Performance

Report

**1800 951 822**

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| Name of service: | Mary Ogilvy Home |
| Service address: | 51 Pirie Street NEW TOWN TAS 7008 |
| Commission ID: | 8009 |
| Approved provider: | The Mary Ogilvy Homes Society |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 June 2023 to 7 June 2023 |
| Performance report date: | 30 June 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 Mary Ogilvy Home (**the service**) has been prepared by S Byers, 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

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was found Non-compliant in Standard 2 in relation to Requirement 2(3)(e) following an assessment contact in December 2021 where it was unable to demonstrate:

* care and services are reviewed or monitored for effectiveness when changes occur, or when incidents impact the needs of the consumers related to psychotropic medications, pain management and behaviour management.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous assessment contact.

Consumers and representatives were satisfied they are informed of any changes to planned care delivery and notified when incidents occur. Staff described the process for reviewing and updating the consumers care needs and how they record and report incidents. Staff understanding aligned with the services policies and procedures. Care documents including falls, behaviour support and pain management reflected consultation, reassessment and review of the consumers care following a change to their health status or following an incident. The service has completed a review of all behaviour management and support plans, and a review of each consumers pain using a digital pain assessment tool. The service has implemented a 3 monthly comprehensive review process for consumers or when the consumer’s health status changes.

Based on the available evidence, I find Requirement 2(3)(e) is Compliant.

# 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

The service was found Non-compliant in Standard 3 in relation to Requirement 3(3)(a) following an assessment contact in December 2021 where it was unable to demonstrate:

* each consumer gets clinical care which is in line with best practice and optimises their health and well-being

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous assessment contact.

Consumers and representatives expressed satisfaction with the personal and clinical care provided to consumers, specifically in relation to pain. Staff demonstrated understanding in the clinical areas of restrictive practices, behaviour management, as required administration of medications and pain, including documentation requirements. The service has completed a review of its psychotropic medications in consultation with the pharmacist and a review of its psychotropic register. Care files for consumers subject to restrictive practices recorded informed consent, behaviour support plans and regular medical review. The service has implemented a digital pain assessment tool and completed reassessments for all consumers with pain management. Staff confirmed receiving education in the pain assessment tool and provided examples in practice. Care documentation demonstrated effective pain assessment and management, in consultation with consumers and input from the medical officer and physiotherapist. Training records confirmed staff have completed training in incident management, restrictive practices, behaviour support plans and psychotropic medications.

Based on the available evidence, I find Requirement 3(3)(a) is 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

The service was found Non-compliant in Standard 8 in relation to Requirement 8(3)(d) following as assessment contact in December 2021 where it was unable to demonstrate:

* effective risk and incident management systems.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous assessment contact.

The organisation demonstrated strengthened risk management systems are in place in relation to high impact or high prevalence risks and incident management. The service has implemented monthly audits to identify risks early and monitor trends. The monthly audit reports and incident data is reviewed by management. This was confirmed by review of meeting minutes. Review of the incident management system and SIRS register demonstrated appropriate identification and management of high impact and high prevalence risks and response to consumer abuse and neglect. Incident reports were observed to be completed within required reporting timeframes. Staff confirmed completing training in incident reporting and SIRS and this was reflected in training records.

Based on the available evidence, I find Requirement 8(3)(d) is 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)