Performance

Report

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| Name: | Maroba Nursing Home |
| Commission ID: | 2225 |
| Address: | 58 Edith Street, WARATAH, New South Wales, 2298 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 25 September 2023 |
| Performance report date: | 14 November 2023 |
| Service included in this assessment: | Provider: 2548 Maroba  Service: 705 Maroba 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 Maroba Nursing Home (**the service**) has been prepared by G Cherry, 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.
* Performance Report dated 10 January 2023

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable due to not assessing all requirements |
| **Standard 8** Organisational governance | **Not applicable due to not assessing all requirements** |

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

Findings

The Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Requirement 3 (3)(a)

Previously the service did not demonstrate consumers receive best practice care tailored to their needs to optimise health and well-being, particularly relating to wound and pain management, skin integrity and restrictive practices. Responsive actions include reviewing all restrictive practices to determine currency, review the environment, review monitoring records and behaviour support plans (BSP’s), completion of baseline data and currency of documentation regarding psychotropic medications, development of clinical risk reporting process, handover process, reporting to executive leadership team, provision of staff education/training and review of policy/procedural guidance.

The service demonstrates safe, effective clinical care meets consumer needs, optimising their well-being. Sampled consumers/representatives’ express satisfaction with clinical/personal care, stating consumers feel safe and are satisfied with environmental access. Interviewed staff demonstrate knowledge of required processes and individual consumers needs/preferences. The General Manager of Operations has overall responsibility for clinical systems and clinical oversight responsibility is shared with clinical nurse partners and weekly reporting to the executive management team. Document review detail appropriate identification/management of diabetes, wound management, unplanned weight loss, regular review of restrictive practices to ensure currency/appropriateness however the assessment team note inconsistencies in some consultation/communication process relating to environmental safety. Management committed to ensuring consumers/representatives are informed.

Requirement 3 (3)(b)

Previously the service did not demonstrate effective management of high impact/prevalence risks associated with consumer care in relation to safe medication management, unplanned weight loss and incident management. Responsive actions include review management/monitoring/escalation protocol relating to weight loss, review to ensure weight loss is being appropriately addressed (including referrals), upgrade of clinical management system to ensure weight discrepancy alerts, review processes regarding identification/management of high impact risk and provision of staff training/education.

The service demonstrates effective management of high impact/prevalence risks associated with consumer care, including auditing/monitoring processes, analysis of incident data, development of individual strategies, review of clinical processes and escalation to executive management team. Overall, the service demonstrates consistent and comprehensive incident review to implement effective strategies. Sampled representatives consider consumers risks are appropriately managed and staff were observed engaging consumers in activities as a method of minimising unmet behavioural concerns. Consumer documents demonstrate identification, planned intervention/ minimisation/mitigation strategies and evaluation. Interviewed management team and registered staff describe management of individual consumer and service-related risk, including implementation of a duel electronic medication and reporting system as a method to reduce/eliminate medication errors.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited tos 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 |
| 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 Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Requirement 8 (3)(d)

Previously the service did not demonstrate effective risk management systems relating to high impact/prevalence risk including unplanned weight loss, incident management and falls prevention, plus policy documents did not provide adequate staff guidance. Responsive actions include reviewing systems/processes, updating policy/procedural guidance/documentation, provision of staff training/education and increased communication methods to clinical care leadership team.

Organisational risk management governance frameworks include an effective incident management system supported by policies, procedures, and flow charts to guide staff. The executive management team monitor and review service and organisational risks and report to the board monthly. Executive management team members attend board meetings, responding to queries/concerns relating to risk management systems and individual service issues demonstrating examples of changes to enhance/promote positive consumer outcomes. An organisational risk database identifies risks, including a rating of severity and minimisation strategies. Sampled consumers consider they are supported to live their best lives.

Requirement 8 (3)(e)

Previously the service did not demonstrate effective systems to ensure staff knowledge relating to restrictive practices such as psychotropic medication and environmental restraint. Responsive actions include review of policy guidance/processes and provision of staff education/training. Relevant topics added to clinical committee agenda/board reports, implementation of a new clinical governance/clinical care leadership team responsible for governance oversight. Effective management of high prevalence risks in relation to restrictive practices/antimicrobial stewardship, plus implementation of an infection prevention and control reporting tool reflecting antimicrobial stewardship, plus review of all consumers infections to identify any concerns.

A clinical governance framework is underpinned by policies, procedures and flow charts to direct organisation governance and guide staff. The service demonstrates effective implementation/application of most organisational policies. Antimicrobial stewardship and restrictive practices form part of the governance reporting process and clinical governance meetings driven by executive management team. An organisational open disclosure policy guides management of incidents and stakeholder communications.

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)