Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | MiCare Avondrust Lodge |
| **RACS ID:** | 3167 |
| **Name of approved provider:** | MiCare Ltd |
| **Address details:** | 1105 Frankston-Dandenong Road CARRUM DOWNS VIC 3201 |
| **Date of site audit:** | 03 December 2019 to 04 December 2019 |

**Summary of decision**

|  |  |  |
| --- | --- | --- |
| **Decision made on:** | 24 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 12 March 2020 to 12 March 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of MiCare Avondrust Lodge (the Service) conducted from 03 December 2019 to 04 December 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 13 |
| Care staff | 6 |
| Registered and Enrolled nurses | 4 |
| Volunteer | 1 |
| Service and organisational management | 5 |
| Representatives | 2 |
| Lifestyle staff | 3 |
| Nurse practitioner and allied health provider | 2 |
| Administration and maintenance | 2 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements under Standard 1.

Consumers interviewed said they are treated with respect and feel safe always or most of the time. Consumers described the ways their social connections are supported both inside and outside the service. Consumers said they feel heard when they tell staff what matters to them and are encouraged to make decisions about their life, even when it involves an element of risk. Consumers said the organisation protects the privacy and confidentiality of their information and are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The organisation demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and could readily identify or access information on consumers’ individual preferences and interests. The service promotes the value of culture and diversity in the wide range of activities it offers and in delivery of care that is tailored to the person. Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Staff gave examples of how they maintain the privacy of consumers. Electronic and filing systems support the protection of confidential information.

The organisation monitors and reviews its performance in relation to these requirements. Management is responsive to feedback in relation to staff practice that may inadvertently impact on consumers' taking risks and being as independent as possible. Consumer surveys and feedback and complaints mechanisms are used to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and live the life they choose.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation has met all five requirements under Standard 2.

Consumers said their direct engagement in the initial and ongoing assessment and planning of their care ensures they get the care and services they need. Consumers report feeling safe and confident that staff listen to their goals and preferences, and that the organisation gets input from other professionals to ensure consumers get the right care and services to meet their needs. Consumers report that consumer’s care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the organisation is quick to communicate with them and to respond.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical officers, allied health professionals, carers and family members) work together to deliver a tailored care and service plan and how they monitor and review the plan as needed. Each of the care and service plans reviewed evidence that plans had been regularly reviewed (with changes made as required) and included a date by which the next review of care and services must be undertaken. Documentation does consistently reflect consultation/discussion with the consumer and their representative where appropriate.

The organisation monitors and reviews its performance in relation to these requirements. Staff demonstrate an understanding of adverse incidents or near-miss events and how these occurred. These are documented and reviewed by the organisation to inform continuous improvement.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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: Personal care and clinical care Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation met all seven requirements under Standard 3.

Consumers interviewed gave various examples of how staff ensure the care provided was right for them including by regularly asking them about their care and the way it is delivered.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care. Staff could describe how they ensure care is safe and appropriate for consumers, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Care staff demonstrated understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different consumers and how incidents are used to inform changes in practice.

Each of the care and service plans reviewed evidenced the delivery of safe and effective care. Risk assessments are completed as required to support consumers choices. The service has process for referrals to other organisations. The ongoing assessment and monitoring of consumers when their health deteriorates is satisfactory.

The organisation monitors and reviews its performance in relation to these requirements. The organisation demonstrated how they review practice and policies to ensure they remain current and appropriate. There is a regular care plan review process in collaboration with consumers and/or representatives. There is a scheduled program of audits and surveys to support the monitoring of this requirement.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

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

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has met the seven of seven requirements under Standard 4.

All consumers and representatives randomly sampled for the consumer experience report said consumers are encouraged to do as much as possible for themselves. Over half of consumers interview said they like the food most of the time or always, while a proportion said they like the food some of the time. The organisation provided examples of how they are addressing these consumers’ concerns such as an opportunity for consumers to participate in feedback forums regarding food. Consumers said the menu is varied and of high quality and alternate options are provided at request. Consumers reported overall services and supports for daily living are safe and effective.

Consumers, representatives and staff provided various examples about how the service promotes emotional, spiritual and psychological wellbeing and what this means for them. Staff provide one on one support to the consumer and regularly encourage them to visit communal areas of the service. Staff demonstrated they make timely referrals to other organisations and volunteers support the program. Staff seek feedback from consumers about activities of interest to them and these are documented. Consumers said they can move freely inside the service and are assisted to join in community activities whenever they want.

The service demonstrated that it provides safe, suitable and well-maintained equipment and that staff are appropriately trained to use equipment.

## Requirements

### Standard 4 Requirement 3(a) Met

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.

### Standard 4 Requirement 3(b) Met

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

### Standard 4 Requirement 3(c) Met

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.

### Standard 4 Requirement 3(d) Met

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

### Standard 4 Requirement 3(e) Met

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

### Standard 4 Requirement 3(f) Met

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

### Standard 4 Requirement 3(g) Met

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

### Standard 5: Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has met all three requirements under Standard 5.

All consumers and representatives interviewed for the consumer engagement report said consumers feel at home and safe at the service. Consumers also commented the cleanliness of the service and having everything they need.

The service was observed to be welcoming with individual rooms decorated with photographs and other personal items and common areas decorated with traditional Dutch memorabilia. The service was also observed to be clean and tidy, free of odour and of a comfortable temperature. Rooms are clean and well maintained. Consumers have freedom of movement indoors and outdoors.

Preventative and reactive maintenance programs ensure a structured approach managing the living environment. Staff were satisfied they had the supplies and equipment to undertake their role and demonstrated an understanding of the service’s procedures to ensure a safe living environment. Staff use maintenance reporting processes to indicate maintenance requirements. Management confirmed that environmental audits are conducted to assess any area of potential risk and drive improvements.

## Requirements

### Standard 5 Requirement 3(a) Met

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

### Standard 5 Requirement 3(b) Met

The service environment:

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

##### **Standard 5 Requirement 3(c) Met**

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

### Standard 6: Feedback and complaints Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation demonstrated that all four requirements under Standard 6 were met.

The organisation demonstrated that consumers know how to give feedback and make complaints, and feel safe and comfortable doing so, and that consumers have access to advocates, language services and other methods for raising and resolving complaints.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff were able to explain what they are required to do when feedback or complaints are made. Records of workforce orientation and training include information about open disclosure processes and staff interviewed were able to describe the open disclosure process.

Feedback and complaints are reviewed and used to improve the quality of care. The organisation demonstrated how a log of complaints transcribed into improvements in the quality of care and services for individuals or across the organisation.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation demonstrated that all five requirements under Standard 7 were met.

The organisation demonstrated that they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided various examples of what this meant to them including in relation to events of cultural significance, specific care and relationship needs and availability of staff speaking other languages. Interactions between consumers and representatives and staff were observed to be kind, caring and respectful.

The organisation also demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Consumers participate in interviewing of new staff. New staff are satisfied with the orientation and support provided. Performance appraisals occur as part of probation monitoring and recruitment is ongoing.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

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

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found that the organisation demonstrated that all five requirements under Standard 8 were met.

The organisation demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing numerous examples of how consumers are involved in the co-design of services and engaged on a day-to-day basis. Consumers confirmed that they are involved in care planning, delivery and evaluation, providing various examples of how this occurs in practice.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice. Consumers and their representatives confirmed that when restraint was used the service first contacted them for their consent and also contacted them after the application of restraint to discuss alternative options for the future.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

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

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates 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.

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

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that 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.