Merindah Lodge Aged Care Facility

Performance Report

York Street   
CAMPERDOWN VIC 3260  
Phone number: 03 5593 7355

**Commission ID:** 3360

**Provider name:** South West Healthcare

**Site Audit date:** 4 May 2021 to 6 May 2021

**Date of Performance Report:** 10 June 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives are satisfied they are treated with dignity and respect. Feedback included staff always treat them well, are very respectful and kind, and they feel comfortable at the service.
* Consumer and representatives felt supported to exercise choice, maintain independence, make connections and maintain relationships.
* Representatives said they receive continuous and timely communication about consumers care.

Consumer, representative and staff feedback, documents and observations demonstrated the service respects consumers' privacy, including consumers' personal information and private space.

Staff provided examples of how consumers are supported in decision making and maintaining social interaction. Staff demonstrated consumers’ needs are individualised, and differences are respected and celebrated. For consumers who engage in activities that may pose some risk, staff explained the steps taken to mitigate the risk. Risk mitigation strategies include risk assessment, continuous monitoring and the completion of a 'safety risk and decision-making assessment' where consumers acknowledge the assessed risk and choose to continue to engage in the activity.

Care plans include information about consumer backgrounds and current preferences, which was consistent with the information provided by consumers and representatives.

The service demonstrated it provides consumers and representatives with email updates, monthly newsletters and monthly meeting minutes.

Staff interaction with consumers was observed to be respectful and kind.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives said staff consult them during the assessment and care planning of the consumer’s care and services.
* Consumers and representatives said they are informed by staff when there are changes to a consumer’s condition and care.
* Consumers and representatives said they are partnered in ongoing assessment and planning of their care and services and the consumer’s care plan is discussed in detail.

Management and staff described how consumer care needs are identified, review process and how they support consumers’ involvement in the assessment and care planning processes. Staff described how they use assessment and planning to inform the delivery of safe and effective care.

Consumer care files demonstrated assessment, care planning and review of consumers’ care needs with consideration of risk factors and changes in health condition. Care planning documents included detailed, specific, current and individualised information to guide staff practice. Consumer files and care planning documents recorded individualised goals and preferences, including advanced care planning documents and directives. Care planning documents demonstrated consumers, representatives and others are involved in consumer’s care planning.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### 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.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

All consumers said they receive personal care and clinical care that is safe and right for them. For example:

* Consumer and representatives were satisfied with clinical care. All consumers said they feel safe at the service.
* Consumers and representatives confirmed they have access to medical practitioners, specialist dementia services, wound consultants, physiotherapists or other health professionals when they need it.

Staff described the most significant clinical and personal care risks for consumers. This information was consistent with consumer care plans.

Care documents demonstrated care needs of palliating consumers are recognised, addressed and based on the consumer’s identified needs and preferences. Care documents reflect the timely identification of, and response to deterioration or changes in consumer health or condition. Care documents demonstrated timely and appropriate referrals to a range of health professionals, including physiotherapists, nurse practitioners, speech pathologists and dietitians.

For the consumers who have chemical restraint, care documents, progress notes and medication charts demonstrated the service is effectively monitoring the administration and use of psychotropic medications. Staff assess consumers for their risk of pain and the effectiveness of pain management strategies, including non-pharmacological and pharmacological interventions. These strategies are documented in progress notes and reviewed regularly.

The organisation demonstrated it supports a methodical approach to assessment, planning and review processes. There are systems in place and guiding documents which support staff in the delivery of safe and effective care across all domains of consumer health, personal and social needs.

The service has an Infection Control Policy and Outbreak Management Plan to support the service in practicing transmission-based precautions and preparing for a possible infectious outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate use of antibiotics.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### 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.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, consumers considered they get the services and supports for daily living that are important for their health and wellbeing and that enable them to do the things they want to do. For example:

* Consumers and representatives were satisfied consumers are supported in daily living with things that interest them and are encouraged to maintain their independence.
* Consumers felt they are supported by staff to maintain relationships and connections with those who are important to them and do things of interest.
* Consumers and representatives said they could choose from various suitable meals and snacks; the food is good, and it meets the consumers' needs and dietary requirements.

Staff demonstrated they know consumers well and described how they provide care that supports consumer independence, quality of life and overall wellbeing. Staff described how they communicate care needs and identify if an aspect of care has changed. Maintenance staff described the preventative maintenance schedule for all furniture, fittings and equipment.

Care plans reflect consumers' current goals and preferences to optimise their independence, quality of life and maximise their health and wellbeing. Care planning documents are consistently individualised to include information about consumers social and personal relationships within the service or details of consumer participation in community activities

The service demonstrated it supports consumers to participate in activities both within the service and the external community. The service demonstrated it engages the support of individuals, other organisations, and providers of other care and services to meet consumers' needs as appropriate

Staff were observed assisting consumers in attending activities, engaging with them individually, playing games and talking to them. The Assessment Team observed the food serving process and menu displayed throughout the service corresponded with the meals served. The service was observed to have adequate supplies of various types of well-maintained and clean equipment.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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

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

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most consumers and representatives said they feel safe and comfortable in the service’s internal and external environments. For example:

* Consumers said they have made the service their home.
* Consumers and representatives said management and staff consistently welcome family and visitors.
* Consumers said the service is clean, comfortable and well maintained.

The service demonstrated maintenance issues are actioned in a timely manner.

The service was observed to be safe, clean and comfortable with functioning equipment, furnishings and fixtures. The service was welcoming, and consumers can move around freely indoors and access outdoor areas to secure gardens.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* All consumers considered they are encouraged and supported to give feedback and make complaints and are confident their feedback will be actioned.

Management demonstrated how complaints are encouraged, consumers supported to provide feedback and how consumer feedback is reviewed and used to inform continuous improvement.

Staff described how they support consumers with communication or cognitive issues to make complaints. Staff demonstrated an understanding of open disclosure, describing how it relates to the care provided to consumers and to learning and improvement.

The service demonstrated it has a system in place to monitor and review complaints and evaluate consumer satisfaction with outcomes.

Written material was observed on display throughout the service informing consumers of internal and external complaints mechanisms and advocacy services.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives said they find staff very kind, gentle, caring and generally take time to provide care.
* Consumers and representatives were satisfied staff know what they are doing and provide quality individualised care to consumers.

Management described how the workforce is recruited to specific roles requiring specific qualifications, credentials or competencies. Staff are orientated to the position and trained and equipped to undertake their role. Documents were consistent with information provided by management.

Staff confirmed adequate training programs are undertaken yearly as part of their mandatory training. Training records demonstrated mandatory training is being completed.

Management described processes to assess, monitor and review the performance of staff working at the service.

Shift records and observations confirmed adequate staffing levels are maintained. Staffing ratios and mix are adequate to meet consumers' needs and ensure safe and quality care. Roster documents demonstrated shifts are adequately filled based on staffing ratios.

Interactions between staff and consumers were observed to be kind, caring and respectful.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers and representatives were satisfied with the consumers' involvement in the broader service improvement. Examples related to governance including the change in menu and activities.

Management demonstrated how the governing body promotes a culture of safe, inclusive and quality care to consumers.

The organisation demonstrated how consumers are engaged in the design and delivery of care and how their engagement is sought through meeting, surveys and feedbacks.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. The organisation has an incident management system in place with the escalation of high impact risks mandatory.

The organisation demonstrated an overarching clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint, open disclosure and systems of self-assessment, review and monitoring.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### 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.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.