Performance

Report

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| Name: | Melaleuca Home For The Aged |
| Commission ID: | 8820 |
| Address: | 71-73 Mary Street, EAST DEVONPORT, Tasmania, 7310 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 23 September 2024 to 24 September 2024 |
| Performance report date: | 23 October 2024 |
| Service included in this assessment: | Provider: 11 Melaleuca Home for the Aged Inc  Service: 5092 Melaleuca Home For The Aged |

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 Home For The Aged (**the service**) has been prepared by M Murray, 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 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all Requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were 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 |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was previously found non-compliant with Requirements 2(3)(a), 2(3)(d) and 2(3)(e) following a Review Audit undertaken from 27 February 2024 to 29 February 2024, as the service was unable to demonstrate:

* effective assessment and care planning was occurring and risks to the consumer were being effectively considered
* effective communication with consumers and representatives on the outcome of assessments and care planning
* regular updates and review of consumers’ assessments were undertaken.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to an update to policies and procedures, staff training in assessment, care planning and the electronic care management system and the implementation of a care plan review schedule.

The Assessment Team found these improvements were effective and recommended Requirements 2(3)(a), 2(3)(d) and 2(3)(e) as met.

In relation to Requirement 2(3)(a) the Assessment Team’s report shows consumers and representatives are satisfied that staff plan care in a way that meets consumers’ needs and supports their health and well-being. Staff demonstrated clinical assessments are undertaken as relevant, including in relation to weight loss, skin integrity, falls, restrictive practice, changed behaviour, and other complex clinical care needs. Where risks are identified, individual strategies to minimise risks are documented in the consumer’s care plan. Staff are aware of risks to consumers and described intervention strategies consistent with those outlined in care plans. The service has policies and procedures to guide staff in assessment, care planning and risk management.

In relation to Requirement 2(3)(d) the Assessment Team’s report shows consumers and representatives are satisfied staff communicate the outcomes of assessment and planning to them and said they had received a copy of the consumer’s care and services plan. Staff explained they have access to care plan information through the electronic care management system and that consumers’ care needs are discussed at shift handovers. Documentation evidenced communication with consumers and representatives about consumer care is occurring on a regular basis. Management said summary and extended care plan versions are available to consumers and their representatives at any time.

In relation to Requirement 2(3)(e) consumers and representatives are satisfied the service reviews care and services when the consumer’s health or circumstances change so that care continues to be delivered based on the needs, goals and/or preferences of the consumer. Representatives described being kept informed of any changes to consumer care needs, including after falls, behaviour incidents, infections, or a medication change. Staff described and documentation demonstrated staff review consumers’ care needs every 3 months, when there has been a change in the consumer’s condition, after an incident and on return from hospital.

Based on the information summarised above, I find the service compliant with Requirements 2(3)(a), 2(3)(d) and 2(3)(e) in Standard 2 Ongoing assessment and planning with consumers. I am satisfied initial and ongoing assessment and care planning is being undertaken in collaboration with the consumer and others involved in their care, the currency of information is maintained, and information is used to inform safe care delivery.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Requirements 3(3)(d), 3(3)(e), and 3(3)(f) were found non-compliant following a Review Audit undertaken from 27 February 2024 to 29 February 2024, as the service was unable to demonstrate:

* staff effectively responded to consumers’ deterioration and escalated concerns to medical and/or allied health professionals
* documentation and/or communication of information was effective in supporting safe and quality care
* a consistent approach by staff in initiating or following up allied health and other clinical referrals.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, an update to policies and procedures, staff training, establishment of a daily ‘huddle’ to discuss clinical deterioration and restructure of the handover process.

The Assessment Team found these improvements were effective and recommended Requirements 3(3)(d), 3(3)(e) and 3(3)(f) as met.

In relation to Requirement 3(3)(d), the Assessment Team’s report shows consumers and representatives are satisfied staff are recognising and responding to any change or deterioration in consumers’ health status. Staff demonstrated how they had responded to consumers’ deteriorating health status including managing consumers with unplanned weight loss, shortness of breath, diabetes complications, declining mental health and complex pain. Staff described how input is sought from the consumer’s general practitioner and others and when appropriate consumers are referred to specialist services or transferred to hospital for medical review and treatment. Documentation review evidenced timely and appropriate actions taken by nursing staff in instances of rapid deterioration in a consumer’s health. Management said flowcharts to support staff to manage clinical deterioration are in place.

In relation to Requirement 3(3)(e), the Assessment Team’s report shows consumers and representatives are satisfied with staff communication about consumers’ personal and clinical care. Clinical staff described how they refer to various sources of information to ensure a comprehensive understanding of consumers’ needs and preferences, including care plans, progress notes and medical charting. Management explained processes implemented to guide staff to embed effective and consistent communication practice such as a structured approach to handovers between shifts. Documentation evidenced information being appropriately shared with external stakeholders to support coordinated care.

In relation to Requirement 3(3)(f), the Assessment Team’s report shows consumers and representatives are satisfied referrals occur as required and in a timely manner. Representatives said they have been consulted about referrals and the outcome of any referral. Staff said referrals to a range of health professionals had occurred including physiotherapists, dietitians, counsellors and specialist support services. Care plans, progress notes and other documentation showed referral pathways are followed in line with the consumer’s care needs and in consultation with the consumers, representatives and health providers.

Based on the information summarised above, I find the service compliant with Requirements 3(3)(d), 3(3)(e) and 3(3)(f) in Standard 3 Personal and clinical care. I am satisfied that staff are alert to consumers who are deteriorating, action is taken to escalate care and referrals occur. I am further satisfied that the service shares information in a way that supports coordinated care.

# Standard 8

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| Organisational governance | |  |
| 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

Requirement 8(3)(e) was found non-compliant following a Review Audit undertaken from 27 February 2024 to 29 February 2024, as the service was unable to demonstrate:

* clinical governance systems are effective at identifying when unsafe or poor-quality care is being delivered.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, employment of a clinical care director, formation of a clinical governance committee and the appointment of 2 infection prevention and control lead staff members.

The Assessment Team found these improvements were effective and recommended Requirement 8(3)(e) as met.

In relation to Requirement 8(3)(e) the Assessment Team’s report shows an effective clinical governance framework is in place. Management discussed their clinical governance roles and responsibilities, participation in clinical and quality meetings and how they monitor that clinical care is effective and in line with best practice. The clinical governance committee reports to the governing body on key clinical indicators and a subcommittee on falls prevention has been established. Staff are alert to the use of unnecessary antibiotics and described other strategies to treat infections in consultation with general practitioners. Management described how the use of restraint is considered and documented and how any restrictive practice is used as a last resort. Staff complete annual education on complaints management which includes the use of an open disclosure approach. Policies and procedures guide staff practices in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

Based on the information summarised above, I find the service compliant with Requirement 8(3)(e) in Standard 8 Organisational governance. I am satisfied that a clinical governance framework is in place and management are monitoring and evaluating care delivery and providing the governing body with relevant clinical information.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)