Performance

Report

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| Name: | Midlands Multipurpose Health Centre |
| Commission ID: | 8827 |
| Address: | 13 Church Street, OATLANDS, Tasmania, 7120 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 30 January 2024 to 31 January 2024 |
| Performance report date: | 22 February 2024 |
| Service included in this assessment: | Provider: 3543 Tasmanian Health Service  Service: 5098 Midlands Multipurpose Health 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 Midlands Multipurpose Health Centre (**the service**) has been prepared by L Glass, 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 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 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. | Compliant |

Findings

Requirement 8(3)(c) was identified with ongoing non-compliance following an Assessment Contact on 27 July 2023. 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. Some incident and clinical data used at a local level to identify areas of improvement were not reflected on the organisational plan for continuous improvement (PCI). 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 organisation has implemented effective actions in response to the non-compliance identified at the Assessment Contact on 27 July 2023. During the Assessment Contact on 30 January 2024 to 31 January 2024, all consumers said they were satisfied they could raise concerns, or suggestions for improvement through consumer meetings and by talking with staff who would inform management.

In relation to information management systems improvements included each consumer’s care plan documentation being organised into two folders, one for information that is accessed regularly and the other for occasional access. This has resulted in a more efficient way to access current consumer information. Folders were observed separated into 2 sections for each consumer. Staff use a combination of handover sheets and verbal exchange during handover sessions and current handover information is printed for each shift.

Further improvement actions were identified by the Assessment Team. All consumers requiring behaviour assessment and behaviour support plans have been reviewed and all support plans completed. The psychotropic register and record form have been endorsed by the broader organisation and implemented.

In relation to plans for continuous improvement, nursing and care staff have attended specific training on quality improvement, the Quality Standards and incident reporting and review. The Assessment Team sighted and reviewed policies and protocols regarding behaviour support, incident reporting and management and care consultation which have all been completed and distributed to staff. The schedule for policy, protocol and supporting document review demonstrated the majority of policy or protocol reviews have been completed and the remaining policies and protocols are under active review.

The quality improvement register includes the reporting of incidents and has been reviewed to show site-level reporting. A review of the quality improvement register, and a summary report for December 2023 evidenced extensive initiatives at site level identified through safety events (incident reports), risk assessments, consumer experience surveys and audit results. This included a range of successfully targeted initiatives undertaken in response to consumer care needs and services required. An audit calendar has been developed and implemented, with specific audits assigned to senior service staff to manage.

1. The preparation of the performance report is in accordance with 68A the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)