Performance

Report

**1800 951 822**

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| Name: | Craigcare Maylands |
| Commission ID: | 7867 |
| Address: | 6 Third Avenue (East), MAYLANDS, Western Australia, 6051 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 March 2024 |
| Performance report date: | 22 March 2024 |
| Service included in this assessment: | Provider: 1213 Glenn-Craig Villages Pty Ltd  Service: 4874 Craigcare Maylands |

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 Craigcare Maylands (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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; and
* a performance report dated 9 November 2023 for an assessment contact undertaken on 28 September 2023.

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

# 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in September 2023 as high impact or high prevalence risks associated with the care of each consumer had not been effectively managed. In response to the non-compliance, the service implemented a range of improvements, including, but not limited to, increasing frequency of skin check risk assessments; having two clinical staff conduct weekly wound check rounds to identify wounds which may be subject to deterioration and require further strategies and intervention; and providing regular education to staff relating to assessment and management of pain.

At the assessment contact undertaken in March 2024, the assessment team found improvements implemented in response to the non-compliance have ensured there are effective systems and processes for correctly identifying and managing high impact or high prevalence risks. Staff described the main risks for consumers sampled and how these risks are identified, including through the use of validated assessment tools. Care files sampled evidence clear documentation relating to risk identification, escalation, and management, including for risks relating to pressure injuries, falls, behaviours and pain. Care files also evidence involvement of allied health professionals and specialist services in the management of identified risks. Consumers at risk are reviewed and discussed at daily huddles and handover processes to enable staff to recognise consumers with new or current risks which may affect their safety and well-being. Consumers and representatives are satisfied staff have undertaken appropriate actions to assess, reassess and review risks related to consumers’ care needs, including following incidents and changes in their condition.

Based on the assessment team’s report, I find requirement (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-2)