Performance

Report

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| Name of service: | Lady McCusker Home |
| Service address: | 27 Beddi Road DUNCRAIG WA 6023 |
| Commission ID: | 7905 |
| Approved provider: | Amana Living Incorporated |
| Activity type: | Site Audit |
| Activity date: | 25 July 2023 to 27 July 2023 |
| Performance report date: | 23 August 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 Lady McCusker Home (**the service**) has been prepared by J Miaris, 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

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

Consumers said staff treated them with dignity and respect, and staff value their identity, culture, and diversity. Management highlighted the organisational policies and procedures in place to ensure that staff members engage with every consumer with dignity and respect. Staff demonstrated an awarness of consumers’ backgrounds and described strategies for respecting the dignity and diversity of consumers.

Consumers said the service recognises and respects their cultural backgrounds. Staff were able to identify individual consumers’ cultural backgrounds and described their cultural preferences. The service had resources in place for staff to cater to consumers' cultural and religious requirements, such as policies, procedures, and training programs designed to enhance staff's comprehension of cultural safety.

Consumers and representatives said consumers were supported to make choices regarding their care and services, who they choose to have involved in their care, are supported in communicating their decisions and maintaining relationships of their choice. Staff provided examples of how they enable and support consumers to maintain relationships of choice. Care planning documents reflected consumer choices, including maintaining personal and social relationships, and lifestyle choices.

Consumers and representatives said consumers receive excellent support from the service and staff, enabling them to take risks and live their best lives. Staff described various ways they assist consumers in taking risks and how they ensure that consumers understand the potential harm involved. Care planning documents demonstrated risk assessments were completed in consultation with consumers or their representative in line with the service’s risk management policies and procedures. Management said this approach empowers consumers to make informed decisions while maintaining a safe and supportive environment.

Consumers and representatives said the service consistently provides information about consumers' care and available services, this enables consumers to make well-informed choices, in relation to lifestyle activities, allied health services, meals, and other significant scheduled events. Staff described different ways information is communicated to ensure it is easy to understand and accessible to consumers. Documentation confirmed the service effectively communicates updates to consumers and representatives and information was displayed on notice boards throughout the service.

Consumers and representatives said staff respect consumers privacy and their information confidential. Staff described how they maintained consumer privacy when providing care and consumer information is kept in the electronic care planning system that requires a password to access and all hard copies of consumers’ documentation are securely stored. The service had policies and procedures in place to guide staff in relation to consumer privacy and confidentiality.

# 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.

Consumers and representatives said they participated in developing consumers care plans, resulting in the delivery of care that is specifically tailored to their needs, preferences, and goals with risks considered. Management described how regular care assessments are completed, including the identification of risks to ensure safe and effective care is delivered. Staff explained the assessment and care planning process, including consideration of individual risks and how they minimise risks.

Consumers and representatives said the service provides the opportunity to discuss consumers’ current care needs, goals, and preferences, including advance care planning and end of life care. Staff said upon admission, the service initiates discussions with consumers about needs, goals and preferences including advance care planning. Care planning documentation reflected consumers’ current needs, goals and preferences, including advance care planning. Staff and management described how they approach end of life and advance care planning discussions with consumers during the admission process, at case conferences and as needs change.

Consumers and representatives said they were consulted in care assessment and planning, and this is ongoing in partnership with the services and other external allied health professionals. Staff could describe partnering with consumers and/or their representatives to assess, plan and review care and services. Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process, and frequently updated.

Consumers and representatives said they received regular and timely communication about any changes in consumers circumstances and are actively involved in decisions related to their care. Documentation reflected that the service effectively engages consumers and representatives in communication concerning assessment outcomes, planning, and ongoing care. Management and staff said regular case conferences are held with consumers and representatives, and external providers.

Care documentation evidenced, care and services were regularly reviewed for effectiveness and when circumstances change and management said the service completes care reviews 6-monthly and annually, in line with policies and procedures. Consumers and representatives said they are regularly contacted by phone, email or in person to discuss care and services including updates and changes to the consumer care plans due to a change of care preference or unexpected incident.

# 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 said consumers received personal and clinical care that meets their needs and optimises their health. Staff were knowledgeable of consumers' unique needs, preferences, and care requirements, which they deliver in accordance with consumers care plans. Care documentation reflected individualised and safe care that meets consumers' specific needs and preferences, and the service had policies, procedures and tools in place to guide staff practice in relation to restrictive practices, skin integrity and pain management to support the safe delivery of care.

Consumers and representatives reported that the service manages consumers risks, effectively ensuring risks are identified with mitigation strategies put in place. Documentation demonstrated effective management of high-impact and high-prevalence risks associated with each consumer’s care needs, including falls, medication management, and specialised care needs, through regular clinical data monitoring, trending, and the implementation of suitable risk mitigation strategies for individual consumers. Staff explained and provided examples of how they identify, assess, and manage risks. Management said the service had policies and procedures to guide staff in the management of high impact and high prevalence risks.

Consumers and representatives said consumers’ needs, goals, and preferences, including their end of life wishes, have been discussed with them. Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences. Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place and the service had policies and procedures in place for clinical deterioration and palliative care.

