Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | P M Village |
| **RACS ID:** | 5347 |
| **Name of approved provider:** | Panaghia Myrtidiotissa Limited |
| **Address details:** | 1929 Gympie Road BALD HILLS QLD 4036 |
| **Date of site audit:** | 23 September 2019 to 25 September 2019 |

**Summary of decision**

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| **Decision made on:** | 05 November 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:** | 15 December 2019 to 15 December 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 | | Not 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) | | Not Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not 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 | | Not 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) | | Not Met |
| **Timetable for making improvements:** | By 13 January 2020 | |
| **Revised plan for continuous improvement due:** | By 20 November 2019 | |

**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 P M Village (the Service) conducted from 23 September 2019 to 25 September 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 | 11 |
| Representatives | 4 |
| Care Manager | 1 |
| Assistant Care Manager | 1 |
| Registered Nurses | 3 |
| Care staff | 5 |
| Site manager | 1 |
| Diversional therapist | 1 |
| Physiotherapist | 1 |
| Catering staff | 2 |
| Domestic cleaner | 1 |

## 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 the service has met all six requirements under Standard 1.

Consumers and representatives randomly interviewed:

* 100% said that staff treat the consumers with respect most of time or always.
* 100% said that staff encourage the consumers to do as much as possible for themselves most of time or always.
* 100% said that staff explain things to the consumers most of time or always.

Consumers/representatives reported the consumer is able to make decisions about their life, even when it involves an element of risk. Consumers/representatives described the ways that the consumer’s personal and social connections are supported both within and outside the service. Consumers/representatives said the service protects the privacy and confidentiality of consumers’ information, and they are satisfied that care and services, including personal care, is undertaken in a way that respects consumers’ privacy.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers accurate information and options to inform their choices. Staff were observed interacting with consumers respectfully and were able to identify consumer’s individual preferences and interests.

The service promotes the value of culture and diversity in a wide range of activities it offers consumers and in the delivery of personalised care. Management utilises care consultations and meetings to gather feedback from consumers and representatives to ensure consumers are satisfied that staff treat them with respect, support them to maintain their identity and live the life they choose. The service also demonstrated how electronic and paper documentation is protected to preserve confidentiality of consumer information, consistent with policies and procedures.

#### 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 Not 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:

#### Requirements:

The Assessment Team found the service has met four of five requirements under Standard 2.

Consumers and representatives randomly interviewed:

* 100% said that the consumers have a say in their daily activities most of the time or always.
* 100% stated the consumers get the care they need most of the time or always.

Consumers/representatives said their direct engagement in the initial and ongoing assessment and planning of the consumer’s care helps the consumer to get the care and services they need. Consumers/representatives reported feeling safe and confident that staff listen to the consumer’s goals and preferences, and that the service seeks input from other professionals to ensure the consumer gets the right care and services to meet their needs.

Registered nurses showed an awareness of consumer’s individual advance care planning and had access to documented end of life directives. Staff could describe how consumers’ feedback is taken into consideration and how others who contribute to the consumer’s care (including medical officers, allied health professionals, medical specialists and representatives) work together to deliver a tailored care plan and review the plan as needed.

Review of assessments and care plans showed generally they had been regularly reviewed with changes made as required. However the Assessment Team identified the service did not adequately demonstrate the review process for care plans and assessments is effective for all consumers, especially when circumstances change or when incidents impact on the needs of the consumer in relation to pressure injuries and falls.

##### 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) Not 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 Not 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:

#### Requirements:

The Assessment Team found the service has met six of seven requirements under Standard 3.

Consumers and representatives randomly interviewed:

* 100% said that the consumers always feel safe.
* 100% said that the consumers get the care they need either always or most of the time.

Consumers/representatives gave various examples of how staff ensured the care provided to the consumers was right for them. This included regularly seeking feedback from consumers/representatives about the consumer’s care, the way it is delivered and through involving visiting medical officers and other health professionals in care planning/delivery. Consumers/representatives interviewed were satisfied when there has been a deterioration or change of a consumer’s condition this would be responded to in a timely manner including utilise timely and appropriate referrals to individuals and other health care organisations and providers.

Registered nurses could describe how they ensure that information is shared both within the organisation and with others outside the organisation and their opportunities for continuing education. Registered and care staff demonstrated an understanding of precautions to prevent and control infection.

Review of consumer files indicated deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is generally recognised and responded to in a timely manner. This included care delivery reflecting attention to the needs and preferences of consumers including when they are at the end of their life. However, the Assessment Team identified the service did not adequately demonstrate that each consumer gets safe and effective personal and clinical care that is best practice and optimises their health and wellbeing, especially in relation to the management of falls and pressure injuries.

##### Standard 3 Requirement 3(a) Not 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:

2. 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 that all seven of the requirements in relation to Standard 4 were met.

