

**Performance Report**

**1800 951 822**

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| Name: | Amaroo Village McMahon Caring Centre |
| Commission ID: | 7909 |
| Address: | 74 Lissiman Street, GOSNELLS, Western Australia, 6110 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 21 November 2024 |
| Performance report date: | 13 December 2024 |
| Service included in this assessment: | Provider: 923 Amaroo Care Services Inc Service: 4914 Amaroo Village McMahon Caring Centre |

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 Amaroo Village McMahon Caring Centre (**the service**) has been prepared by T Wilson, 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 site assessment, observations at the service, review of documents and interviews with staff, older people/representatives, and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 8** Organisational governance | **Not fully assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

As not all Requirements were assessed the overall rating for this Quality Standard is not applicable.

Care plans are reviewed on a regular basis and updated when there is a change in a consumer’s condition or when an incident occurs. Staff acknowledged the importance of regular reviews to assist them to understand consumers changing needs. Staff use a guide to complete a well-being assessment which is used to monitor consumers for changes in their care requirements. The outcomes of assessments are reported to clinical staff for consideration and any required actions are implemented as needed. Care plan review confirmed care plans are updated regularly and when incidents occur.

It is for these reasons I find Requirement 2(3)(e) compliant.

# 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. | Compliant |

Findings

As not all Requirements were assessed the overall rating for this Quality Standard is not applicable.

Consumers and representatives confirmed they are satisfied how staff assist them to manage identified risks. Staff could describe the main risks for the sampled consumers and how the risks are managed, including the use of validated assessment tools to identify risk. There are system and process in place including policies and processes to guide staff in the management of risk. Documentation shows that risks are recorded and managed along with discussions and reviews occurring at regular multidisciplinary meetings.

It is for these reasons I find Requirement 3(3)(b) compliant.

# Standard 8

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| Organisational governance |  |
| Requirement 8(3)(d) | 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
4. managing and preventing incidents, including the use of an incident management system.
 | Compliant |

**Findings**

As not all Requirements were assessed the overall rating for this Quality Standard is not applicable.

There is a framework that guides staff to prevent, identify and manage high-impact or high-prevalence risks related to consumer care. Consumers and representatives confirmed the service responds well to incidents and engages them to resolve incident as appropriate. Staff could describe how they manage and preventing consumer risks. The service’s incident management system records and monitors incidents which are investigated with mitigating strategies recorded. The service trends and analyses risk and incident data to drive continuous improvement. There are established systems to ensure the safety and protection of consumers, with any incidents being reported correctly and investigated promptly.

It is for these reasons I find Requirement 8(3)(d) 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)