care.

The organisation had a restraint policy to guide staff practice. Staff could describe restraint practices and minimisation strategies including trialling alternatives, authorisations, discussion of risks in consultation with consumers and representatives and review of restraints.

Skin integrity and wound care (including pressure injury prevention and management) guidelines and procedures were available to staff and outlined an evidence-based approach to promote healthy skin and the management of wounds. The Assessment Team reviewed wound care documentation which demonstrated that for consumers with pressure injuries, their wound healing progress was consistently monitored by registered staff, and wounds were attended to, reviewed, photographed and documented as scheduled.

The service had a pain management process and the clinical care policy referred to the assessment and treatment of pain. The policy included information on pain assessment, the use and documenting of any interventions used, including non-pharmacological interventions such as massage. Consumers advised the Assessment Team their pain is well managed, and staff are responsive to any breakthrough pain.

The service had clinical meetings monthly and runs monthly clinical indicator reports, and monitors, analyses and trends incidents of high impact and high prevalence risks, such as falls, medication incidents and pressure injuries.

Based on the evidence above, it is my decision this Requirement is compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service was able to demonstrate to the Assessment Team, high impact or high prevalence risks associated with the care of each consumer was effectively managed. Care planning documentation reviewed by the Assessment Team identified the key risks to those consumers. These risks included diabetes management, catheter care, falls management, pressure injuries and behaviour management. Care planning documentation for consumers who were at risk of falls outlines directives for care staff such as manual handling instructions, including the appropriate equipment to use for each consumer, and timely referrals made to physiotherapist for review.

Consumers and representatives interviewed said they were satisfied with the management of high prevalence and high impact risks at the service. Management have delivered education and training to staff relating to high impact and prevalent risks for consumers at the service. Registered and care staff described how handover occurs at the beginning of each shift to identify consumers’ care needs and preferences including risks. Registered staff interviewed were able to describe how they identified, assessed and managed high impact and high prevalent risks for consumers, including falls, skin integrity, weight loss and pain management.

Registered staff interviewed provided information consistent with care planning documentation for sampled consumers when asked how they manage specific risks for the consumers. Staff interviewed demonstrated an understanding of the assessed needs for individual consumers.

The service had a documented risk management policy and procedures that guided staff on how to identify, manage and document risk. The service ran monthly clinical indicator reports, and monitored, analysed and trended incidents of high impact and high prevalence risks, such as falls, medication incidents and pressure injuries. The Assessment Team observed clinical procedures and flowcharts available in the nurses’ station which guided staff practice and provided summary information on the management of high impact and high prevalence risks.

Based on the evidence above, it is my decision this Requirement is compliant.

**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.