Performance

Report

**1800 951 822**

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| Name of service: | Dr Mary Surveyor Centre |
| Service address: | 18 Hocking Road KINGSLEY WA 6026 |
| Commission ID: | 7330 |
| Approved provider: | Meath Care (Inc) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 September 2023 |
| Performance report date: | 6 October 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 Dr Mary Surveyor 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 - 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.
* a response from the provider was not received.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

As only two Requirements were assessed and found compliant the overall rating for this Quality Standard is not applicable.

Consumers and representatives confirmed they are satisfied with how the service manages their complex health conditions and high impact high prevalence risks. Staff could describe consumers at risk and the strategies they use to ensure the safety and management of care for each consumer. Documentation confirmed consumers receive care as per assessed needs, including strategies to manage identified risks. Consumer risks are reviewed through multidisciplinary meetingsto ensure all risks are being managed effectively.

Consumers confirmed they are satisfied with the cleanliness of the service including common areas to prevent infection transmission. Staff have received training in infection control and understand the precautions to follow to minimise risk. The service has an effective Infection Prevention and Control (IPC) program, including an IPC lead, that aligns with the nationally recognised guidelines and applicable governing standards.

It is for these reasons I find Requirements (3)(b) and (3)(g), compliant.

# Standard 7

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| 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

As only one Requirement was assessed and found compliant, the overall rating for this Quality Standard is not applicable.

Consumers and representatives confirmed there are sufficient staff who provide them with quality care and services. Staff provided positive feedback about the new care model and subsequent increase in staffing numbers which allows them to spend quality time with consumers. Reviews are undertaken to ensure there are sufficient staff based on consumer needs.

It is for these reasons I find Requirement (3)(a), 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 only one Requirement was assessed and found compliant, the overall rating for this Quality Standard is not applicable.

There is and effective risk management framework in place to ensure that risks are managed, incidents reported, and analysis is undertaken to ensure all risks are reviewed an managed appropriately. Consumers confirmed they are able to take risks which are discussed with the service and mitigating strategies are put in place to keep them safe. Staff could describe the processes in place to manage risks including how to support consumers to live the best life they can. There are processes in place to guide staff in responding to abuse and neglect.

It is for these reasons I find requirement (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)