Performance

Report

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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: | 5 December 2023 |
| Performance report date: | 15 December 2023 |
| 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 M Glenn, 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.

# 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 consumers, representatives, staff and management;
* the provider’s response received 12 December 2023 acknowledging the assessment team’s report and findings; and
* a performance report dated 16 August 2023 for a site audit undertaken on 20 June 2023 to 22 June 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not Applicable as not all requirements were 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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following a site audit in June 2023 as each consumer was not effectively supported to take risks safely. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including review of the consumer risk taking policy; and provided staff education on dignity of risk and the escalation process.

At the assessment contact in December 2023, consumers were found to be supported to take risks to enable them to live the life they choose. Where consumers are identified as partaking in activities which include an element of risk, in consultation with consumers and/or representatives, risk assessments and dignity of risk forms are completed and controls to mitigate risks are implemented to ensure consumers’ well-being and safety. Care staff described the dignity of risk process and confirmed they had attended recent training relating to consumer choice, dignity of risk and the escalation process. Four consumers said they can make choices about how they live their lives and risks related to activities they are involved in and control strategies have been explained to them.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Requirement (3)(a) was found non-compliant following a site audit in June 2023 as assessment and planning processes had not been consistently undertaken to enable risks to consumers’ health and well-being to be identified and appropriate management strategies implemented. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including providing ongoing education to staff on identifying consumer risk, documentation processes and minimisation of risk.

At the assessment contact in December 2023, consumers and representatives said consumers receive care that is safe, and management and staff include them in discussions on care planning and management of identified risks. Assessments, including validated risk assessment tools, are completed on entry and ongoing, with information used to develop comprehensive care plans. Care files sampled demonstrated key consumer risks had been identified and tailored management strategies developed to guide staff in the provision of care and services. Dignity of risk forms sampled included a risk rating score, including the likelihood of occurrence and consequence of outcome, which guides the risk review date. Care files also demonstrated involvement of allied health professionals in assessment and care planning, as well as consultation with representatives. Staff were familiar with consumers who choose to take risks, and described how they identify and collaborate with consumers and representatives to manage risk.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers 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

Requirement (3)(d) was found non-compliant following a site audit in June 2023 as effective risk management systems and practices, specifically to support consumers to live the best life they can, were not demonstrated. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed the consumer risk taking policy; reviewed care planning process to include a more focussed approach to involve consumers and representatives in conversations about risk identification; provided training to staff on supporting consumers to do the things they want to do, even if there is risk involved; and undertaking regular review and reporting of consumers with dignity of risk in place through weekly clinical and monthly governance meetings.

At the assessment contact in December 2023, effective risk management systems and practices, including in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can; and managing and preventing incidents were demonstrated. A range of processes ensure staff are identifying, managing, escalating, and mitigating risks to consumers. Clinical risk meeting minutes demonstrated service wide trends are identified and discussed, and individual consumers with high impact or high prevalence risks are identified and monitored. Management said trends in wounds and unplanned weight loss were identified that required immediate action, with investigation identifying root causes resulting in changes to staff clinical practice and implementation of new nutritional supplement products which have addressed the issues. Concerns and incidents, including unexplained bruising, reports from consumers about staff verbal behaviour and concerns expressed by consumers about potential financial abuse by friends/relatives, are promptly identified and escalated. Related documentation, including Serious Incident Response Scheme submissions and referrals to specialists, showed investigation and ongoing escalation occurs. There is a robust process to support consumers to live the best life they can, including a new policy, clearer guidance, procedural flow charts, and an education program for all staff in risk assessment, mitigation and documentation. Management said new admission audits demonstrate staff are speaking to consumers and identifying risk activities more consistently and staff have been observed to be more relaxed and supportive of consumers’ right to take risks. Incident reports include information on what happened and demonstrated the investigation looked to identify root causes. Documentation also included actions identified and implemented to prevent reoccurrence, in line with the organisation’s policy.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

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