Performance

Report

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| Name of service: | Moline House |
| Service address: | 7 Deanmore Road KARRINYUP WA 6018 |
| Commission ID: | 7082 |
| Approved provider: | Amana Living Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 August 2023 |
| Performance report date: | 20 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 Moline House (**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 staff, consumers, representatives and others; and
* the provider’s response to the assessment team’s report received on 11 September 2023 acknowledging the recommendation made by the assessment team.

# 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

Staff described the care plan and assessment review process following incidents, deterioration in health, or when a consumer transfers to and from hospital. Documentation showed care and service plans are regularly reviewed and changes made following an incident or deterioration to meet consumers’ current needs. Representatives confirmed care and services are reviewed after a consumer fall or where there has been a deterioration in consumer health.

For the reasons detailed above, 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

Effective processes ensure the management of high impact or high prevalence risks, such as falls, pressure injuries and weight loss. Documentation showed consumers receive care to minimise the impact of risks and staff described how they minimise these risks. Consumers who have had incidents are discussed at multidisciplinary meetings to evaluate current strategies and any further interventions required. Consumers and representatives are satisfied with how the service manages high impact and high prevalence risks.

Documentation showed the identification and response to a deterioration in consumers’ condition is done in a timely manner. Staff described the signs and symptoms of clinical deterioration and how they respond, and care staff report any observed changes in consumer’s health to the registered staff. Consumers and representatives were happy with the way the service responds to change or deterioration in condition.

For the reasons detailed above, I find requirements (3)(b) and (3)(d) 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)