Performance

Report

**1800 951 822**

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| Name: | McAuley Place |
| Commission ID: | 5301 |
| Address: | 263 Agnes Street, ROCKHAMPTON, Queensland, 4700 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 7 September 2023 |
| Performance report date: | 9 October 2023 |
| Service included in this assessment: | Provider: 475 Mercy Health and Aged Care Central Queensland Limited  Service: 3658 McAuley Place |

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 McAuley Place (**the service**) has been prepared by Bruce Bassett, 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 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 found to be non-compliant with Requirement 3(3)(b) following a Site Audit conducted from 11 April 2023 to 14 April 2023, in relation to the service not having effective processes in place to manage high impact high prevalence risks in respect to time specific medications, management of blood glucose levels (BGL) and monitoring of fluid restrictions.

The service has taken action to address the previous non-compliance including;

* Implementation of a new medication system to improve the monitoring and administration of medications, including daily monitoring of medications using a medication reporting tool. The reporting tool includes the time medications have been administered to consumers for all prescribed medications.
* The service has updated the Care Manager’s position description to include daily reviews of consumers with complex care needs including time sensitive medications, BGL and fluid restriction monitoring and response.
* Management said staff has received training and been provided memos related to further education in time sensitive medications, BGL and fluid restriction monitoring. Staff confirmed this education has been provided.
* Reviewed time sensitive report monitoring reports, BGL and fluid restriction charts are consistently completed and reviewed for effectiveness.
* Clinical indicators for June 2023 and July 2023 identified a reduction in incidents.

Care documentation and staff knowledge indicated consumers’ care needs and risks relating to diabetes, time sensitive medications and fluid restrictions are managed in accordance with the individual care needs of the consumers.

Consumers said staff provide their care safely and in a way that is right for them. For example, consumers with diabetes said staff monitor their BGLs consistently and take appropriate actions if results are outside of prescribed parameters. Care documentation corroborated the information provided by consumers and staff were able to describe the risks associated with the care of individual consumers and how these were managed.

Following consideration of the above information, I have decided that necessary and sustainable actions have been taken to return Requirement 3(3)(b) to compliance and is 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 |
| 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 found to be non-compliant in Requirement 8(3)(c) following a Site Audit conducted 11 April 2023 to 14 April 2023, in relation to information management and regulatory compliance.

The service has taken action to address the previous non-compliance in information management including transitioning to a new electronic care management system and ensuring all staff have relevant access to required information to guide the delivery of consumer care and services. Staff interviewed demonstrated knowledge of where to find consumer information relevant to care requirements and were confident they were able to review information easily and document all care.

With regard to regulatory compliance medication processes were updated to provide more accurate medication administration, review, and oversight by management. Additionally, training for staff on mandatory reporting was provided and documentation such as the incident management policy has been updated to reflect current relevant legislation and regulatory requirements. Management confirmed this information is readily accessible on the services intranet for all staff.

Consumers interviewed felt confident their care and services are managed well and their needs and preferences are reviewed and managed effectively. Review of care documentation reflected secure, personalised information regarding consumers’ preferences for care and services was easily accessible to staff.

Staff interviewed demonstrated an understanding of what constitutes a reportable incident and described the process of mandatory reporting as well as how to access the incident management policy to guide their decision making.

The service was found to be non-compliant in Requirement 8(3)(d) following a Site Audit conducted 11 April 2023 to 14 April 2023, in relation to effective risk management systems. Incidents had not been recorded and deficiencies were identified in relation to the management of consumers subject to a fluid balance restriction.

The service has taken action to address the previous non-compliance including the implementation of monthly audits in relation to incidents occurring within the service. A report is generated monthly by the clinical governance team and provided to the facility manager with an analysis of incident trends and gaps that require further action. Education was provided to staff in relation to the reporting of incidents. Staff were able to provide examples of how the training has improved their level of knowledge in relation to the reduction of risks relating to time sensitive medications, management of fluid restrictions and diabetes management. Training records confirmed staff had received training in relation to these risks.

Consumers and representatives said they were satisfied the service has effective risk management systems in place to monitor and manage high impact and high prevalence risks associated with each consumer.

The service’s incident register demonstrates incidents are being reported and recorded in the service incident management system and monitored for risks and improvements.

A review of the service’s monthly clinical incident report demonstrated management monitor and action incidents as they occur and a monthly report is generated by the service’s clinical governance team, outlining incident trends and areas requiring further action.

The service provided evidence of monitoring risks associated with time sensitive medications, fluid intake charting, and the monitoring of BGL parameters and responding to anomalies daily.

Following consideration of the above information, I have decided that necessary and sustainable actions have been taken to return Requirements 8(3)(c) and 8(3)(d) to compliance and the Requirements are 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)