Performance

Report

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| Name: | Dr Mary Surveyor Centre |
| Commission ID: | 7330 |
| Address: | 18 Hocking Road, KINGSLEY, Western Australia, 6026 |
| Activity type: | Site Audit |
| Activity date: | 23 July 2024 to 25 July 2024 |
| Performance report date: | 28 August 2024 |
| Service included in this assessment: | Provider: 1656 Meath Care (Inc)  Service: 6205 Dr Mary Surveyor Centre |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Dr Mary Surveyor Centre (**the service**) has been prepared by Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 12 August 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is Compliant, as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumer identity, culture, and diversity was valued and they were treated with dignity and respect. Staff described measures taken to uphold respect during care and explained they took time to understand consumer backgrounds, life history, and needs. Care planning documentation reflected the diverse backgrounds and circumstances of consumers, captured through life history and cultural assessments.

Staff described how the service supported the delivery of culturally safe care and services for consumers and gave examples of how it influenced care delivery. Care planning documentation outlined specific cultural needs, preferences, sensitivities, and strategies. Consumers confirmed care and services were delivered in a culturally safe manner. Staff receive training on delivery of culturally safe care and were supported by an inclusivity policy.

Consumers explained how they were supported to make decisions about their own care and maintaining relationships of choice. Care planning documentation reflected consumer choices in preferences for care, including who was involved, and supports to maintain relationships. Staff identified how they supported consumers to make choice, including reconfirming preferences prior to delivering care.

Consumers gave examples of how they were supported to take risks in order to live a life of their choosing. Staff demonstrated familiarity with consumers’ risks of choice and supportive strategies, explaining the risk assessment process undertaken with the consumer and/or representative. Care planning documentation for consumers supported to take risks included record of discussion of risks and potential harm and agreed mitigating strategies, in line with policies and procedures.

Staff explained how they shared information with consumers, adapting methods to meet the communication needs outlined in care planning documentation. Consumers said information is shared through written and verbal pathways, and they can get further information if they don’t understand. Displayed information informed consumers about meal choices, activities, and feedback, and newsletters were observed in consumer rooms.

Consumers confirmed their privacy was respected, with staff knocking on doors before entering rooms and ensuring care was delivered in private. Staff explained how they respected privacy and took action to maintain confidentiality, such as securing information in staff areas and not discussing matters in front of others. Policies and procedures outlined how personal information was collected, kept confidential and used for relevant purposes only.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Staff described how the initial and ongoing assessment process was used to identify needs, preferences, and risks and develop strategies captured within a care and services plan. Care planning documentation outlined risks and mitigating strategies to inform the delivery of care and services. A checklist is used for new consumers to ensure key assessments were undertaken in a timely manner and used to develop an interim care and services plan during the entry process.

Care planning documentation reflected consumers’ current needs and preferences. Consumers explained how they had been consulted on their needs, goals, and preferences, including for end of life care. Staff detailed how they commenced end of life planning following consumer entry to the service, and assessments were undertaken if the consumer and/or representative felt comfortable to discuss preferences.

Consumers and representatives said they, and people they chose, were involved in assessment, planning, and review of their care and services. Staff explained how they partnered with consumers and others to ensure needs and preferences were understood and addressed. Care planning documentation reflected involvement of consumers, representatives, and a range of providers, including medical officers and allied health specialists.

Consumers and representatives reported they received ongoing communication about changes to consumer care and services, adding staff explain things if needed and they were aware they could access their care and services plan. Staff explained processes to inform consumers and representatives of the outcomes of assessment and planning. The electronic care management system incorporated the outcomes of assessment and planning into a summary care and service plan which was made available to consumers and representatives if they wished to view.

Care planning documentation evidenced reviews for effectiveness of strategies were undertaken regularly and following incident or change from consumers. Staff described the processes for undertaking scheduled regular reviews, including monthly monitoring for effectiveness. Consumers and representatives were aware of regular and required reviews undertaken with responsive changes made to optimise care.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives explained consumers received safe and effective care tailored to their needs. Staff demonstrated awareness of tailored strategies for consumers to optimise their health and well-being whilst ensuring delivery of best practice care. Care planning documentation included individualised care strategies and monitoring. In response to one consumer, who had not been receiving care aligning with assessment and planning for their diabetes, management acknowledged the oversight during the Site Audit, and the provider’s response demonstrates follow up taken.

