Performance

Report

**1800 951 822**

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| Name of service: | Michael Lee Centre |
| Service address: | 80-82 Henley Street COMO WA 6152 |
| Commission ID: | 7223 |
| Approved provider: | Meath Care (Inc) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 April 2023 |
| Performance report date: | 27 April 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 Michael Lee Centre (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff and management;
* an email received 19 April 2023 indicating a written response to the Assessment Team’s report would not be provided; and
* a Performance Report dated 11 October 2022 for an Assessment Contact – Site undertaken on 25 August 2022.

# 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

Requirement (3)(b) was found non-compliant following an Assessment Contact - Site undertaken on 25 August 2022 where it was found consumers’ high impact or high prevalence risks, specifically in relation to responsive behaviours, preventing and managing pressure injuries and minimising restrictive practices were not effectively managed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented an incident tracking spreadsheet to support the Clinical lead in identifying and overseeing consumers who may be clinically deteriorating.
* Provided training to staff in relation to weight loss, pressure injuries, restrictive practice, behaviour management, clinical deterioration and wounds.
* Registered nurses attended a training day where education relating to falls management, nutritional and hydration requirements, return from hospital and monthly skin and health assessment checklists was undertaken.
* Introduced Care mentors to support staff to further develop their skills and heighten their awareness of organisational policy, procedures and documentation requirements.
* Incorporated ALIS modules into the onboarding process for new staff and orientation training.

At the Assessment Contact undertaken on 3 April 2023, effective systems to manage and monitor high impact or high prevalence risks associated with the care of each consumer were demonstrated. Care files and associated documentation sampled demonstrated effective management of risks associated with the care of consumers, including weight loss, use of psychotropic medications, changed behaviours, falls and pressure injuries, and evidenced referrals to Medical officers and/or Allied health specialists to support management of identified personal and clinical care risks. Staff sampled were knowledgeable of consumers sampled and of strategies to minimise identified high impact or high prevalence risks related to consumers’ clinical care needs. Consumers and representatives sampled expressed satisfaction with the care provided, including in relation to psychotropic medication use.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

# Standard 8

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| Organisational governance | |  |
| 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

Requirement (3)(d) was found non-compliant following an Assessment Contact - Site undertaken on 25 August 2022 where it was found the organisation’s risk management systems were not effective in relation to managing high impact or high prevalence risks associated with consumers’ care or managing and preventing incidents. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided further training and education to staff to improve knowledge and skill by way of ALIS modules and toolbox sessions and provided clinical staff with an additional eight-week clinical mentoring program.
* Reviewed the Dietitian contract and changed from ad hoc to monthly visits.
* Implemented a weight tracker to track weight loss and gain.
* Reviewed orientation and induction processes for new and agency staff, implementing a role specific induction and orientation to ensure staff are knowledgeable of the service’s expectations and requirements of their role.

At the Assessment Contact undertaken on 3 April 2023, the organisation demonstrated an effective risk management framework that includes systems and practices to guide staff in recognising and responding to high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents.

Staff sampled said they have received training to identify, respond to and assess risk, and were able to describe the incident reporting process. All incidents submitted are automatically flagged with the management team for further review. Additionally, consumers’ progress notes are regularly reviewed and ad hoc reports can be generated to ensure all incidents are being captured. Incidents and strategies implemented are analysed monthly and quarterly to evaluate effectiveness and to identify trends, areas of improvement and training needs. A Serious Incident Response Scheme (SIRS) register is maintained and a sample of incident reports demonstrated incidents had been reported in a timely manner, to the appropriate person/s and an open disclosure process used, where appropriate.

A Risk register is maintained and identified 19 consumers had been supported to make decisions about their preferred lifestyle, even where there was an element of risk. Where consumers choose to partake in an activity which includes an element of risk, risk assessments are completed and consultation with the consumer is undertaken, in line with the organisation’s policy and procedures.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance 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)