Performance

Report

**1800 951 822**

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| Name of service: | Maryborough Community Aged Care |
| Service address: | 15 Lindah Road East TINANA QLD 4650 |
| Commission ID: | 5840 |
| Approved provider: | Signature Care Pty Ltd |
| Activity type: | Assessment Contact |
| Activity date: | 17 August 2022 to 18 August 2022 |
| Performance report date: | 20 September 2022 |

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 Maryborough Community Aged Care] (**the service**) has been prepared by Stewart Brumm 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; the Assessment Contact report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Consumer feedback provided directly to the Commission

# 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 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Requirement 2(3)(a)

The Assessment Team provided information that the Approved Provider is completing assessment and planning in conjunction with consumers/representatives, which includes consideration of risks to the consumer, and is used to inform the delivery of safe and quality care to consumers.

Care documentation for sampled consumers contains information relative to the risks to each consumers’ health and well-being. Sampled consumers/representatives expressed satisfaction with the assessment and care planning process at the service.

Staff could describe the assessment and planning process and how they use this to inform delivery of safe and effective care.

I have considered the information presented by the Assessment Team and I find this requirement in 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

**Requirement 3(3)(a):**

The Assessment Team provided information that the Approved Provider is providing evidence-based care which is tailored to the needs of consumers, who advised that they receive personal and clinical care that is safe and right for them**.**

Review of sampled care planning documentation demonstrated individualised care delivery that is safe, effective, and tailored to the specific needs and preferences of the consumer.

I have considered the information presented by the Assessment Team and I find this requirement in compliant.

**Requirement 3(3)(b)**

The Assessment Team provided information that the Approved Provider is effectively managing high-impact or high-prevalence risks associated with consumer care, for example falls and behaviour management.

Review of sampled care planning documentation demonstrated individualised care delivery that is safe, effective, and tailored to the specific needs and preferences of the consumer.

I have considered the information presented by the Assessment Team and I find this requirement in 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 |

Findings

**Requirement 7(3)(a)**

The Assessment Team provided information that the Approved Provider is able to demonstrate 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.

Most consumers/representatives interviewed said staffing numbers are adequate and although sometimes staff appear to be very busy, the level of staffing did not impact on their care and services.

Staff said there is enough staff to provide care and services in accordance with the consumers’ needs and preferences, and staff have enough time to undertake their allocated tasks and responsibilities.

I have considered the information presented by the Assessment Team and I find this requirement in compliant**.**

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)