Staff described high impact and high prevalence risks for consumers and management strategies to mitigate harm. Consumers and representatives said the risk management strategies were effective in improving consumer safety. Monitoring practices were undertaken to ensure effective management and early identification of emerging risks to consumer health and reflected within care planning documentation.

Staff explained how they ensured care for consumers nearing end of life focused on comfort, including pain management and hygiene, and meeting emotional and spiritual needs. Care planning documentation for a consumer nearing end of life demonstrated timely identification of need to commence a palliative care pathway, focusing on managing pain and symptoms and supporting emotional needs of the consumer and family in line with policies and procedures.

Care planning documentation evidenced timely identification of deterioration and response aligned with policies and procedures. Staff described how they identified change in consumer health, listing key indicators monitored, and outlined action they would take including escalation and management pathways. Consumers and representatives said change of consumer condition was recognised and management strategies developed and communicated.

Consumers and representatives described effective communication of consumer information, including between staff and external providers. Staff detailed how information was shared, including through documentation and verbally within handover and meetings. Care planning documentation comprehensively informed staff of the consumer condition and care needs.

Staff explained various pathways for referral along with heir role and responsibility to ensure timeliness of identifying and escalating needs. Consumers said referrals were timely and appropriate to their needs. Care documentation reflected timely making of referrals and outcomes.

Consumers and representatives could identify infection prevention and control strategies deployed, including isolating people with signs of contagious illness, and staff use of personal protective equipment. Staff gave examples of actions taken to prevent and control infection risks, such as outbreak management processes, use of personal protective equipment, and ensuring appropriate antibiotic use. Screening for risk was undertaken for all people entering the service, and practices were guided by policies, procedures, an Infection prevention and control lead, and engagement of the Public Health Unit upon signs of an outbreak.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives described supports to meet needs, goals, and preferences for quality of life. Staff explained how assessments were used to capture preferences.

Consumers and representatives gave examples of how their emotional, spiritual, and psychological needs were met, including through staff providing one-to-one time and coordinating mental health visits if required. Care planning documentation reflected emotional and spiritual needs. Staff explained how they would recognise and respond to low mood of consumer. The activity calendar included regular church services to meet consumer spiritual needs.

Consumers identified how they were supported to maintain social relationships and participate in the service and broader community. Staff explained how the activity schedule was tailored to consumer interests, captured through assessments, and through seeking ongoing consumer input and feedback. Consumers were observed participating in group activities, and socialising or entertaining visitors.

Staff described methods for sharing information about consumers with service and support staff, for example, kitchen staff said they are advised of dietary changes verbally and through documented summaries. Consumers and representatives said relevant information about them was known by staff.

Care planning documentation identified timely referrals to services and organisations to meet consumer needs. Consumers and staff gave examples of referrals made to meet consumer needs, including volunteers and counsellors.

Overall, consumers and representatives gave positive feedback about the quality, quantity, and variety of provided meals, and explained how food was suitably tailored to dietary requirements and palate. One consumer reported a preference for more fruit and vegetables, and management pointed out this could be easily accommodated, and lunch service was a buffet which supported consumers requesting additional food. Staff explained the menu was rotated monthly, and incorporated feedback from food focus meetings, and written and verbal feedback, with a consumer describing how their recipe had been included in the regular menu.

Consumers reported the provided equipment was safe, suitable, clean, and well maintained. Staff explained training to ensure safe use of equipment and cleaning requirements. Lifestyle staff said they could access sufficient equipment and supplies to meet consumer needs within activities.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is Compliant, as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives described the service environment as welcoming and easy to understand. Staff described the features of the service to welcome consumers and optimise their sense of belonging, such as personalising rooms. Sufficient lighting, handrails and signage supported consumers’ independent movement and interaction.

Consumers said the service environment was clean, and they could report maintenance concerns if required. Staff explained the cleaning schedule for communal areas and consumer rooms, with additional actions included during infectious outbreaks. Maintenance requests were managed, and the environment was monitored for safety hazards. Doors were observed to be open and accessible to consumers, who were observed moving freely through the indoor and outdoor areas, including through the exit in reception.

Staff explained the preventative maintenance schedule and audits to ensure furniture, fittings, and equipment remained clean and safe, with processes to report and address repairs. Staff outlined their role in cleaning and maintaining equipment, furniture, and fittings. Furniture, equipment, and fittings were observed to be clean and in good working order and condition.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is Compliant, as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt comfortable and supported to give feedback or make a complaint and were aware of available methods. Staff outlined how they encouraged and supported consumers to provide feedback or raise complaints through verbal pathways, including by speaking with staff or management, raising within meetings, or putting in writing. Furthermore, staff described their responsibility to record feedback and complaints in the electronic feedback system.

