Performance

Report

**1800 951 822**

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| Name: | Maranatha Aged Care |
| Commission ID: | 5118 |
| Address: | 1582 Anzac Avenue, KALLANGUR, Queensland, 4503 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 11 December 2023 |
| Performance report date: | 8 January 2024 |
| Service included in this assessment: | Provider: 1008 Christadelphian Homes Limited  Service: 3475 Maranatha Aged Care |

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 Maranatha Aged Care (**the service**) has been prepared by S Turner, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* information about the service held by the Commission

# 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** |

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)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |

Findings

Consumers and representatives said they were happy with the clinical care and personal care consumers received. Consumers provided examples of how staff cared for them. One consumer said staff provided timely support when they experienced pain and another consumer said risks associated with the use of a restrictive practice had been explained to them.

Staff explained the processes they followed when supporting consumers with complex clinical care needs including restrictive practices, wound care and pain management. Staff said consent was sought as an element of the management of restrictive practice and that assessment and evaluation occurred in relation to pain management and wound care; where necessary a referral was made to specialist health care providers.

Care documentation confirmed interventions and treatment regimens were based on assessments. Care plans were updated as changes occurred, and treatment plans were monitored and reviewed in accordance with organisational requirements.

Care documentation for consumers with chronic and/or complex wounds included strategies to reduce the incidence of pressure injuries, strategies to manage pain and evidence of the involvement of a registered nurse in wound care evaluations.

Staff said they had received training in identifying and escalating changes in consumers’ care needs. A staff member described how they had escalated a consumer’s skin tear to the registered nurse; the Assessment Team confirmed the wound was reviewed by a registered nurse, pain charting was commenced, and a referral was made to the medical officer.

Senior clinical staff described how they provided care that was ‘best practice’ in relation to wound care and said wounds were regularly measured, photographed and documented, and pain was considered. A medical officer reviewed each consumer, and a wound care specialist was engaged as required.

Staff had access to resources to minimise the risk of pressure injuries. These included pressure relieving mattresses, heel protectors, bed cradles and compression stockings.

For the reasons detailed above, I am satisfied consumers receive safe and effective personal and clinical care. Requirement 3(3)(a) is 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Consumers and representatives said staffing was consistent and consumers were attended promptly. One representative said there was ‘plenty of staff’ and confirmed the consumer was always attended by female staff which was the consumer’s preference. One consumer said they had never had to wait for staff to respond to their requests for assistance.

Management had contingency plans in place to replace staff as required and rosters were reviewed on a regular basis to ensure staffing allocations were meeting consumers’ changing needs and preferences. A review of the roster for the previous four weeks demonstrated that unplanned leave had been filled.

Staff were satisfied with the level of staffing across the service and said they had sufficient time to complete their tasks. Staff said the organisation’s expectations was that call bells would be responded to in under 10 minutes; they said they had received training on call bells and wait times. Response times greater than 10 minutes were investigated by management.

The workforce was planned to enable the delivery of safe, quality care and services and staff were observed responding to call bells and attending to consumers in a timely manner. For these reasons I am satisfied Requirement 7(3)(a) is Compliant.

There was a system to ensure staff were recruited, trained and equipped to effectively perform their roles and staff were satisfied with the training they received and said they felt supported. Staff described how they were notified of the mandatory training that was to be completed and said that an education officer would follow up if training was not completed within established timeframes. A training register was maintained to monitor staff participation. The training program addressed varied topics including the Serious Incident Response Scheme, Code of Conduct, the Quality Standards, infection prevention and control, fire safety and manual handling.

Consumers and representatives expressed confidence and satisfaction in staff’s ability to provide effective care and services. Their feedback included ‘staff are very good, and they know what they are doing.’

The service demonstrated the workforce was adequately trained and supported to deliver safe and quality care and services. Consumers were confident staff were equipped to deliver care and services. For these reasons I am satisfied Requirement 7(3)(d) is Compliant.

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