Performance

Report

**1800 951 822**

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| Name: | McLean Care Yallambee |
| Commission ID: | 5137 |
| Address: | 34-40  Margaret Street, MILLMERRAN, Queensland, 4357 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 16 October 2023 |
| Performance report date: | 14 November 2023 |
| Service included in this assessment: | Provider: 2623 McLean Care Ltd  Service: 3494 McLean Care Yallambee |

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 McLean Care Yallambee (**the service**) has been prepared by K. Reed, 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) – non-site report was informed by review of documents and interviews with management.
* other information held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not fully assessed |

A detailed assessment is provided later in this report for each assessed Requirement.

# 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)(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 found to be Non-compliant in this Requirement following a Site audit conducted 27-29 June 2023. The service provided a Plan for continuous improvement to address the deficiencies in Requirement 3 (3) (a) and completed an evaluation report relating to the effectiveness of actions taken to address the deficiencies. Evidence of action taken included:

Toolbox talks for staff on free movement and definitions of restrictive practice commenced during the site audit and continued for the next few weeks coordinated by the Training Coordinator and management. It was identified staff were not clear on the definitions of mechanical or environment restraint. To clarify their understanding staff were provided with scenarios and questions. All staff have now completed restrictive practice training. Observational audits were conducted by the Facility Manager and registered staff daily to monitor staff practice.

Due to the difficulty of recruiting clinical staff in the service’s location, a senior quality nurse was contracted for three months working remotely to provide high level support to management and the organisation’s quality team to improve clinical processes. This included reviewing all high impact, high prevalence registers. This role reported to the Director Clinical Governance, Quality and Risk and liaised daily with the Facility Manager on the implementation of processes to support clinical staff embed quality practice at the service.

The Psychotropic register was reviewed and updated by the quality team utilising Aged Care Quality and Safety Commission resources on 30 June 2023. The revised register provided clearer expectations for staff on the information required to return to compliance. The organisation’s quality team completed a monthly audit and met with the service as required to ensure the register remained current and compliant.

The entry doors to the service are now opening automatically between 7am and 6pm each day with a PIN code available to consumers who have been assessed as not at risk of harm outside those hours. The current Perimeter restraint self-assessment was shared electronically clarifying access details for 44 consumers and noting consumers who have restrictions in place due to reduced mobility, or where consent for restraint has been provided. The register is monitored by the quality team monthly to ensure the register was updated to capture new entries or changes in consumers’ condition.

The Restrictive Practice Authorisation and Consent form was updated in July 2023 and was utilised by the prescribing medical officer confirming the risks have been discussed with the consumer, and or substitute decision maker, with consent and three monthly reviews documented. The updated form was shared electronically with all staff and resources from the Aged Care Quality and Safety Commission and Older Persons Advocacy Network on restrictive practices were provided to consumers and families. A restrictive practices folder was available electronically for medical officers with resources outlining the legislative requirements for restrictive practices in aged care. Management confirmed case conferences were held with families and consumers to ensure appropriate recommendations and authorisations were in place.

Behaviour support plans were undergoing refinement and the service was collaboratively working with families, seeking input from care staff and liaising with external professionals including occupational therapists, Dementia Services Australia and the treating medical officer to develop individualised strategies for consumers. The diversional therapy team at the service has been increased from one to two full time staff to provide additional support to the memory support unit to identify triggers for behaviours, develop and trial interventions. Management advised behaviour incidents to have been trending down to one behaviour incident in September 2023 from three per month in June, July and August 2023.

The quality team completed a review of every progress note at the service every 72 hours to identify any unreported clinical incidents not captured in the electronic incident management system or potential deterioration of a consumer that may require a review by registered staff.

The organisation released an updated documentation procedure for care staff in August 2023 which was circulated to staff electronically with links to an electronic learning module. The new procedure was announced on the home page for the electronic care management system. An updated organisation wide documentation procedure for registered staff is scheduled for implementation at the end of October 2023 and will follow a similar process.

Based on the information recorded above, the service has returned to Compliance in this requirement.

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)