Performance

Report

**1800 951 822**

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| Name of service: | Mary Potter Nursing Home |
| Service address: | 4 Lewisham Avenue WAGGA WAGGA NSW 2650 |
| Commission ID: | 2731 |
| Approved provider: | The Mary Potter Nursing Home and The Ethel Forrest Day Care Centre Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 August 2023 |
| Performance report date: | 11 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 Mary Potter Nursing Home (**the service**) has been prepared by T Solomon, 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 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4 Services and supports for daily living** | **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 |
| 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

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

The service demonstrated effective delivery of personal care and clinical care that is best practice, tailored to consumer needs and optimised consumer health and well-being.

The service demonstrated effective falls management processes are in place, including a falls prevention program using a multi-disciplinary approach. The service demonstrated comprehensive post falls assessment for consumers which was reviewed by clinical staff and included a referral process to the physiotherapist for review. Care staff were familiar with the falls management policy and procedure and confirmed how to access the document.

Review of care and service documentation confirmed when a wound occurs, an incident form is completed, a wound assessment occurs, and a wound chart is commenced. The wound management plan includes the dressing regime and the utilisation of digital software to track wound measurements and photos. Wound chart monitoring included hydration and repositioning for the consumer.

Clinical staff demonstrated a clear understanding of wounds and felt confident following the service policy and best practice guidelines for wound management and skin integrity. Staff stated they refer complex wounds to the medical officer and are sourcing community wound specialists for complex and chronic wound management.

Review of care and service documentation for consumers with changed behaviours indicated the behaviours are managed appropriately and in accordance with organisational policies and procedures. Consumers had current behaviour support plans, information relating to exhibited behaviours, triggers and strategies to mitigate behaviours. Behaviour monitoring charts detailed behaviours exhibited, interventions implemented, and evaluations of strategies.

Requirement 3(3)(g) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

The service demonstrated effective systems are in place to enable the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infections. The service provides ongoing education to all registered nurses and care managers on standard and transmission-based precautions as well as the service policy and procedures to promote appropriate antibiotic prescribing and usage.

Consumers and/or representatives stated they are satisfied with service’s infection control procedures and said they receive regular updates from the service regarding COVID-19 information and screening procedures.

The service has two Infection Prevention and Control Leads who provide a number of infection prevention activities, monitoring and training to staff. They are also responsible for overseeing the infection control outbreak management plan, infection control quick reference guide and associated documents to guide staff practice during an outbreak.

Staff confirmed they receive training in infection control strategies onsite and online for handwashing, personal protective equipment, infection control and COVID-19. Staff demonstrated an understanding of how they minimise the spread of infection and the appropriate use of antibiotics. The Assessment Team observed care staff members demonstrating an understanding of precautions in relation to preventing and controlling infection.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

Requirement 4(3)(a) was found to be non-compliant at a previous assessment. Since that time, the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives provided positive feedback in relation to living at the service and felt they can live as independently as possible and do the things they chose to do. This was corroborated by reviewing consumer care documentation and through discussions with staff.

Staff provided examples of how they support consumers to be as independent as possible, including through having one on one discussions with consumers and engaging with family or representatives.

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)