Performance

Report

**1800 951 822**

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| Name: | Maybanke Aged Care Plus Centre |
| Commission ID: | 0059 |
| Address: | 80 Wardell Road, DULWICH HILL, New South Wales, 2203 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 September 2024 |
| Performance report date: | 28 October 2024 |
| Service included in this assessment: | Provider: 943 The Salvation Army (NSW) Property Trust  Service: 75 Maybanke Aged Care Plus Centre |

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 Maybanke Aged Care Plus Centre (**the service**) has been prepared by D Saunders, 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

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable |
| **Standard 8** Organisational governance | **Not applicable** |

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 has processes in place to effectively manage consumers with high impact, high prevalence risks. Overall consumers and representatives interviewed were satisfied with their care and considered their health needs were generally managed well. The service identified it has 28 consumers receiving psychotropic medications, and 2 consumers receiving chemical restrictive practice. Regular review and consent are undertaken with the medical officer (MO) at 3 monthly intervals.

The service identified it has 2 consumers who are subject to chemical restrictive practices. Authorisations and regular 3 monthly reviews by a medical officer (MO) are documented for the chemical restrictive practices in use. The consumers’ representative/substitute decision maker (SDM) both confirmed they have been consulted about their consumers, are aware of the medications and recent dose changes which they consented to. Behaviour support plans and behaviour monitoring charts have been completed and have been reviewed within the last 3 months.

Consumers are weighed monthly to assess for unplanned weight loss and may be monitored more often should this be recommended.

Sampled care plans showed skin integrity and pressure injury interventions in place for consumers, including regular skin checks, moisturiser, mobilising and movement.

The service did not have any consumers who had sustained falls requiring medical attention or hospital admission during the past 3 months. All reviewed care plans had falls assessments and interventions documented for falls prevention. Interventions include assistive mobility devices, supervision or assistance with transfers and mobilising, appropriate footwear, lighting, hip protectors, regular toileting, and sensors.

I find this requirement compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

Information management

The service demonstrated it has effective organisation wide governance systems related to information management. The document titled ‘Data and Information Management Policy’ outlines the service’s policy in relation to the management of electronic or hard copy data and information. The service stores consumer care plans and associated documents in an electronic management system. The service also stores original hard copies of these documents. Consumer care plans and other relevant documents are available to care workers through desktop devices and tablets located on all levels of the service. Care workers confirmed with the Assessment Team that they access relevant electronic consumer information and documents on these desktop and tablet devices and some relevant information through hard copy documents. For example, those consumers who require manual handling have a copy of their mobility assistance plan in hard copy in a folder in their rooms. Care workers said that they have access to these electronic and hard copy documents and there has not been an instance where they were not able to access this consumer information.

Continuous improvement

The service demonstrated it has effective organisation wide governance systems related to continuous improvement. The document titled ‘Quality Management Policy’ outlines the service’s policy for quality and continuous improvement. The service maintains a ‘Continuous Improvement’ Register which shows what actions the service is taking to improve the quality of care and services, as well as the outcome and evaluation of the result of the actions taken. The service provided a copy of the Continuous Improvement Register for the last 6 months, which shows an extensive list of specific improvements identified, the actions taken to implement the improvement, and the outcomes and evaluation of the improvements. The areas of improvement in the register are in relation to several different themes including in relation to improving or replacing electronic equipment, increasing training sessions for staff, conducting internal audits, and consumer specific improvements.

Financial governance

The service demonstrated it has effective organisation wide governance systems related to financial governance. The service’s Continuous Improvement Register shows numerous entries relating to expenditure to replace electronic devices or furniture thereby improving the service environment for consumers. The service provided several ‘Property Proposal’ documents, which are used to outline details of proposals for capital funding and expenditure for the service’s internal stakeholders.

Workforce governance

The service generally demonstrated it has effective organisation wide governance systems related to workforce governance. Care staff told the Assessment Team that they are required to attend regular face to face training and complete online modules on the service internal online learning platform, including in relation to fire training, manual handling, food safety and managing dementia. The service provided attendance records for various training such as neglect in aged care, open disclosure, infection control, manual handling, Serious Incidents Response Scheme, and security of tenure. The service provides appropriate disciplinary action for performance or behaviour issues.

Regulatory compliance

The service generally demonstrated that it has effective organisation wide governance systems related to regulatory compliance. The document titled ‘Aged Care Incident Management & Serious Incident Response Scheme (SIRS) Procedure’ outlines the service’s process and procedures in relation to identifying and reporting incidents under the SIRS. The document outlines the 8 categories of incidents and mandatory reporting times. Management explained that an ‘Aged Care Advocate’ employed by the service’s provider ‘filters all the incidents’ to determine which are required to be reported under the SIRS.

The document titled ‘Restrictive Practices Aged Care Procedure’ outlines the service’s process in relation to restrictive practices and outlines the processes to be followed when a consumer is to be placed under restraint, such as the requirement for risk minimisation, clinical assessments, communication and informed consent, and the use of behaviour support plans.

Complaints and feedback

The service demonstrated that it has effective organisation wide governance systems in relation to complaints and feedback. The service maintains a complaints and feedback register, which outlines the details of complaints made by consumers. The extract provided by the service did not detail the specific actions taken but management said that the internal complaints system contains details in relation to what actions the service took in response. The service undertakes complaints trending analysis. The service undertakes regular meetings with consumers where they can put forward any issues or feedback directly to management. The Continuous Improvement Register shows numerous entries for improvements where a consumer was the source of the identification.

Some onsite deficits in governance were identified in workforce governance and regulatory compliance. For each of the several issues identified, management provided prompt and appropriate corrective actions, such as holding education sessions with staff on site, reporting the unreported incident through the portal, and updating its Continuous Improvement Plan with further information and education sessions for staff.

I find this requirement 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)