Performance

Report

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| Name: | Mosman Park Care Centre |
| Commission ID: | 8245 |
| Address: | 99 McCabe Street, MOSMAN PARK, Western Australia, 6102 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 22 February 2024 |
| Performance report date: | 22 March 2024 |
| Service included in this assessment: | Provider: 701 Amana Living Incorporated  Service: 28386 Mosman Park Care 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 Mosman Park Care 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 and management.

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** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Assessment processes are used to plan and inform safe and effective care and services. A range of assessments are completed on entry in line with a documentation guide, and include validated assessment tools to identify risks, including those relating to falls and pressure injuries. Information gathered from assessment processes is used to develop care plans which include individualised management strategies. Care files sampled evidence involvement of general practitioners and allied health professionals in the assessment and planning of consumers’ care. Consumers and representatives said consumers’ care is well planned and meets their needs.

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

# 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

Organisational policies guide staff in the provision of personal and clinical care. Care files sampled demonstrated safe and effective care provision in relation to personal care, wound care and infection management. Care files also evidence involvement of general practitioners in provision of consumers’ care. Staff said they follow consumer care plans and report to their supervisor if they notice a change. Consumer care plans are updated when there is a change in their condition or preference. Consumers and representatives said consumers receive personal and/or clinical care that is right for them and meets their goals, needs and preferences.

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

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

The service has processes to ensure the skill mix of employees is considered, in addition to staffing levels based on consumers’ care needs and care minute requirements. A roster is maintained, staffing levels are adjusted, as required, including where there are multiple admissions, and there are processes to manage planned and unplanned leave. Management said they are currently rostering for a full bed capacity despite the service not being at capacity. Call bell reports are also reviewed monthly, with data used to assist in determining staffing requirements. During the assessment contact, consumers were being attended to in a calm and unrushed manner and call bells were attended to promptly. Staff from different departments said there are enough staff available to meet consumers’ needs, and all consumers and representatives interviewed are satisfied there are enough staff to attend to consumers.

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

# 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 has effective risk management systems and practices, including in relation to managing high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents.

High impact or high prevalence risks are identified through assessments, incidents and progress note reviews. Incidents relating to high impact or high prevalence risks are investigated, follow up referrals to allied health professionals initiated, as required, and strategies to prevent recurrence are documented. High impact or high prevalence risk data is analysed and used to create reports which are discussed at various meetings. Incident reporting processes support mandatory reporting requirements, and while there have been no incidents requiring reporting through the Serious Incident Response Scheme (SIRS), management described reporting and notification processes. Incident trends, SIRS notifications, significant incidents and internal audit results inform what is reported to the Board. Data is also used for reporting quarterly quality indicators and identifying improvements to the quality and well-being of consumers across the organisation.

A dignity of risk procedure guides staff in assessment of consumers and includes completion of a risk discussion form involving consumers and/or representatives to ensure consumers can make informed decisions and are supported to live the best life they can.

Staff described how they reduce common high impact or high prevalence consumer risks, as well as their responsibilities relating to investigating and recoding any changes or instances of harm, abuse, or neglect. Staff have received training in the SIRS and incident management, and were familiar with SIRS, dignity of risk, and high impact prevalence risks in line with their scope of practice.

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

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)