McNamara Lodge

Performance Report

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**Commission ID:** 7259

**Provider name:** Air Force Association (Western Australian Division) Incorporated

**Assessment Contact - Site date:** 30 August 2021

**Date of Performance Report:** 7 October 2021

# 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.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

This performance report details the Commission’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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 14 September 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(a) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended Requirement (3)(a) met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Air Force Association (Western Australia Division) Incorporated, in relation to McNamara Lodge, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

There are processes to ensure each consumer gets safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team found overall, consumers sampled considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives confirmed consumers are provided timely personal and clinical care and have access to appropriate clinical and other specialists to manage their complex health needs.

Care files sampled demonstrated a range of assessment tools are completed on entry and on an ongoing basis to identify each consumer’s personal and/or clinical care needs and preferences. Information gathered through assessment processes is used to developed care plans which include individualised management strategies in line with consumers’ needs and preferences for care and services. Care plans are updated in response to decline in consumers’ health, following incidents, return from hospital, changes in preferences or in line with the annual review process.

Care files demonstrated consumers’ personal care and clinical care needs had been identified and planned for. Care files and associated documentation demonstrated appropriate management of clinical deterioration, restrictive practices, skin care, wounds and pain. For consumers with diabetes and specialised nursing care needs, such as indwelling catheters, care files included specific management plans and monitoring guidelines to assist staff to provide care in line with best practice care and to ensure consumers’ health and well-being is optimised.

Clinical and care staff described clinical and personal care needs for individual consumers and reporting and documentation requirements undertaken in response to incidents relating consumers’ clinical or personal care needs.

For the reasons detailed above, I find Air Force Association (Western Australia Division) Incorporated, in relation to McNamara Lodge, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team assessed Requirement (3)(f) in Standard 4 Services and supports for daily living as part of the Assessment Contact and have recommended Requirement (3)(f) met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Air Force Association (Western Australia Division) Incorporated, in relation to McNamara Lodge, Compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### The service has processes to ensure meals are provided are varied and of suitable quality and quantity. Overall, most consumers sampled were satisfied with the meals provided, however, two of 12 consumers were not satisfied and stated they regularly speak with management about their concerns. The Assessment Team observed consumers to be enjoying their meal during the lunch time meal service.

A four week rotating seasonal menu is in place. Consumers are consulted prior to the new seasonal menu commencing and after weeks one and four, with consumer feedback influencing the menu choices. Consumers are able to request alternative options to the set menu as required. Several improvements have been implemented to ensure consumers have a range of meal choices that meet their preferences and to ensure food is available outside of set mealtimes. Consumers are supported and encouraged to provide feedback on the meals, including through meeting forums.

Care plans included consumers’ dietary needs and preferences which aligned with feedback provided by consumers. Consumer weights are monitored and where weight loss had been identified, additional monitoring processes had been implemented and referrals to Medical officers and allied health specialists had occurred.

The main kitchen and servery areas were observed to be clean and tidy and staff were observed to be adhering to food safety protocols.

For the reasons detailed above, I find Air Force Association (Western Australia Division) Incorporated, in relation to McNamara Lodge, Compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact and have recommended Requirement (3)(a) met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Air Force Association (Western Australia Division) Incorporated, in relation to McNamara Lodge, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The service has processes to ensure 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. Consumers sampled considered that they get quality care and services when they need them. Consumers and representatives indicated there are enough staff, call bells are responded to reasonably quickly and consumers do not need to wait long if they need assistance. The Assessment Team observed call bells being responded to in a timely manner.

The service uses a structured approach for rostering and scheduling. Monitoring systems, including complaints and feedback and call bell response times are generally used to review and plan staff rosters and allocations. There are processes to manage staffing shortfalls. Staff stated there are generally enough staff and the right mix of staff to plan and deliver safe and quality care to consumers. Staff indicated additional afternoon care hours have been added in response to consumer acuity which has assisted with delivery of care to consumers.

