Performance

Report

**1800 951 822**

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| Name of service: | Amaroo Village McMahon Caring Centre |
| Service address: | 74 Lissiman Street GOSNELLS WA 6110 |
| Commission ID: | 7909 |
| Approved provider: | Amaroo Care Services Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 March 2023 |
| Performance report date: | 13 April 2023 |

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 A. Kasyan, 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 - 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 Team’s report received on 28 March 2023; and
* the Performance report dated 3 August 2022 for an Assessment Contact undertaken from 5 July 2022 to 6 July 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been 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 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirements (3)(a) and (3)(b) were found Non-compliant following an Assessment Contact undertaken from 5 July 2022 to 6 July 2022 where it was found the service did not demonstrate:

* each consumer was receiving personal care and/or clinical care in line with best practice and which was tailored to the consumer’s needs, including in relation to management of behaviours and chemical restraint; and
* effective management of high impact risks associated with pain management.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* A toolbox training was held in August 2022 in relation to recognising and responding to pain, documentation and evaluation of consumers’ pain levels.
* A pharmacist provided training to staff in September 2022 regarding the use of psychotropic medication followed by a workshop training with registered staff in February 2023 which discussed person-centred non-pharmacological strategies to be used before chemical restraint is administered.

At the Assessment Contact, care files sampled demonstrated appropriate, individualised management and monitoring strategies had been implemented for management of consumers’ changed behaviours and risks associated with the use of chemical restraint and unmanaged pain. Documentation showed staff monitor and document changes in consumers’ behaviours and pain levels. When chemical restraint was used, behaviour chart and support plan showed non-pharmacological strategies were used to address the consumers’ responsive behaviours, and the service involved consumers’ representatives in the care planning process to keep them informed of changes in care.

All consumers and representatives interviewed provided feedback indicating the personal and clinical care consumers receive is safe and effective and tailored to their individual needs, including in relation to pain management, wound care, showering, management of risks of falls and changed behaviours. Documentation, including care plans, progress notes and incident analysis evidenced effective implementation of risks management strategies to ensure prevention and minimisation of risks associated with falls, changed behaviours and diabetes. Staff interviewed were able to describe how they provide care based on best practice, and how they tailor care to consumers’ needs and preferences.

While consumer records showed staff followed wound care directives, the Assessment Team identified that in 4 of 5 wounds reviewed, staff did not record weekly wound measurements according to wound directives. In its response to the Assessment Team’s report dated 28 March 2023, the provider stated weekly wound measurements has been added to the service’s Plan for Continuous Improvement, instructions have been issued at handovers, and highlighted at future clinical meetings.

I acknowledge the provider’s response and proposed actions in response to the Assessment Team’s finding about deficiencies in wound assessments. I consider, while the Assessment Team’s report identified wounds were not measured weekly in line with the wound care directives, wound care was found to be safe and effective.

For the reasons detailed above, I find Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care 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)