Performance

Report

**1800 951 822**

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| Name: | Mount Esk Aged Care |
| Commission ID: | 8011 |
| Address: | 38 Station Road, ST LEONARDS, Tasmania, 7250 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 July 2024 |
| Performance report date: | 12 September 2024 |
| Service included in this assessment: | Provider: 163 Southern Cross Care (Tas) Inc  Service: 4984 Mount Esk Aged Care |

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 Mount Esk Aged Care (**the service**) has been prepared by N Chahal, 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.
* the provider’s response to the assessment team’s report received on 10 September 2024.

# 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** |

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 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 |

Findings

During the Assessment Contact conducted in July 2024, the Assessment Team identified deficits in relation to Requirement 3(3)(b) regarding environmental restrictive practices and wound management and recommended this Requirement as not compliant. I have considered the Assessment Team’s findings, the evidence in the Site Audit report, and the Approved Provider’s response in relation to Requirement 3(3)(b) and have come to a different view:

Requirement 3(3)(b)

The Assessment Team found the service was unable to demonstrate effective identification and minimisation of environmental restraint and management and prevention of pressure injuries. The review of care documentation and staff interviews revealed inconsistent practices and understanding of consumers’ wound care regimes. The service’s front entry/exit door and several outdoor courtyards and balconies were observed to be locked. A review of care documentation did not demonstrate appropriate assessments for the use of the restrictive practice had occurred or that informed consent had been obtained.

The Approved Provider submitted a written response with clarifying information and documentation including root cause analysis, staff training records, care plans, policies, and workflow procedures.

In relation to the environmental restrictive practices, the Approved Provider has acknowledged the Assessment Team’s findings and has undertaken a comprehensive review of their policies, procedures and staff duty lists to ensure consumers have access to courtyards. The response also included evidence of consultations with consumers to obtain informed consent relating to environmental practices and development of behaviour support plans. The service has reviewed its front entry door and displayed a code for consumers to enter and exit the service as needed, this has also been communicated to consumers and representatives. The organisation has also provided training to the management of all the residential care services under ‘Southern Cross Care (Tas) Inc’ including Mount Esk Aged Care.

In relation to the management and prevention of pressure injuries of two named consumers, the Approved Provider has submitted a detailed root cause analysis, and consumer care documentation relating to wound management. The root cause analysis and care documentation described the pressure prevention strategies in place for both consumers demonstrating effective wound management in place. The Approved Provider has acknowledged the inconsistencies noted by the Assessment Team in the wound charting and in response has implemented a revised wound policy along with workflow chart/process to provide detailed guidance to clinical staff. In relation to the identified wound charting inconsistencies and implemented flow charts, the service has also provided training to clinical staff. The organisation is also undertaking a continuous improvement activity relating to its current clinical education structure and has plans to introduce a clinical education support role to all their residential services.

As a result, with consideration to the actions implemented by the Approved Provider I am satisfied this Requirement is 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 were satisfied that the workforce was qualified and knowledgeable. The service has established processes for onboarding staff which include minimum qualification requirements, specialist knowledge requirements, accreditation, and membership requirements for each role. This was confirmed through staff interviews. The organisation undertakes annual review of staff certifications, qualifications, vaccinations, and legislative checks to ensure compliance. The Assessment Team sighted a staff training register reflecting completed and upcoming training modules.

With consideration to the available information summarised above, I agree with the Assessment Team recommendation and find this Requirement 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)