### For the reasons detailed above, I find Air Force Association (Western Australia Division) Incorporated, in relation to McNamara Lodge, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# STANDARD 8 NON-COMPLIANT 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 is Non-compliant as the one Requirement assessed has been found Non-compliant.

The Assessment Team assessed Requirement (3)(d) in Standard 8 Organisational governance as part of the Assessment Contact and have recommended this Requirement not met. The Assessment Team were not satisfied the service demonstrated effective risk management systems and practices in relation to managing and preventing incidents, including the use of an incident management system.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Air Force Association (Western Australia Division) Incorporated, in relation to McNamara Lodge, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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 Assessment Team were satisfied the organisation demonstrated effective risk management systems and practices, including in relation to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

However, the Assessment Team were not satisfied the service demonstrated effective risk management systems and practices in relation to managing and preventing incidents, including the use of an incident management system. The Assessment Team’s report provided the following evidence relevant to my finding:

* A complaint from a consumer dated June 2021 was reported to and partially actioned by senior clinical staff and escalated to management.
* The incident was not documented on the Serious Incident Response Scheme register but was recorded a day after the complaint was lodged on a Serious incident notification form. The incident was noted as ‘psychological or emotional abuse of a consumer’.
* The Notification form did not include any information relating to who else had been informed of the incident, the mode of communication or information conveyed, the outcome of the conversation or any other comments, actions or a signature of the person completing the form.
* There were no entries in progress notes and no emails or phone calls recorded to demonstrate the consumer’s next of kin had been advised of the incidents. Only one of the consumer’s representatives is contactable by phone and informed the Assessment Team they had not been made aware of the incident.
* The organisation’s process indicates once completed, the Notification form is to be emailed to the Quality Team and General Manager to analyse and identify opportunities for prevention and improvement of similar incidents. This did not occur.
* Management stated they review and evaluate all incidents before they are closed, ensuring recommendations are implemented. However, on this occasion acknowledged they did not do this as they were very busy at the time.

The provider did not dispute the Assessment Team’s findings and have expressed a commitment to continuous improvement and maintaining full compliance with the Quality Standards. The provider’s response included further clarifying information directly relating to the deficits identified in the Assessment Team’s report, and a Plan for Continuous improvement. The provider’s response included, but was not limited to:

* Due to the consumer’s ability to make their own decisions, the next of kin was not contacted.
* Acknowledge the Serious incident notification form was not completed fully, however, there is evidence actions were taken and recorded on an internal complaints/comments/suggestions form.
* In response to the manager’s comment relating to being very busy, the provider accepts this is not acceptable practice. In response policy and processes have been reviewed with the aim of reducing workload, continuing to improve outcomes and to ensure compliance with the incident management system.
* The electronic Adverse event report has been reviewed and updated and can now only be completed by designated management, ensuring full oversight of all adverse events.
* The Serious incident notification form has been archived and the information previously required by the form has been added to the Adverse event form.
* A Decision making framework has been created to assist staff in evaluating and analysing incidents.

I acknowledge the provider’s response to the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the service had not effectively implemented risk management systems and practices relating to managing and preventing incidents. In coming to my finding, I have considered that the incident relating to the consumer highlighted was not managed in line with the service’s processes or legislative requirements. Key documents were not completed to enable to the service to analyse and identify opportunities to prevent similar incidents and improvement opportunities.

For the reasons detailed above, I find Air Force Association (Western Australia Division) Incorporated, in relation to McNamara Lodge, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 8 Requirement (3)(d)**

* Review monitoring processes to ensure incidents are identified and actioned in line with the service’s processes and legislative requirements.
* Ensure policies, procedures and legislative requirements in relation to managing and preventing incidents and the incident management system are effectively communicated and understood by staff.
* Monitor staff compliance with legislative requirements and the service’s policies, procedures and guidelines in relation to managing and preventing incidents and the incident management system.