Consumers were familiar with accessible advocates, language services, and external complaint organisations, although reported preference to raise issues directly. Staff explained how consumers were informed of available services through notices, pamphlets, and within the newsletter, and could access translating and interpreting services if required.

Staff demonstrated awareness of the open disclosure process when describing how they would act in response to complaints. Consumers said complaints were responded to and resolved. Complaints documentation evidenced timely resolution and management using the open disclosure process outlined within policies and procedures.

Consumers and representatives gave examples of how the service identified and made improvements from feedback and complaints. Management explained how they identified trends within feedback and complaints and ensured action was taken to remedy issues. The continuous improvement plan included actions arising from information captured within feedback and complaint processes, surveys, and consumer meetings, with outcomes of completed items reflecting improvements to care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers, representatives, and staff believed the workforce was sufficient to meet consumer needs in a timely manner. Management explained how workforce planning considered the personal and clinical care needs of consumers, with monitoring of call bell response times. Documentation reflected there were processes to cover vacant shifts or unplanned leave, and the service was meeting legislated care minutes and nursing requirements.

Overall, consumers and representatives described staff as kind, caring, and gentle during care. Management outlined actions to be taken in response to feedback of staff not always greeting or acknowledging a consumer when in communal areas, including reminding staff to respect consumer needs and preferences. Staff received mandatory training on developing kind, caring, and respectful partnerships with consumers, and policies and procedures outlined organisational values and expectations of person-centred care.

Management explained how they monitored staff competency through education, assessment, and monitoring, with onboarding programs to support new staff. Staff said they received sufficient training to ensure they hold necessary skills for their roles. Records reflected effective processes to ensure recruited staff held the necessary qualifications, skills, and checks required within position descriptions with ongoing monitoring of compliance.

Management described how they support their staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards and how they have oversight of this. Most consumers and representatives felt staff were sufficiently trained, and in response to a representative stating staff should receive training in dementia specific care, management and staff verified all staff were required to undertake mandatory training on this. Staff said they received sufficient mandatory and supplementary training to support their practice in provision of quality care.

Staff could describe the annual performance appraisal process and said it was useful for collecting feedback and identifying areas for growth. Management explained that outside the formal performance review, staff are constantly assessed and monitored using observations and feedback. Documentation evidenced that where staff underperformance was identified appropriate actions were taken.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers described their involvement in service operations through consumer meetings, focus groups, surveys, and other feedback mechanisms. Management described the organisation-wide implementation of consumer engagement committees, including the Consumer advisory body who provide information to the governing body on the consumer experience and proposals for improvement. Meeting minutes reflected consumer input into the development, delivery, and evaluation of care and services.

Management described the structure of the governing body and outlined communication and reporting processes to inform subcommittees and the Board of the key indicators of service performance. Documentation evidenced the governing body was informed of service performance through reporting of audit outcomes, continuous improvement, feedback and complaints, and management explained how the governing body responded, offering examples of how they considered and responded to changing needs of the service and consumers.

Organisation wide governance systems ensured effective understanding and oversight of key areas. Information management systems supported staff access to information to perform their roles, including consumer details, policies, procedures, learning modules, and reporting. Financial governance was informed by establishing an annual budget, monitoring expenditure, and seeking approvals for additional expenses to meet consumer and service needs. Changes to legislative compliance were monitored at organisation level, escalated to the relevant executive to identify required changes for compliance, and communicated to management and staff.

Risk management systems and practices enabled staff to recognise high impact and high prevalence risks for consumers individually and collectively, with management supported by policies, practices, audits, and oversight. Staff were educated on their responsibilities to identify and report elder abuse and neglect. The electronic incident management system enabled oversight by service and organisational management to ensure appropriate response and recognised trends. The framework supported consumers to live their best life through pursuing interests, even where this incurred risk.

The clinical governance system incorporated policies, procedures, training, reporting, monitoring, and o oversight by relevant committees, including medication advisory and clinical governance committees. Staff were knowledgeable about how policies and procedures were applied to delivery of clinical care. Although the service did not maintain a psychotropic register for monitoring of use as chemical restraint, consumers had appropriate authorisation and consent, and records reflected restrictive practices were used as a last resort.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)