**Performance**

**Report**

**1800 951 822**

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| Name: | Moyne Health Services |
| Commission ID: | 300086 |
| Address: | 30-36 Villiers Street, PORT FAIRY, Victoria, 3284 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 30 October 2023 |
| Performance report date: | 8 December 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 408 Moyne Health Services  
Service: 18876 Moyne Health Services  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8554 Moyne Health Services  
Service: 25478 Moyne Health Services - Community and Home Support

**This performance report**

This performance report for Moyne Health Services (**the service**) has been prepared by J Renna, 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) – non-site report was informed by a review of documents and interviews with staff, consumers/representatives and others; and
* the performance report dated 4 July 2023 in relation to the Quality Audit undertaken from 22 May 2023 to 25 May 2023.

The provider did not submit a response to the Assessment Contact (performance assessment) – non-site report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | 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

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | Compliant |

Findings

Requirement (3)(a) was found non-compliant following a Quality Audit undertaken from 22 May 2023 to 25 May 2023, as the service did not demonstrate 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. Specifically, staff did not have knowledge of, and care planning documentation did not show, risk associated with consumers’ use of bed poles, allergies and intolerances, pain and skin integrity.

The Assessment Team’s report for the Assessment contact undertaken on 30 October 2023 included evidence of actions taken by the service in response to the non-compliance. These actions include but, are not limited to: maintaining a register of consumers with bed poles; reviewing the bed pole policy and developing a document to educate consumers about the risks and use of bed poles; reassessing current HCP consumers with bed poles with the revised assessment tool; discussing the revised bed pole policy and procedure with the consumer advisory committee; revising the initial assessment tool to include pain, skin integrity, wounds, pressure areas and swallowing issues; providing mobile devices to staff to support point of care tasks and assessment; assessment and care plans for social support group attendees have been updated to include additional dietary requirements; a flowchart was created to guide staff in identification of dietary risks; staff training regarding dietary consideration during assessment; and, a report for each social group activity with dietary, risk and health information included from the client management system. The Assessment Team was satisfied these improvements were effective and recommended Requirement (3)(a) is met.

Sampled care plans showed updated assessment processes are being followed and assessment and planning considers risks to consumers and informs staff at the point of care. There were no incidents recorded in the incident management system in relation to bed pole usage, pain issues, skin integrity, wounds, pressure areas or swallowing issues. Consumers and representatives provided positive feedback about care plans and dietary requirements being met. Training records, assessment forms, flowcharts and updated reports for social groups confirm the improvements have been implemented.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

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)