Performance

Report

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| Name of service: | Midlands Multipurpose Health Centre |
| Service address: | 13 Church Street OATLANDS TAS 7120 |
| Commission ID: | 8827 |
| Approved provider: | Tasmanian Health Service |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 July 2023 |
| Performance report date: | 18 September 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 Midlands Multipurpose Health Centre (**the service**) has been prepared by L. Malone, 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.
* the provider’s response to the assessment team’s report received 21 August 2023.

# Assessment summary

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| 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 | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Improvements identified in Requirement 8(3)c to organisational systems of governance in relation to continuous improvement and information management are to be implemented and evaluated in order to comply with the Quality Standards.

# 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 |

Findings

The service was previously found non-complaint with this Requirement in November 2022 as care in relation to wounds and restrictive practice was not in line with best practice or legislative requirements, and behavioural support plans were not individualised and did not easily identify strategies to support consumer care.

The Assessment Contact – Site report dated 27 July 2023 presents evidence actions implemented to address the non-compliance including education in wound care and behavioural support, review of consumer care documentation and the psychotropic register, and external consultation to ensure understanding responsibilities in relation to consent to restrictive practices.

The Assessment Contact -Site report presents evidence of positive feedback from consumers and representatives about the quality of personal and clinical care they receive, and that the care and services delivered are individualised, best practice and optimise consumer wellbeing. Staff demonstrated knowledge of individualised strategies to support consumers with changed behaviours related to their dementia and recognised restrictive practice as a last resort. Consumer care files identified individualised triggers for changed behaviours in individual consumers and documented reviews of effectiveness.

The Assessment Team found wound care to be in line with best practice with wound assessments and care plans clearly documented, and with evidence of regular attendance to care in line with the care plan, and engagement of wound specialists as appropriate.

I have considered the evidence and am satisfied that personal and clinical care is best practice, tailored to the individual and optimises wellbeing. I find this Requirement Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service was previously found Non-complaint in Requirement 7(3)d as training specific to Aged Care, and to support the outcomes required by the Quality Standards, was not being effectively delivered.

The Assessment Contact – Site report dated 27 July 2023 provides evidence of a range of actions undertaken such as the development of a training calendar which includes relevant modules, provision of face-to-face training and written resources, and allocation of training time to support staff participation. Consumers provided feedback that staff understand their care needs and are skilled in their roles. Staff said they are supported in relevant training and demonstrated knowledge of Serious Incident Reporting Scheme (SIRS), open disclosure and the use of restrictive practices. Management described how they ensure staff have access to training resources and described current training priorities. Effective processes of monitoring staff participation in training were demonstrated.

I have considered the evidence and am satisfied the workforce is trained, equipped and supported to deliver required outcomes to consumers. I find Requirement 7(3)d Compliant.

The service was previously found Non-complaint in Requirement 7(3)e as there was not an effective system of assessing, monitoring and reviewing workforce performance.

The service demonstrated evidence of actions undertaken to address the non-compliance including implementation of annual performance development agreement (PDA) cycle. The Assessment Team found most staff had participated at the time of the site visit. Staff and management confirmed their participation and provided positive feedback on the process.

I have considered the evidence and am satisfied the service has implemented an effective process of assessing, monitoring, and reviewing staff performance. I find Requirement 7(3)e 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. | Non-compliant |

Findings

This Requirement was previously found non-compliant as the organisation did not demonstrate effective systems of governance in relation to information management systems and continuous improvement. Consumer information was found not to be accessible, and policies and protocols were not updated or reflective of current best practice.

At the Assessment Contact 27 July 2023, Assessment Team found consumer information to be accessible and comprehensive and were advised a review of all consumer files had been commenced. The organisation had partially implemented some planned actions for improvement. Management acknowledged some actions to be overdue and said that the review of necessary policies and protocols is in progress but delayed, with an expected completion date in December 2023.

The Assessment Team found that some incident and clinical data is used at a local level to identify areas of improvement, but this is not reflected on the organisational plan for continuous improvement (PCI). The Assessment Team found the organisation’s plan for continuous improvement did not capture improvements which had been identified and actioned at site-level, and that planned organisational-level improvements had not yet been fully implemented. The Assessment Team recommended this Requirement as not meeting compliance based on the findings.

The approved provider has submitted a response dated 21 August 2023 in which the issues in the Assessment Contact - Site report and recommendation of not met in Requirements 8(3)c are acknowledged and accepted. The approved provider’s response includes an updated plan for continuous improvement and other information which documents planned and ongoing actions to improve medical record systems, update policies and protocols, and delivery of staff education.

I have considered the evidence and find that the planned improvements are relevant but have not been fully implemented and evaluated at the time of decision and I find Requirement 8(3)c Non-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)