Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Waroona Multipurpose Centre |
| **RACS ID:** | 5328 |
| **Name of approved provider:** | Queensland Health |
| **Address details:**  | 72 King Street CHARLEVILLE QLD 4470 |
| **Date of site audit:** | 15 October 2019 to 17 October 2019 |

**Summary of decision**

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| **Decision made on:** | 21 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:** | 08 December 2019 to 08 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) | Not 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 | Not Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Not 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 |
| **Timetable for making improvements:** | By 20 January 2020  |
| **Revised plan for continuous improvement due:** | By 06 December 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 Waroona Multipurpose Centre (the Service) conducted from 15 October 2019 to 17 October 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 |
| Lifestyle staff | 1 |
| Care staff | 8 |
| Registered staff | 5 |
| Management | 3 |
| Visiting services | 1 |
| Director of the Board | 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 that the service met all requirements under this standard.

Thirteen consumers were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* Ninety-two per cent of consumers say staff treat them with respect most of the time or always
* Ninety-two per cent of consumers say they are encouraged to do as much as possible for themselves most of the time or always
* Ninety-two per cent of consumers say staff explain things to them most of the time or always

The organisation demonstrated that they provide a culture of inclusion and respect for consumers with observation of staff interaction to be respectful to consumer preferences.

 The organisation engages with consumers and their representatives during the admission process, so they can exercise choice and decisions regarding how they want their care and services to be delivered, and to maintain their identity and live the life they choose.

The organisation seeks feedback from consumers and their representatives through consumer meetings, committee meetings, feedback forms and surveys. Staff interviewed gave examples how the organisation provided training and how they engage with consumers to support them to make informed choices regarding their care and service delivery.

The organisation has systems in place to provide privacy and confidentiality regarding consumer information and consumers are satisfied that staff maintain their privacy and confidentiality.

#### 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:

The Assessment Team found that the service met four out of five requirements under this standard.

Thirteen consumers were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* One hundred percent of consumers say they have a say in their daily activities most of the time or always.

The service seeks input from health professionals to ensure consumers get the right care and services to meet their needs. Staff are to work together with consumers and health professionals to develop a personal care and service plan which is to be reviewed for accuracy every three months or when consumer needs change.

The service demonstrated supporting consumers to take risks, such as smoking however there is not always discussions with consumers or their chosen representative around of the risks involved, such as risks associated with bed rails.

The service’s monitoring system identified consumer’s individual advance care planning and end of life planning has been consistently captured for all consumers upon entry into the service.

 Each care and service plans reviewed showed plans had been regularly reviewed and are available in each consumers room for ease of access. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

#### Requirements:

##### Standard 2 Requirement 3(a) Not 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 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:

The Assessment Team found that the service met five of seven requirements under this standard.

Thirteen consumers were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* Eighty-five per cent of consumers say they feel safe most of the time or always
* Ninety-two per cent of consumers say they get the care they need most of the time or always

Staff could describe how there are opportunities for continuing education that is based on best practice and how they ensure that information is shared both within the organisation and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could identify strategies to manage consumers with high prevalence risks.

Each of the care plans reviewed showed the service captures consumers personal life experiences, needs and goals.

The service works closely with the local medical officers and palliative care team to provide consumers with support and comfort nearing their end of life.

While the service has a close relationship with the local hospital, not all consumers felt the personal care and services provided were adequate and their deterioration was not recognised early or managed effectively prior to transferring to hospital.

The organisation demonstrated they have policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they remain current and informed by advice from consumers and other health professionals.

#### 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) Not 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) Not 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 Not 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 the service met six of seven requirements under this standard.

Thirteen consumers were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* Ninety-two per cent of consumers say they are encouraged to do as much as possible for themselves most of the time or always.
* Forty-six per cent of consumers say they like the food most of the time or always.

Consumers interviewed expressed satisfaction that their emotional, spiritual and psychological well-being is supported. The majority of consumers interviewed agreed they have a say in their daily activities and are assisted to participate in their community, have social and personal relationships and do things of interest to them.