Consumers and representatives randomly interviewed:

* 100% said that staff encourage the consumers to do as much as possible for themselves either always or most of time.
* 100% said that the consumers like the food either always or most of the time.

Consumers/representatives interviewed said they are satisfied with the services the consumers receive and stated the service regularly seeks their feedback and supports the consumers to optimise their independence, health, wellbeing and quality of life.

Staff could explain the process for updating care plans, how they are notified of updates and how this enables them to provide care in line with each consumer’s goals, needs and preferences. Staff interviewed demonstrated their knowledge in consumers’ individual needs in social interest and personal relationships.

Review of consumer files indicated consumers’ emotional, spiritual and psychological needs are captured and documented strategies to support meeting the needs are available for staff to follow. The service demonstrated that it supports the emotional, spiritual and psychological wellbeing of consumers in a systemic way by making timely referrals to other individuals, services or organisations and assisting/supporting consumers to connect with other supports and people outside the service.

The service seeks advice from consumers about activities of interest to them within and outside of the service. It provides meals of a suitable quality, variety and quantity and provides safe, suitable, clean and well-maintained furniture. This was also observed by the Assessment Team.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that 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

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

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that 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:

2. 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 the organisation met all three requirements in relation to this Standard.

Consumer experience interviews show that 100% of consumers and representatives said consumers feel safe at the service most of the time or always and 100% said consumers feel at home in the service always or most of the time. Consumers and representatives expressed satisfaction that:

* The service was well maintained and kept at a comfortable temperature.
* They have access to a range of furnishings and equipment and felt safe using them.
* They have access to the internal courtyard, and areas to use as a quiet space to meet with family and friends.

The service was observed to be welcoming, clean and well maintained with appropriate furniture and fittings. Consumers display photographs, memorabilia and other personal items in their rooms. Signage helps consumers find their way around the service and there is ready access to outdoor living areas including the courtyard with communal tables/seating, tidy gardens and outdoor settings. Paths and handrails enable free movement throughout the service.

Policies and procedures described systems for the purchase, service and maintenance of furnishings and equipment and how environmental related risks to consumers were identified and managed. Staff interviewed confirmed their understanding of the systems and maintenance arrangements. Management confirmed that the service environment is a standing agenda item for meetings with the organisation’s senior staff where emerging risk or maintenance issues are discussed.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that 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 organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

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

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not 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:

2. 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 the organisation met all four requirements in relation to this Standard.

Consumer experience interviews show that 100% of consumers and representatives agreed staff follow up when they raise things with them always.

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

The service further demonstrated feedback and complaints are reviewed and used to improve the quality of care. Whilst the service demonstrated action is taken in response to complaints, staff were unable to describe an open disclosure process and management were unable to demonstrate an open disclosure process is used when things go wrong.

#### 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) Not 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:

2. 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 service has met all five requirements under Standard Seven.

Consumer experience interviews show 100% of consumers agreed that staff know what they are doing, and they get quality care and services. The service uses consumer surveys, audits, consumer and representative feedback and meetings to ensure consumers are satisfied staff are well trained and there are enough experienced staff to enable them to provide safe and quality care.

The service demonstrated that the workforce is planned to enable, and the mix of members of the workforce enables the delivery and management of safe and quality services. Staff were observed to possess the requisite skills the organisation needs to assess, plan and coordinate care and services to meet the needs of consumers and deliver safe and quality care and services.

Staff confirmed the service’s workforce is planned, and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services.

Management gave examples of how they lead a culture of respect and could demonstrate staff are recruited, inducted, trained, equipped and supported to ensure consumers are made to feel respected, consistent with documented policies and procedures.

#### 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.

### Standard 8: Organisational governance Not 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:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The service demonstrated that its governance systems support the delivery of safe and quality aged care services. Consumers expressed confidence that the organisation is run in their best interests and described ways the service seeks their opinions to improve the service culture.

The service has governance systems in place to assess, monitor and drive improvement in the quality and safety of the care and services they provide, ensuring consumers have a quality experience.

The service seeks input from a wide range of consumers about their experience and the quality of care and services they have received. The service reviews and responds to the information it receives from consumers. Staff demonstrated they understand the service’s commitment to and processes for involving consumers.

The service has a range of organisational governance systems that promotes a culture of safe, inclusive and quality care and services. The service uses regular reviews and evaluation to identify needs and address continuous improvement priorities.

Effective risk management systems ensure the service identifies, minimises and manages risks to the safety and wellbeing of consumers, including supporting and identifying risks associated with clinical care and services.

Whilst the service demonstrated action is taken in response to complaints, the service is unable to demonstrate an open disclosure process is used when things go wrong.

#### 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) Not Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

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

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure