Performance

Report

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| Name of service: | Esperance Multipurpose Health Centre |
| Service address: | 15 Chapman Avenue DOVER TAS 7117 |
| Commission ID: | 8832 |
| Approved provider: | Huon Regional Care |
| Activity type: | Site Audit |
| Activity date: | 12 December 2022 to 15 December 2022 |
| Performance report date: | 18 January 2023 |

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 Esperance Multipurpose Health Centre (**the service**) has been prepared by D.Fekonja, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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

The service has policies and procedures to ensure consumers are treated with dignity and respect. Consumers feel they are treated with dignity and respect, and their identity, culture and diversity are valued as individuals. Assessment and planning documents contained information about their individual preferences and the people important to them.

The service supported the consumers to exercise their own choice and independence and decision-making about how care and services are delivered to meet their needs. The Assessment Team provided examples of how the service supports consumers to make connections inside and outside of the service and maintain relationships with family and friends.

Consumers and their representatives are satisfied that the service supported consumers to do the activities they wanted to do, including where the activities involved risk, so they could live the best life possible. Risks associated with clinical care and lifestyle choices are identified and mitigation strategies are discussed with consumers and/or their representatives.

Consumers and their representatives are satisfied that the information provided to them is current, accurate, timely and communicated in a clear and easy way to understand. The Assessment Team observed lifestyle calendars and menus with options on dining room tables, on large whiteboards, and on notice boards throughout the service. All consumers and their representatives are satisfied with the communication received and timely updates about changes or incidents that have occurred.

The privacy of consumers is maintained by the service. The consumer information contained in computer systems is password protected and computers are locked when not in use. Staff knock on consumer doors and wait until given permission to enter.

I am satisfied the service is compliant with this requirement.

# 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

The service is demonstrating a consistent approach to assessment and care planning which is undertaken with the consideration of identified risks and is regularly reviewing consumer care and services to optimise their health and well-being. Care documentation evidence relevant assessment and care planning that considers risks such as falls, pressure injuries, changing behaviours and infection conditions.

The service partners with consumers and their representatives to determine their needs and preferences and communicates care outcomes to consumers and others involved in consumer care. Initial assessments are conducted on entry to the service with a ‘star day’ occurring monthly to review consumer care and a scheduled ‘super star’ 3 monthly care plan evaluation is completed that assists with informing the delivery of safe and effective care and this involves the consumer and or their representative.

Assessment and planning reflect consumers’ goals, needs and preferences including advance and end of life care wishes. One consumer told the Assessment Team they have discussed their end of life goals and this has been recorded. This same consumer also confirmed their choice of who attends to their personal care needs is recorded and respected.

Care planning documents evidence the input from other care providers and the consultation that occurs between staff and others involved in consumers’ care. Clinical staff explained there is a collaboration between consumers, representatives and other health professionals to ensure an ongoing partnership to meet consumers’ needs and preferences.

Consumers and most representatives said they felt there was effective communication about the assessment and planning outcomes of consumers’ care provided to them and that care plans were made available. Consumers and/or representatives are kept informed of changes to consumers’ health including when incidents occur. Care planning documents show that care and services are regularly reviewed for effectiveness or as a result of incidents altering consumers’ needs.

I am satisfied the service is compliant with this requirement.

# 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

Consumers and representatives confirmed they are satisfied with the clinical and personal care they receive at the service. Documentation reflects personalised care that is safe and effective and is based on best practice principles and demonstrated effective management of skin integrity, pain, changing behaviours and restrictive practices.

The service currently has no consumers requiring chemical, physical, environmental, mechanical or seclusion restraints. There were some discrepancies with diagnoses listed in the psychotropic register but these were immediately rectified by the clinical staff in consultation with medical officers.

Wounds are assessed and regularly reviewed, photographs and descriptions of wounds are documented, and measurements are mostly recorded. Wound healing is monitored, and referrals are made to the medical officer when a wound is not healing.

One consumer told the Assessment Team they are satisfied their pain is well managed and is receiving pain relief measures in line with their preferences. Care planning documents reflect the consumer’s goals and preferences of remaining pain-free and comfortable and the strategies to be utilised for pain relief.

The service demonstrated they provide safe and effective care for consumers with complex care needs. Care planning documentation evidenced that consumers’ high impact and high prevalence risks are effectively managed in relation to pressure injuries, falls and complex care needs.

The service demonstrated how they implement and provide palliative care to consumers. Care planning documentation reflected that the needs and preferences of consumers are considered, and their comfort maximised.

