Performance

Report

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| Name of service: | Melaleuca Aged Care |
| Service address: | 1 Watchorn Road COWES VIC 3922 |
| Commission ID: | 3069 |
| Approved provider: | Phillip Island Homes for the Aged Association Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 July 2023 to 12 July 2023 |
| Performance report date: | 16 August 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 Melaleuca Aged Care (**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 2 Ongoing assessment and planning with consumers | 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 7** Human resources | **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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 2 August 2022 and 4 August 2022 (the Site Audit).

At the time of the Site Audit, the service was unable to demonstrate current or completed assessment and planning records.

The service has implemented several effective actions in response to the identified non-compliance including the recruitment of additional staff, restrictive practices process, education, improved communication, and a formalised schedule for the completion of assessment and planning.

At the site visit of 11 and 12 July 2023, consumers and representatives spoke positively of the level of communication and information provided and how they are involved in discussions and decisions relating to care. Staff discussed individual consumers, their care needs, and interventions provided which aligned with information in consumer care plans. The Assessment Team noted that assessments and care plans demonstrated detailed information with individualised strategies to guide staff. A range of risk assessments completed with input from clinical, care and allied health professionals demonstrate consideration of risks and provide interventions to minimise these. Individualised plans were in place for those engaging in independent community activities, preference for use of devices contrary to current recommendations and consumers with complex care needs. The service was able to identify where a restrictive practice was in place supported by completed authorisations and records of informed consent, completed assessments and care plans with detail related to the application of restraint measures.

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 |
| 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 requirements 3(3)(a) and 3(3)(b) following a Site Audit performed between 2 August 2022 and 4 August 2022 (the Site Audit).

At the time of the Site Audit, the service was unable to demonstrate safe and effective restrictive practices, wound care and pain management, and effective management of high impact high prevalent risks related to diabetes, complex care, medication, and post fall management.

The service has implemented several effective actions in response to the identified non-compliance including completion of diabetes management care plans, implementation of restrictive practices processes, standardised wound management and documentation, pain and post falls review charting and education, a review of policies and clinical data analysis and trending as well as the reinstatement of the Medication Advisory Committee (MAC).

At the site visit of 11 to 12 July 2023 consumers and representatives spoke positively of the personal and clinical care provided. Representatives confirmed they were kept informed, regularly consulted, and provided informed consent for restrictive practices. Staff assess consumers for risk of pain and the effectiveness of pain management strategies, including on entry, post fall or return from hospital, and when there is a change in pain-relieving medication. The service demonstrated wounds, pressure injuries and skin integrity issues are managed consistently, pressure area care is maintained, and equipment is provided when needed. Wound care was completed according to directives, was overseen, and reviewed by a registered nurse and photographs are consistently recorded. The Assessment Team noted that the improvements in pain management, restrictive practices, wound, and skin care have resulted in safe and effective practise.

The service also demonstrated management of high impact and high prevalence risks such as immediate post fall management and complex care. Consumers and representatives were satisfied with the management of high impact high prevalence risks, including falls, diabetes, use of bed-sticks, medication, and complex care. Staff described how to initiate care for a consumer following a fall, including an initial physical assessment, ongoing clinical monitoring, assessment of immediate and post fall pain, notification to the representative and medical officer and referral to the physiotherapist. The Assessment team noted most assessments are completed and care planning documentation is available to support individualised care for high impact and high prevalence risk areas. The Assessment team reviewed records which demonstrated effective post falls management and diabetic management plans, while it was noted that not all documentation was complete, once feedback was provided Management committed to ensuring incomplete documentation would be updated and complete.

As a result, and with consideration to the implemented actions and available information I find these requirements now compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service was previously found non-compliant with requirements 7(3)(a) and 7(3)(d) following a Site Audit performed between 2 August 2022 and 4 August 2022 (the Site Audit).

At the time of the Site Audit, the service was unable to demonstrate the workforce was effectively planned to enable delivery and management of safe and quality care services and the workforce were sufficiently trained and equipped to perform their roles.

The service has implemented several effective actions in response to the identified non-compliance including a roster review, additional recruitment, and creation of positions to support 24 hour registered nurse presence as well as person carer shifts. Mandatory training records now reflect 100% compliance with additional areas of training provided to address previously identified deficits including wound care, pressure injuries and skin integrity.

At the site visit of 11 to 12 July 2023, consumers and representatives were satisfied with staffing and how their care needs are met. Consumers confirmed call bells are answered in a timely manner, staff are kind, caring, and responsive to requests. Staff described how they are satisfied with the staffing levels, and they work together as a team. Management explained clinical staff are available across all shifts and they are actively working to always have a registered nurse on site. There is an on-call roster which enables staff to contact a registered nurse when they are not onsite.

The Assessment Team observed the new employee orientation process which included mandatory online training modules. A review of training records demonstrated progression toward completion of mandatory education for 2023. Staff confirmed there are training and education opportunities available and that they are required to complete a range of mandatory topics annually. The Assessment Team noted staff have skills and knowledge to meet consumers clinical and care needs particularly their understanding of restrictive practices and falls management.

As a result, and with consideration to the implemented actions and available information I find these requirements now 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service was previously found non-compliant with requirements 8(3)(c), 8(3)(d) and 8(3)(e) following a Site Audit performed between 2 August 2022 and 4 August 2022 (the Site Audit).

At the time of the Site Audit, the service was unable to demonstrate:

* effective governance systems relating to information management, continuous improvement and regulatory compliance
* effective risk management systems and processes including managing high impact high prevalence risks associated with the care of consumers
* there was a clinical governance framework to support minimising the use of restraint.

The service has implemented several effective actions in response to the identified non-compliance including, documentation, policy and practice review related to record management, high impact high prevalence risks associated with complex clinical care needs and compliance with restrictive practice and psychotropic medication assessment and planning.

At the site visit of 11 to 12 July 2023, consumers and representatives were satisfied that the service is well run. The service demonstrated effective governance systems relating to information management, continuous improvement, and regulatory compliance. Staff described and demonstrated how they access guidance on how to record hard copy and electronic records management information. Management described the policy review process and how policies are updated to align with best practice. Management also provided examples of how feedback and complaints have resulted in improvements which were identified in the Plan for Continuous Improvement. Staff confirmed their attendance at training related to information management, restrictive practice, infection prevention and control. Management and staff confirmed their knowledge of legislative obligations relating to reportable incidents, restrictive practice and having a registered nurse rostered onsite.

The service also demonstrated an effective risk management system, including processes to manage high impact high prevalent risks associated with the care of consumers. Management described and demonstrated the service’s systems and processes for identifying and managing high impact high prevalent risks such as skin infections and falls. Staff described the high impact high prevalent risks for the service and how identified risks are reported escalated and reviewed. Staff demonstrated their knowledge of consumer risks and described the incident management process. The Assessment Team noted the availability of specific information to staff through handover documentation and the monitoring of incidents recorded and investigated in the risk management system.

The service has a clinical governance framework in place to support a system for clinical care including minimising the use of restraint and infection prevention and control. Staff were able to describe clinical governance systems and processes in line with the organisations clinical governance framework, policies, and procedures, particularly the minimisation of restraint and infection prevention and control. Management demonstrated improvement in relation to infection information and the infection prevention and control policy. The Assessment Team noted that the service has processes to record, monitor, trend, and analyse antimicrobial usage as well as access to a medication advisory committee.

As a result, and with consideration to the implemented actions and available information I find these requirements 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)