Performance

Report

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| Name: | Midland Nursing Home |
| Commission ID: | 7873 |
| Address: | 44 John Street, MIDLAND, Western Australia, 6056 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 11 July 2024 |
| Performance report date: | 8 August 2024 |
| Service included in this assessment: | Provider: 815 Labouchere Investments Pty Ltd  Service: 4880 Midland Nursing Home |

This performance reportis 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 Midland Nursing Home (**the service**) has been prepared by G Tonarelli 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) – non-site, which was informed by review of documents and interviews with management, staff, and others; and
* an email from the provider received 23 July 2024 acknowledging the assessment team’s report and findings.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 3** **Personal care and clinical care** | Not fully assessed |
| **Standard 7** **Human resources** | Not fully assessed |
| **Standard 8** **Organisational governance** | Not fully 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

The service demonstrated care and services are reviewed regularly for effectiveness, including when changes occur. Consumers and representatives expressed confidence in the service’s management of risk and described actions the service had undertaken following an incident or change in their condition. Sampled care plans confirmed where circumstances had changed or incidents occurred, consumers had been assessed, management strategies reviewed and care plans updated. Staff could articulate the risk and prevention strategies for consumers whose care had recently been reviewed, and described the process to escalate incidents, changes or deterioration. Management articulated a process to refer consumers to allied health or external medical professionals where required. Care plans confirmed the involvement of multidisciplinary professionals in reviews and planning and described positive outcomes to consumers’ wellbeing following review. Consumers and representatives said care planning is discussed with them regularly.

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 |
| 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 |

Findings

Consumers and representatives confirmed being included in discussions with the service about consumer’s care and expressed satisfaction about how it manages consumers’ risks. Staff were knowledgeable of consumers who identify as high risk or have specific interventions to mitigate risk. Care documentation for consumers with high impact, high prevalence risks included appropriate assessment and strategies to mitigate risks relating to falls and wounds. Care files confirmed the involvement of medical officers, wound specialists and allied health professionals in the management and review of high impact or high prevalence risks.

Organisational policies support staff to manage risks effectively and confirmed the referral process for external or allied health providers. Systems and processes assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care, including the use of a risk register which is updated regularly.

Consumers and representatives expressed confidence in the service’s ability to respond appropriately to a change in condition or deterioration and reflected on positive experiences following recent clinical events. Staff described their responsibilities for monitoring and escalating changes or deterioration and management outlined recent improvement actions to ensure deterioration is identified and appropriate action taken. Management described significant changes implemented in January 2024 to strengthen clinical oversight which resulted in improvements in prompt identification of deterioration and a consistent follow-up of clinical risks and incidents. This was supported by documentation and observations by the Assessment Team

Based on the assessment team’s report, I find requirements (3)(b) and (3)(d) in Standard 3 Personal care and clinical care compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

Consumers and representatives expressed confidence in staff’s skills, knowledge and capability to perform their roles and deliver safe and effective care. Representatives gave examples of how staff effectively manage complex care ends and implement strategies to prevent risk.

Staff described their competencies completed in a range of areas and demonstrated knowledge from recent training in various topics relating to the care they provide. Staff noted how the knowledge and skills acquired in training is applied to everyday practice. Assessment team observations reflected improvements in the quality of certain documentation which is attributed to recent staff training.

Management described and documentation confirmed strategies to monitor staff competence, including through direct observations, review of progress notes and complaints and incident data. Documentation confirmed incident and complaint data relating to staff competency is documented, analysed and actioned accordingly.

The organisation ensures internal staff have the qualifications and knowledge to effectively perform their recruited roles. Systems and processes are in place to monitor and record qualifications, police clearances and mandatory competencies.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 7 Human resources 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

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system incorporating an incident and risk management register.

Staff and management described processes, systems and strategies to mitigate risks to consumers, including the use of clinical assessments, incident reviews, clinical handovers, and an electronic care management system to document all relevant data. Polices and procedures are developed to support staff to manage and mitigate risks, including a dignity of risk policy to guide staff in effective assessment, planning and mitigation strategies.

Consumers said they are supported to live the best life they can and engage in activities involving risk. Consumer files included dignity of risk forms and Benefit Assessment forms and management gave examples of organisational measures implemented to support consumers to engage in activities that involve an element of risk, without compromising the health and wellbeing of other consumers.

Management described how they analyse incident data monthly to prevent harm and gave examples of organisational changes implemented in response to identified risk trends, resulting in positive outcomes for consumers. Defined reporting processes support mandatory reporting of incidents and a review of serious incident records demonstrated appropriate and timely investigations and actions into potential instances of elder abuse and neglect.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance 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)