Consumers and representatives mostly expressed satisfaction that the deterioration of consumers’ health was recognised and responded to in a timely manner. Care planning documents however reflected appropriate actions taken when deterioration in consumers’ health status occurred. Timely referrals to other organisations and providers of other care and services were identified in care planning documents.

Information about consumer care is being communicated with others providing care. Care planning documentation reflects information about consumers’ conditions, needs and preferences and progress notes show sharing of information with external services involved in their care. Staff described how they receive updated consumer information at handover and through viewing care documentation.

The service demonstrated effective strategies available to minimise infection-related risks. There are policies and procedures to guide staff practices in relation to infection prevention, outbreak management and minimising the use of antibiotics. The approach to minimising the use of antibiotics includes communicating with medical officers about collecting pathology before prescribing medication. Staff demonstrated knowledge regarding infections, infection control and prevention measures.

I am satisfied the service is compliant with this requirement.

# 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

Consumers described being supported to engage in the things they want to do and how individual preferences are respected. Care planning documentation identified consumers’ choices and provided information about the services and supports needed to help them to do what they like to do.

Consumers and their representatives said the consumers’ emotional, spiritual, and psychological well-being is supported. Staff could describe how consumers are supported emotionally, spiritually, and psychologically. Care planning documentation includes information on consumers’ individual emotional, spiritual, and psychological needs.

The service offers services and supports that enable consumers to participate in the community, have relationships and do things of interest to them. One consumer is supported to visit with their family and also enjoys visits to the coffee shop with staff and spending time with their friend whom they met at the service.

The service has processes and systems in place for identifying and recording each consumer's condition, needs and preferences, including when they change. Consumers stated their services and supports are consistent and they don’t have to repeat their preferences to multiple staff members.

Consumers receive a variety of dietitian-reviewed meals based on a seasonal menu. Consumers were satisfied with the quality, quantity and choice of meals. Care planning documents note consumers’ dietary needs, dislikes, allergies, and preferences which are communicated and displayed in the kitchen.

Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained. Consumers said they feel safe using the service's equipment and said it is easily accessible and suitable for their needs. Consumers said they are comfortable raising issues if equipment needs repair, know the process for reporting an issue and said items are repaired or replaced quickly when required.

I am satisfied the service is compliant with this requirement.

# 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

The service is welcoming and offers comfortably furnished communal areas that optimise consumer interaction and engagement. Consumers said they feel welcome and comfortable at the service and are encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service using the navigator signs.

Consumers and their representatives reported that the environment is comfortable, clean and well-maintained. The service’s preventative and reactive maintenance systems and schedules ensure the service is safe, clean and well-maintained. The Assessment Team observed that furniture, fittings, and equipment are safe and clean.

The Assessment Team observed consumers freely accessing internal and external areas of the service. They also observed regular cleaning and maintenance of the communal areas, shared bathrooms, dining rooms and external areas.

I am satisfied the service is compliant with this requirement.

# 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

All consumers interviewed reported feeling comfortable providing feedback and making complaints and expressed satisfaction with the process used by the service to resolve issues. Documentation, including newsletters, meeting minutes and feedback information management systems, demonstrate that the service encourages and actions feedback effectively and in a timely manner.

The Assessment Team noted information regarding how to make a complaint, and mechanisms to do so are available at several locations around the service. Advocacy and language service information are available on the reception area noticeboard for consumers and representatives to access. This information is also provided in the Resident Information Booklet which is given to consumers and representatives on admission to the service.

Documentation demonstrated the service actions complaints in a timely manner and implements improvements identified via the complaints and feedback system. The Assessment Team reviewed complaints that demonstrated appropriate action was taken, and that an open disclosure process was applied when things went wrong. Feedback and complaints are captured in the service’s plan for continuous improvement and include the actions taken to review and improve services.

I am satisfied the service is compliant with this requirement.

# 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

Consumers expressed satisfaction that staff have adequate knowledge and skills to meet their clinical and care needs. They provided positive feedback about the skills and knowledge of staff in other service domains such as those in lifestyle, the kitchen and cleaning roles.

The service effectively demonstrated how it plans the number and mix of staff to enable the delivery of safe and quality care and services to consumers, by using permanent staff to fill registered and enrolled nursing positions, and certificate-trained employees to fill care staff positions. The service is able to utilise all staff across the whole of Huon Regional Care to fill vacant positions during planned and unplanned leave.

