Performance

Report

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| Name: | Michael Lee Centre |
| Commission ID: | 7223 |
| Address: | 80-82 Henley Street, COMO, Western Australia, 6152 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 23 October 2023 |
| Performance report date: | 13 November 2023 |
| Service included in this assessment: | Provider: 1656 Meath Care (Inc)  Service: 4751 Michael Lee Centre |

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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and other.

The provider did not submit a response to the assessment team’s report.

# 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** |

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)(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

Care files sampled demonstrated ongoing assessment of consumers’ care and services, including in response to changes in condition or following incidents. Comprehensive assessment of consumers is conducted by clinical and allied health staff on entry, and care management is reviewed every six months or earlier if clinically indicated. Care files showed referrals are initiated to allied health and/or specialist service providers where a change in consumers’ health is identified, such as unplanned weight loss and change in behaviour or mobility. Changes in consumers’ physical or mental health, including following an incident, are discussed at weekly multi-disciplinary team meetings. Review and reassessment of consumers is undertaken and care management plans updated to ensure strategies in place provide safe and effective care.

Based on the assessment team’s report I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Effective management of high impact or high prevalence risks associated with the care of consumers was demonstrated. Care files sampled included clear documentation relating to identification and escalation of risk and evidence of effective management of unplanned weight loss, falls and changed behaviours, including use of psychotropic medications. Care files also evidenced referrals to allied health professionals for input into management of consumers’ identified risks. All consumers identified at risk are reviewed and discussed at regular weekly meetings. Consumers and representatives said staff provide care to consumers which is safe and right for them, and expressed satisfaction with management of risks relating to falls, and psychotropic medications.

Based on the assessment team’s report I find requirement (3)(b) in Standard 3 Personal care and clinical care 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)