Performance

Report

**1800 951 822**

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| Name of service: | May Noonan Centre |
| Service address: | 3 Foley Street TERANG VIC 3264 |
| Commission ID: | 3299 |
| Approved provider: | Lyndoch Living Limited |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 16 June 2023 |
| Performance report date: | 23 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 May Noonan Centre (**the service**) has been prepared by N Eastwood, 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 - Desk; the Assessment Contact - Desk report was informed by an assessment contact, review of documents and interviews with staff.

# Assessment summary

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| 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 3

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

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 7 March 2023 to 9 March 2023. At the time of the Site Audit the service was unable to demonstrate adequate investigation, analysis, or outcomes of medication incidents.

The service has implemented several effective actions in response to the non-compliance previously identified, which have contributed to safer medication management practices. There is now greater clinical supervision of staff, there is a strengthened orientation process for external staff as well as a change to the supplying pharmacy and introduction of Webster packed medication. The service has developed its ability to analyse medication incidents and set improvement actions, providing a consistent approach to medication incident follow up.

The Assessment Team reviewed a range of documents to evidence outcomes described in the service’s plan for continuous improvement dated 10 May 2023 and confirmed the current practise related to review of medication incidents and investigation process. Management explained how they had been able to extend currently contracted nursing staff to enable consistency of care as well as ensuring adequate orientation of external staff members. Four monthly audits are undertaken, and a medication incident flow chart has been introduced which directs staff to manage patient safety and follow the service’s incident reporting process. Staff were able to describe the process if an incident occurred and the Assessment Team reviewed the documentation associated with one error which was extensively documented and investigated consistent with the described and documented process.

As a result, and with consideration to the implemented actions and available information I find this requirement is now 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 previously found non-compliant with this requirement following a Site Audit performed between 7 March 2023 to 9 March 2023. At the time of the site Audit the service was unable to demonstrate effective risk management systems and practices in relation to high impact or high prevalence risks specifically in relation to medication incidents.

The service has implemented several effective actions in response to the non-compliance previously identified including strengthened collaboration with pharmacists to improve medication management, a process to analyse medication incidents and errors which integrates with the service’s risk management system and quality improvement process and a review of the medication procedure.

Management demonstrated how the previous paper based ‘medication incident reflection tool’ has been digitalised to better integrate with the service’s risk management and quality improvement processes. They explained how the risk management system generates notifications to quality management who follow up with nurse unit managers to ensure every section of the tool is completed for each incident. The Assessment Team reviewed clinical governance meeting minutes for the meeting held 13 June 2023, which demonstrates after completion of the reflection tool an automatic email is sent to the quality team and managers for inclusion into ‘Riskman’ and informs trends for tabling at the medication advisory committee (MAC).

The Assessment Team reviewed the service’s education records and note ongoing staff engagement with a range of medication training modules, including use of the medication reflection tool and annual medication competencies. MAC minutes also evidence the consultant pharmacist regularly provides education on medication related topics to staff and actively contributes to improvements with medication management and investigation processes.

As a result, and with consideration to the implemented actions and available information I find this requirement is now 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)