Moylan Care Group

Performance Report

10 Giles Lane
ORAN PARK NSW 2570
Phone number: 02 4610 8640

**Commission ID:** 201446

**Provider name:** Moylan Care Group Pty Ltd

**Assessment Contact - Desk date:** 30 March 2022

**Date of Performance Report:** 6 June 2022

# Performance report prepared by

J ZHOU, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Moylan Care Group, 26980, 10 Giles Lane, ORAN PARK NSW 2570

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff and management.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard does not have an overall compliance finding as only one of the five specific requirements of Standard 2 have been assessed at this time.

The requirements assessed and corresponding compliance finding is noted below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The provider described actions the service has taken in response to the non-compliance. Documentation viewed by the Assessment Team showed the provider’s enhanced consumer assessment and subsequent care planning by its introduction of a three phase approach which incorporates the consumer’s current needs, goals and preferences into the service’s care planning documents.

Accordingly, the service was able to demonstrate there are established systems and processes, including a range of assessments to identify, document and support consumer's needs, goals and preferences.

Nursing and care staff consult regularly with consumers and their authorised representatives to evaluate if care and service delivery is meeting care needs, goals and preferences.

Consumer feedback regarding this new approach has been positive.

On the balance of the evidence available, summarised above, I find the approved provider complies with this requirement.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard does not have an overall compliance finding as only one of the five specific requirements of Standard 8 have been assessed at this time.

The requirements assessed and corresponding compliance finding is noted below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The provider described actions the service has taken in response to the non-compliance, namely that:

* The service has updated the service policies and procedures to include high prevalence risks, abuse and neglect and incident management.
* Additional policies and procedures such as ‘consumers who live alone’ and the ‘client charter’ support clients to live the best life they can and free from abuse and neglect.
* The service has introduced a policy and procedure update register. Policies and procedures are up dated in response to feedback received from the Aged Care Quality and Safety Commission and State and Federal Government alerts.
* The service is a member of an external networking group, which prompts updates and changes in the sector. Consumers and staff are advised of any changes, as required.

On the balance of the evidence available, summarised above, I find the approved provider complies with this requirement.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.