Information about consumers’ needs and preferences is communicated to staff for the delivery of appropriate care and services. Staff interviewed were aware of the individual needs and preferences of consumers in relation to services and supports for daily living or were aware of where they could access this information.

Consumers had access to extra food and drink choices from a consumer accessible fridge to ensure variety, quantity and choice Is provided to consumers. However, despite the service recognising consumer dissatisfaction in the food for four months, they are yet to act upon consumers feedback with consumers currently expressing the meals provided are repeated and “goes straight through you”.

Management could demonstrate the services and supports for daily living at the service are monitored and reviewed and improvements made when needed.

#### 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) Not 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 that the service met all requirements under this standard.

Thirteen consumers were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* Eighty-five per cent of consumers say they feel at home most of the time or always.

Observation of the service showed while it is an older style building, it was clean, tidy and safe to access all consumer areas. Furniture and equipment were clean and generally adequate to support consumers of varying needs. Consumers moved freely throughout the service and interacted with both staff and fellow consumers. The organisation is to update the layout of the service, increasing intimate areas, shaded outdoor areas and promote a welcoming environment.

Staff said they have access to provide feedback on the living environment and upkeep on the status of furnishings and equipment.

The organisation reviews the maintenance register to review what issues are arising at the service.

#### 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 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 that the service met all requirements under this standard.

Thirteen consumers were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* Ninety-two per cent of consumers say staff follow up when they raise things with them most of the time or always.

Consumers expressed that they were aware of how to provide feedback and complaints regarding the care and services that they required, and staff demonstrated knowledge how to enable consumers and their representatives to access feedback and complaints if needed.

The organisation encourages complaints and feedback from consumers, representatives and staff as well as providing timely feedback to the organisations governing body, staff and consumers on complaints and feedback along with the action the service took. The service uses information from complaints to make improvements to safety and quality systems and regularly reviews and improves how they manage complaints.

Management demonstrated that complaints and feedback are discussed at meetings and can be escalated to the organisational level when required.

#### 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:

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 met all requirements under this standard.

Thirteen consumers were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* Ninety-two per cent of consumers say they get the care they need most of the time or always.
* One hundred per cent of consumers say staff are kind and caring most of the time or always.
* One hundred per cent of consumers say staff know what they are doing most of the time or always.

The service has a workforce that is recruited to support consumer needs and preferences. Staff have training and education opportunities to maintain and increase their knowledge with systems in place to monitor staff mandatory compliance. Consumers and representatives said there are generally enough staff to meet their needs and that staff have knowledge of their individual preferences. The service monitors the workforce behaviour and performance through individual discussions and observations of care provided, which assists in identifying areas for further development and education and ensuring safe and effective care is occurring.

#### 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 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 Assessment Team found that the service met all requirements under this standard.

Thirteen consumers were sampled to participate in a consumer experience interview about their experience at the service. Results showed that:

* Ninety-two per cent of consumers say the service is well run most of the time or always.

The service demonstrated they involve consumers in the delivery and evaluation of care and services and provided examples which supported this requirement. Consumers/representatives were able to confirm that they were involved in their care planning to address their choices, preference and needs.

The organisation demonstrated their governing body promotes a culture of safe, inclusive and quality care and the governing body meets regularly to monitor and provide the service’s delivery of safe and quality care for consumers.

The organisation has systems for the effective governance of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management report to the board in relation to each of these areas to support the board’s decision making and accountability.

There are policies that direct risk management including high impact or high prevalence risk, identifying and responding to abuse and neglect of consumers, and the dignity of risk. There is also a clinical governance framework to oversee the delivery of care and includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Management were able to provides examples where the service was providing open disclosure to consumers/representatives in line with the requirements of this standard. Staff are currently being provided with training and education been trained in relation to these systems and to enable them to have an understanding of these concepts.

#### 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 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) 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