Performance

Report

**1800 951 822**

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| Name of service: | Myvista Mirrabooka |
| Service address: | 3 Doncaster Road MIRRABOOKA WA 6061 |
| Commission ID: | 7419 |
| Approved provider: | Stirling Ethnic Aged Home Association (Inc) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 September 2022 |
| Performance report date: | 29 September 2022 |

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 Myvista Mirrabooka (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* an email dated 19 September 2022 indicating the provider would not be submitting a response to the Assessment Team’s report; and
* a Performance Report dated 27 April 2022 for an Assessment Contact – Site undertaken from 15 February 2022 to 16 February 2022.

# 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

Requirement (3)(a) was found Non-compliant following an Assessment Contact undertaken from 15 February 2022 to 16 February 2022 where it was found the service did not demonstrate timely and effective assessment of pain, falls or weight loss to inform the ongoing delivery of safe and effective care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, ongoing education and training relating to risk assessment, pain charting, care planning and wound management; and involvement of the Clinical nurse in all reviews by external organisations.

At the Assessment Contact undertaken in September 2022, the Assessment Team found there are effective assessment and planning processes in place which ensure staff have accurate directives to deliver consumers individualised, safe and effective care and services. An initial care plan is commenced on the first day of entry and includes specialised health care needs, details and directives on how to provide safe and effective care. Risks to consumers’ health and well-being are identified on entry through assessment processes, including in relation to falls, behaviours, nutrition and hydration and skin integrity, and every six months and when circumstances change. Strategies to mitigate risks are implemented and monitored and include input from relevant specialists where necessary. Care staff described their responsibilities in reporting changes in consumers’ health or presentation. Four consumers felt they are provided with the care they need and representatives described involvement in initial assessment processes, indicated staff provide regular feedback regarding consumers’ needs and discuss changes made to care plans based on assessed changes in care.

For the reasons detailed above, I find Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirements (3)(a) and (3)(b) were found Non-compliant following an Assessment Contact undertaken from 15 February 2022 to 16 February 2022 where it was found the service did not demonstrate consumers received consistent, effective and safe clinical care, specifically in relation to management of pain; and effective management of high impact and high prevalence risks, specifically in relation to falls. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed all consumers receiving psychotropic medications and undertaking ongoing monthly review, including of behaviour charts, progress notes and successful alternative interventions; reviewed the restrictive practice policy; completion of monthly clinical reports which are presented at quality meetings; and undertaking monthly reviews of skin integrity and pressure injury care plans, including wound management, nutrition, weight loss and pressure relieving equipment.

At the Assessment Contact undertaken in September 2022, the Assessment Team found safe and effective personal and clinical care is provided to consumers which is tailored to their needs and supports their health and well-being. Clinical and personal care needs are identified through assessment processes and care plans are developed to assist staff to provide care and services in line with consumers’ needs and preferences. Care files sampled demonstrated appropriate management of nutrition and hydration, psychotropic medications and pain. Clinical and care staff provided examples of how they tailor care to consumers’ needs and preferences and consumers and representatives said clinical and personal care provided is tailored to consumers’ needs and helps them to maintain their health and well-being.

Where risks had been identified, care files demonstrated management strategies had been implemented, including additional monitoring and review of strategies had been undertaken. Care files sampled demonstrated appropriate management of risks relating to pain, nutrition and hydration, psychotropic medications, falls and pressure injuries. Clinical and care staff described their responsibilities in relation to monitoring, assessing and reviewing care in relation to high impact or high prevalence risks. Consumers were satisfied with the care they receive and with management of pain, medications and skin integrity.

For the reasons detailed above, I find Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care 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

Requirement (3)(c) was found Non-compliant following an Assessment Contact undertaken from 15 February 2022 to 16 February 2022 where it was found the service did not demonstrate the workforce was competent or that members of the workforce had the knowledge to effectively perform their roles. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, implemented a monitoring tool to ensure all staff have completed required training and undertaking weekly discussions relating to clinical issues to assist in development of specific toolbox training based on the clinical data to ensure the most appropriate care is delivered as required.

At the Assessment Contact undertaken in September 2022, effective systems to monitor staff training were demonstrated. Management meet on a weekly basis to identify consumers at higher risk through clinical indicators which assists to determine those requiring regular reviews. This information is used to identify training opportunities in the specific areas identified. There are processes to monitor staff completion of training. Staff indicated they were aware of consumers’ specific clinical needs through delivery of toolbox education where information was disseminated for specific consumers relating to falls risk, skin integrity and injury prevention. All consumers sampled said they receive the care they need, including in relation to timely administration of medications, effective pain management and provision of emotional support when required.

For the reasons detailed above, I find Requirement (3)(c) in Standard 7 Human resources Compliant.

# 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

Requirement (3)(d) was found Non-compliant following an Assessment Contact undertaken from 15 February 2022 to 16 February 2022 where it was found that while the service had processes to identify risks to consumers, there were ongoing deficits with the system to manage consumer risks. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, provided training to staff in relation to behaviour support plans, urinary tract infections, pain management, falls intervention reviews, behaviour management strategies, pressure injury interventions and wound management; reporting from April to July 2022 demonstrates a reduction in the number of wounds recorded; and reviewed policies and procedures related to falls prevention, management and post falls.

At the Assessment Contact undertaken in September 2022, effective risk management systems and practices 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 were demonstrated. Management described how high impact or high prevalence risks are monitored and assist in identification of gaps in workforce knowledge, with training delivered as required. For example, training in relation to behaviour support plans and behaviour management had recently been delivered to staff to reduce incidents of harm, neglect and abuse of consumers and staff. Incident documents sampled demonstrated incidents had been reported and investigated in line with the Serious Incident Response Scheme requirements. Quality meetings are held monthly to identify clinical areas and staff knowledge gaps to assist implementation of strategies and to reduce the number of high impact high prevalence risks and ensure provision of safe and effective care. Staff described processes for identifying reportable incidents and confirmed they had attended training in relation to falls interventions and skin integrity.

For the reasons detailed above, I find Requirement (3)(d) in Standard 8 Organisational governance 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)