Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Baptistcare Moonya Nursing Home |
| Commission ID: | 7915 |
| Address: | 59 Ipsen Street, MANJIMUP, Western Australia, 6258 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 29 May 2024 to 30 May 2024 |
| Performance report date: | 2 July 2024 |
| Service included in this assessment: | Provider: 1595 BaptistCare NSW & ACT  Service: 4920 Baptistcare Moonya Nursing Home |

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 Baptistcare Moonya Nursing Home (the service) has been prepared by R Beaman, 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, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not fully assessed |
| **Standard 7** Human resources | **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 3

|  |  |  |
| --- | --- | --- |
| 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

Documentation for 11 consumers demonstrated appropriate monitoring, review and actionable outcomes were undertaken for the management of high impact or high prevalence risks to consumer. Representatives were satisfied with the provider’s risk management strategies implemented. Care plans were updated when changes to a consumer’s needs or functions occurred, in line with the service’s systems, policies, and procedures.

Staff demonstrated and understanding of the service’s systems policies and procedures for managing high impact or high prevalence risks, and knowledge of individual consumer’s needs for the reduction of risks and the minimisation of restraint.

Management demonstrated risks were monitored and that the service undertook corrective action, education, and support of staff to ensure ongoing management of high impact or high prevalence risks as per the service’s policies and procedures.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Consumers and representatives reported overall satisfaction with staffing numbers and the skill levels of staff to provide safe and effective care, and confirmed staff were always around and available to provide support when needed. One consumer reported increased satisfaction with consistency of staffing.

Staffing levels are reviewed and adjusted, including the provider undertaking recruitment where required. The service sought consistency with agency staff, where practicable, to support the delivery and continuity of care. Rostering documentation demonstrated shifts in the preceding 2 months were consistently filled.

Staff reported sufficient numbers and skill level, allowing them to provide quality care and services, with sufficient time to undertake all care tasks. The service demonstrated it is currently exceeding clinical and care minutes.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service has effective clinical governance with oversight of clinical indicators, and demonstrated process improvement for aspects of clinical care, including continence and skin management as result.

Clinical and care staff confirmed they have access to and follow policies and procedures to support clinical governance. Staff were able to describe the service’s process for keeping them informed of any governance changes.

Consumers and representatives reported satisfaction with clinical care and confirmed informed open disclosure occurred following incidents occurring.

Documentation demonstrated policies and procedures for clinical governance were available for staff, and general practitioners were included in the assessment and reduction of restraints.

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)