A registered nurse and an enrolled nurse are rostered to cover shifts 24 hours a day, 7 days a week. There are 3 care staff rostered on each shift, and the service ensures that each shift has a gender mix of staff to meet the personal care needs and preferences of all consumers at the service.

Consumers expressed their satisfaction with the level of training and empathy demonstrated by the staff. Staff were observed by the Assessment Team to be engaging with consumers and representatives in a kind and respectful manner. Staff undergo recruitment screening processes to ensure they are appropriately qualified to perform their role, and nursing registrations are monitored annually. Position descriptions are used to identify required qualifications, skills and knowledge for each role at the service, and documentation reviewed demonstrated that staff have qualifications commensurate with their roles.

Staff interviews confirmed that staff have undertaken training in a range of role-specific education modules, including Serious Incident Response Scheme (SIRS) reporting procedures, infection prevention and control and personal protective equipment (PPE) use, restrictive practices and manual handling. When questioned about their understanding of restrictive practices, staff were not consistently aware of the recent legislative changes in 2021 which added additional elements of restrictive practices. This was possibly due in part to the policy and procedure which had not been updated. There was no impact on the care provided to consumers.

The service demonstrated that it has a process to undertake annual staff performance appraisals and that ongoing compulsory training and assessments are conducted to ensure the competency of staff. Due to numerous management changes during the last 2 years, staff performance appraisals were not always consistently conducted in a timely manner. Management made it a priority to address the delay, and all appraisals for the service are currently up to date.

I am satisfied the service is compliant with this requirement.

# 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

The service is engaging consumers in the development, delivery and evaluation of care and services through feedback mechanisms at the service level, which also informs organisational improvements. Consumers and representatives contribute at a corporate level through their participation in resident meetings, food focus groups, and by providing general and targeted feedback via the complaints and feedback system.

Resident Meeting minutes reviewed by the Assessment Team demonstrate that consumers are involved in, and actively contribute ideas towards service improvements, including variations to the food menu in accordance with individual and cultural preferences, and the proposed capital works to build ensuites for those consumers who currently share bathrooms.

Consumers expressed that they feel safe at the service and that they receive quality care and services. Management outlined the regular provision of complaints and clinical indicator data to the board, and the decisions made by the board to improve care and safety for all consumers.

The service conducts regular internal and external audits in various areas of care and service delivery to identify and analyse trends. Deficiencies identified in the regular audit process are reviewed at both service and organisational levels. Where incident trends and gaps in staff practices are identified, they are included in the service’s plan of continuous improvement for action and reported to the Board for consideration of any required changes to policies and procedures.

Due to a recent finding that several of the organisation’s policies and procedures have not been reviewed and updated according to recent legislative changes or its internal review timetable, management has added those policies and procedures under review to its next Clinical Management and Integrated Services Meeting agenda for immediate action. The Assessment Team sighted the service’s current action plan to review all its outdated policies and procedures.

The service generally demonstrated effective governance systems in relation to information management, continuous improvement, financial accountability, regulatory compliance and feedback and complaints. The organisation’s Board has established processes in place to satisfy itself that systems for appropriate care and services operate in accordance with the Aged Care Quality Standards.

The organisation has policies and procedures relating to workforce planning, staff recruitment and screening, orientation and mandatory training and performance. The service is aware of its legislative requirements relating to reportable and non-reportable incidents and a document review confirmed that incident registers are maintained by the service.

The service has risk management systems in place which are supported by a clinical governance framework, policies and procedures, and reporting mechanisms. High impact or high prevalence risks associated with consumer care are identified through assessments such as falls risk assessments, internal and external audit results and the regular review of the clinical care needs of consumers, to ensure that appropriate actions are taken to minimise the risk.

Consumers are supported to live the best life they can, through maintaining contact with those people important to them, through engagement in individual and group activities, and access to their local community.

The service has current guidance documentation for practising antimicrobial stewardship. The organisation’s clinical governance committee oversees and reviews the service’s use of antimicrobial medication, with a view to minimising antimicrobial usage when possible. Staff demonstrated a good understanding of the use of restrictive practices and regular reviews and monitoring is conducted. The policy in relation to restrictive practices is to be updated as evidenced in previous requirements.

Clinical and care staff demonstrated a good knowledge of open disclosure principles and how they enact them when incidents negatively impact on or cause harm to consumers. Training records evidence that staff receive open disclosure training as part of the service’s mandatory education program.

I am satisfied the service is compliant with this requirement.

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