Performance

Report

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| Name of service: | Mayflower Reservoir |
| Service address: | 56 Elliot Street RESERVOIR VIC 3073 |
| Commission ID: | 3098 |
| Approved provider: | Mayflower Reservoir |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 April 2023 |
| Performance report date: | 4 May 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 Mayflower Reservoir (**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 - 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 1 Consumer dignity and choice | 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 5** Organisation’s service environment | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 11 October 2022 and 13 October 2022. At the time of the site Audit the service was unable to demonstrate that consumers residing in the memory support unit were treated with dignity and respect. The Assessment Team observed a consumer left without toileting assistance despite staff being aware of the consumer’s needs.

The service has implemented several effective actions in response to the non-compliance identified at the Site Audit from 11 October to 13 October 2022. The service now utilises a ‘Residents Choice – Dignity of Risk’ acknowledgement form and ‘Resident of the Day’ tasks have been expanded to include nail care audits. Discussions, and updates relevant to consumer continence and nail care are included in the daily briefing meetings as well as electronic reminders regarding consumer hygiene needs and encouraging hand sanitising before and after meals. Consumer toileting plans and continence assessments are updated, and staff training carried out in relation to continence care and activities of daily living.

At the site visit of 6 April 2023, the service demonstrated how they effectively treat consumers with dignity and respect with their identity, culture and diversity being valued. Consumers and representatives confirmed that consumers are treated with dignity and respect. A review of care documentation demonstrated culture and diversity being valued. Staff described individual needs being respected in line with consumers’ care plans. The Assessment Team observed staff in the memory support unit asking consumers if they wish to go to the toilet, using cue cards and sanitising consumers hands after eating. Activities were also observed in the memory support unit such as consumers and staff playing with balloons in the lounge room, listening to music, painting, going for walks and conducting home duty activities such as folding towels.

As a result, and with consideration to the implemented actions and available information I find this Requirement is now 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 previously found non-compliant with this requirement following a Site Audit performed between 11 October 2022 and 13 October 2022. The service did not demonstrate environmental restrictive practice in line with legislative requirements and continence and nail care that is tailored to individual consumer's needs.

The service has implemented a range of improvements in response to the deficits previously identified. Toileting and continence assessment updates as well as additions to ‘Resident of the Day’ tasks to include nail care, daily discussions regarding continence care and the provision of continence training have all been implemented. Additionally further training has been provided by Dementia Support Australia as well as ‘activities of daily living’ (ADL) charting training.

During the site visit on 6 April 2023, the service demonstrated documentation reviews, interviews, observations, and file reviews for consumers demonstrating that best practice principles have been implemented and care is tailored to consumer needs.

A review of the services ‘restrictive practice assessment/authority forms’ identified consumers subject to environmental and chemical restraint. Care documentation provided to the Assessment Team indicates risks, triggers, and strategies to inform safe and tailored environmental and chemical restrictive practice. A review of care files demonstrates informed consent with consumer representatives, and collaborative monitoring and review by medical practitioners, geriatricians, and specialist services such as, Dementia Support Australia (DSA). Staff described environmental restrictive practice in line with the organisations restrictive practice policy, which was last reviewed on 24 February 2022. Representatives described the various ways they are consulted, and their consent informed.

The Assessment Team noted the service is using validated assessment tools for pain and wound care. The organisation has procedures relating to best practice principle's specifically relating to pain management, wound care, and restrictive practices. The service has delivered electronic care system (iCare) and care delivery training. Staff described feeling confident completing various personal care charts in iCare. The Assessment Team reviewed the service’s ‘action plan’ which reflects the ongoing actions and monitoring being undertaken.

As a result, and with consideration to the implemented actions and available information I find this Requirement is now compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 11 October 2022 and 13 October 2022. The service did not demonstrate that consumers, particularly in the memory support unit, were supported to easily access their own rooms. Some consumers’ movement were restricted by staff locking their bedrooms doors unnecessarily.

The service has implemented a range of effective actions to address these deficits. An internal audit of consumers’ rooms being locked was carried out, staff education on restrictive practices was provided, and consultation with consumers and/or their representatives were identified.

During the Assessment Contact on 6 April 2023, consumers and their representatives expressed satisfaction with the well-maintained, safe, and comfortable home that allows consumers to move freely indoors and outdoors. The Assessment Team observed consumers freely moving inside and outside the service, participating in activities, and mobilising indoors and within the well-maintained gardens. Management and staff explained that some consumers and/or their representatives prefer to have their rooms locked by staff or by consumers, which was confirmed by representative accounts. The service has policies and procedures to enable consumers’ freedom of movement whilst maintaining a secured service.

Management and staff described how a weekly audit of consumers’ doors in the memory support unit has been conducted, following the site audit in October 2022, to identify consumers who prefer to lock their doors, consumers who are able to lock and unlock their doors, and consumers who require support with their toileting needs and behaviour management.

The handover sheet in the memory support unit highlighted 4 consumers’ preferences to have their doors locked by staff with evidence of consent forms observed by the Assessment Team and which was confirmed by consumers’ representatives. The Assessment Team observed a ‘daily room lock checklist’ being completed by staff and cleaning in progress throughout the service.

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 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)