**Performance**

**Report**

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| Name: | Magenta Community Services |
| Commission ID: | 701049 |
| Address: | 88 Russell Street, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 11 September 2024 |
| Performance report date: | 14 October 2024 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9134 Magenta Community Services Pty Ltd  
Service: 26859 Magenta Community Services

**This performance report**

This performance report has been prepared by G. McNamara, 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 services it operates, 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 (performance assessment) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 3 Personal care and clinical care | 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 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Following a Quality Audit conducted 1 to 3 May 2024, the provider was found non-compliant with this requirement. The non-compliance showed the approved provider could not demonstrate effective management of high-impact or high-prevalence risks in areas such as care documentation, mitigation strategies and recording of risk identification.

In response, the provider implemented a range of continuous improvement actions including a risk identification matrix, risk assessment tools and risk mitigation strategies. The customer records management system now incorporates a risk alert and monitoring process, and evaluation is measured through key performance indicators.

These improvements were evidenced during a non-site assessment contact undertaken on 11 September 2024.

Consumers interviewed said an assessment of their needs and environment had been completed at the onboarding stage. They described staff who provide their care as extremely competent and aware of their care needs including risk factors. For example, one consumer stated staff know their care needs including mobility restrictions and encouraged them to use assistive equipment and handrails installed.

Staff said they received training in the identification of high-impact risks associated with the care of consumers and felt confident in following the process to notify and escalate risk to the provider. They described how notifications related to risk are available to them when they sign on to commence a shift. Staff record shift notes at the end of each shift which are reviewed by the team leader and escalated accordingly in response to risk factors. Staff provided an example of their response to finding a consumer to be confused and not their usual self, resulting in timely interventions, including a monitoring schedule.

Management demonstrated systems or processes for oversight and management of high-impact, high-prevalence risks in response to the non-compliance, including the implementation of high-impact and high-prevalence policy and procedures and care plans detailing the consumer’s risk level assessments and mitigation strategies to address the identified risks. Following the reporting of a risk-based incident, team leaders will arrange a review with consumers to reassess, identify and update risk strategies within the care plan.

A review of documentation showed that risks are identified in consumer care plans and mitigation strategies are outlined. For example, a consumer was identified as at risk of falls and that they may require physical support from support workers. Due to skin integrity concerns an alert is now recorded in that consumers care plan.

Based on the information summarised above, I find the provider compliant with requirement 3(3)(b).

# Standard 8

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| Organisational governance | | HCP |
| 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

Following a Quality Audit conducted 1 to 3 May 2024, the provider was found non-compliant with this requirement. The non-compliance showed the provider did not have accurate information to guide monitoring and evaluation of the risk management system. The management of some high-impact and high-prevalence risks was not effective and placed consumers at risk of harm. While some incidents were identified and recorded, other consumer incidents were known to staff but were not recorded in the incident management system.

In response to the non-compliance, the provider developed a comprehensive continuous improvement plan to address the identified deficits. The provider implemented several actions to improve the monitoring and evaluation of the risk management system. This included ensuring the identification and recording of high-impact and high-prevalence risks to consumers and ensuring all incidents were recorded in the incident management system.

These improvements were evidenced during a non-site contact assessment contact undertaken on 11 September 2024.

In relation to managing high-impact or high-prevalence risks, management described the improvements taken, including implementing a high-risk and high-prevalence policy and procedures, a risk assessment tool and a risk matrix. Further, at onboarding consumers are assessed to identify any risks associated with their care and strategies are put in place to manage those risks, and care plans developed detailed the risks to consumers and any mitigation strategies. In addition, following an incident, feedback is sought from support workers, consumers and their representatives. Team leaders then arrange a review with consumers to reassess their needs and identify any risks. Care plans were updated, and support workers notified of any changes to a consumer’s care needs.

Support workers were trained in recording and reporting any changes in a consumer’s condition or incident in the customer records management system and to their team leader. Risk assessments for mobility, balance and environment were implemented, and additional information regarding behaviours, risks or hazards are added to care plans and profiles to ensure staff have comprehensive knowledge of the consumer’s needs, behaviours and risks. A clinical governance committee was being set up and should be in place early 2025.

Staff said they are trained to identify high-prevalence risks associated with the care of consumers. They also said if they identified a risk, they would record the details in the consumer’s progress notes and report it to their team leader. Staff further said they had regular discussions with their team leader about consumers at risk and strategies to mitigate those risks. Management advised that regular discussions were held with team leaders and regional leaders about consumers at risk.

Management stated consumers were referred to allied health and other medical specialists as required. For example, one consumer was referred to a general practitioner after the provider identified they were displaying behaviours of concern following a stroke. Another consumer’s risk of falls, and strategies to mitigate this, were outlined in their care plan.

In relation to identifying and responding to abuse and neglect, staff said they had completed training in identifying abuse and neglect of consumers and the Serious Incident Response Scheme (SIRS). They demonstrated their understanding of what elder abuse and neglect can look like and stated they would report elder abuse to their team leader and record the details in the consumer’s progress notes. A review of training records evidenced staff had completed SIRS and abuse and neglect training modules.

Management said all staff receive abuse and neglect and SIRS training, and stated incidents were reviewed by the team leader, compliance officer and management team and reported to the Commission as required. The organisation has abuse and neglect policy and procedures that guide staff in identify abuse and neglect and steps taken to investigate and report the incidents.

In relation to supporting consumers to live the best life they can, consumers said they felt comfortable with how the provider balances risks and quality of life, that they felt they were living the best life they could, and the provider helped them stay connect to community. They provided examples of this.

Staff said it was important to respect consumers’ wishes, and said they worked with them to reduce risks that supported their independence as safely as possible. They provided an example of personal care given to a consumer who had a stroke years ago but how they assisted them to remain independent to the extent of their abilities, while ensuring such care was safe. Documentation indicated that consumer was supported to attend an outdoor, public event.

In relation to incident management systems, management described the improvements implemented to ensure all incidents are recorded in the incident management system. These included recording all incidents (witnessed or unwitnessed) in the customer records management system, daily assessment of progress notes to ensure all incidents are captured were assessed daily to ensure no incidents or concerns had been missed, relevant training to staff, and reporting of all incidents to the advisory board. A review of the incident register evidenced unwitnessed incidents were recorded.

Staff said if they witnessed an incident, they recorded the details in an incident report, consumers progress notes and reported it to their team leader, including prior incidents reported to them by consumers. A review of the advisory board meeting dated 26 June 2024 included a standing agenda item for incident reporting. An incident report to the advisory board dated May 2024 was sighted. Management advised SIRS incidents were reported to the advisory board, and provided evidence of a SIRS reportable incident submitted to the Commission on 7 June 2024.

Management advised incidents were used to drive continuous improvement. For example, the organisation identified several consumers were at risk of falls. As part of the provider’s continuous improvement plan around June 2024 they started recommending a falls alarm to all existing consumers. Management said as part of the onboarding process, all new consumers were offered a falls alarm. Management said the response has been positive and consumers had chosen to purchase a falls alarm.

The organisation has incident and serious incident reporting policy and procedures that guide staff in recording and reporting incidents including SIRS.

Based on the information summarised above, I find the provider compliant with requirement 8(3)(d).

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)