Care documentation demonstrated effective management of consumer deterioration, including recognising and responding to deterioration in a timely manner and through processes including at handover, progress notes, trending data, incident reports, clinical charting and feedback from consumers and representatives. Consumers and representatives said the service recognises and responds to changes in a consumer’s condition in a suitable and timely manner. Staff said they are guided by policies and procedures that support them to recognise and respond to deterioration or changes in a consumer’s condition.

Consumers and representatives said consumer’s care needs and preferences were effectively communicated between staff, and consumers receive the care they need. Management and staff said information relating to consumer’s conditions, needs and preferences is documented in the electronic care management system and via care planning documentation, daily meetings, progress notes, and handovers and communicated where the responsibility for care is shared. Care planning documentation demonstrated that deterioration is recognised and responded to, and care plans were updated when changes occurred.

The service demonstrated they have a referral process in place to ensure timely and appropriate referrals are sent to individuals, other organisations, and other providers of health care services. Management and staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers. Care planning documentation contained information and timely referrals to other health professionals and allied health services.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 said they were supported to spend time on independent activities of their choice, do things of interest to them, and participate in group activities. Staff explained the detailed assessment process where consumers’ needs goals and preferences are captured during the admission process and during care assessment. Care planning documentation detailed individualised services and supports which align with consumers’ needs, goals, and preferences to aid in maintaining their independence and consumers were observed independently engaging in various activities.

Consumers said they could talk to staff if they were feeling low or had any issues and had access to other supports at the service. The service support consumers to have access to religious services to meet their preferences and care planning documentation outlined consumers emotional and spiritual needs with strategies in place to support and ensure consumers emotional, spiritual, and psychological wellbeing needs are met.

Consumers said they are supported to participate in the service and in the community to do things of interest to them and maintain personal and social relationships. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with. Staff confirmed that consumers can have intimate relationships if desired, and their privacy is respected. Consumers were observed socialising with visitors and other consumers and participating in various activities.

Consumers and representatives said information about consumers choices and preferences is communicated to staff and other services who provide care and support. Staff described how communication of consumers’ needs and preferences occurs via the detailed handover process and recorded on consumers care plans, to enable the provision of safe and personalised care to consumers. care planning documentation identifies whom they wish to be involved in their care, and staff refer to them. Care planning documents included adequate information to support safe and effective care.

Care planning documents evidenced that the service collaborates with external providers of other care and services to support the diverse needs of consumers and referrals were timely and appropriate. Management and staff described the referral processes and provided examples of consumers being referred to other providers of care and services. Consumers and representatives felt confident that if the service could not provide the support consumers required, they would be referred to an appropriate provider.

Consumers were satisfied with the quality and quantity of food provided at the service, with multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff said consumers have monthly input into the menu through meetings, surveys, and feedback forms.

Equipment which supported consumers to mobilise and engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers indicated equipment is safe, suitable and clean. Staff explained processes in place to ensure equipment is safe, clean and suitable, with cleaning and preventative maintenance schedules in place.

# 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 said the service is welcoming, homely and easy to navigate, and representatives said staff greet and interact with them when they visit the service. The building was observed to have adequate signage for navigation, with indoor and outdoor communal areas and all outdoor areas could be accessed independently by consumers with sections available for privacy and gatherings with their visitors.

Consumers and representatives said the service is safe, well-maintained, clean, and comfortable and enables consumers to move freely both indoors and outdoors. Consumers said they knew how to report maintenance issues to staff and said repairs are usually completed immediately. Staff explained how they ensure the service environment is maintained and safe for consumers and described the process for cleaning, documenting, reporting, and attending to maintenance issues.

Consumers said they felt safe when staff were using equipment to assist them with activities of daily life. Maintenance documentation demonstrated regular equipment checks were completed, with a preventative maintenance schedule in place. Furniture and equipment throughout the service was observed to be clean and well maintained.

# 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 the service encouraged them to provide feedback and were aware of how to make a complaint. Staff described how they support consumers to provide feedback or make complaints. Management explained the various methods for consumers and representatives to provide feedback and make complaints, including feedback forms and feedback boxes, speaking directly with the staff and management teams, or raising issues at meetings. The service had policies and associated systems, procedures in place that is used to ensure consumer feedback is constantly received.

Consumers and representatives said they were aware of other ways of raising complaints and advocacy services available to them if required. Staff were aware of the process to engage advocacy and language services should a consumer or representative require them. The service had consumers handbooks and brochures with advocacy and language services information accessible to consumers.

Consumers and representatives praised the effective and timely response from the staff and management when addressing complaints and incidents. Staff and management provided examples of the process that is followed when feedback or a complaint is received, staff acknowledged they have been trained in open disclosure, and demonstrated an understanding of open disclosure principles and how they have been applied.

Consumers and representatives reported that their feedback has been used to improve care and services. Management described detailed processes in place to escalate complaints, and how feedback and complaints are used to improve the care and services. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# 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 and representatives said they were satisfied there is enough staff to meet consumers’ care needs and staff answer call bells promptly. Staff were observed completing tasks and assisting consumers in a calm and efficient manner. Staff said there is enough staff to ensure consumers were supported. Management said regular audits were carried out with consumers to determine any concerns, and feedback from staff and consumers as well as clinical indicators are used to ensure staffing levels are sufficient. Management explained how call bell data is monitored, with strategies implemented to ensure call bells are answered within appropriate timeframes.

Consumers and representatives said staff were kind and respectful when providing care to consumers. Staff demonstrated awareness of consumers’ personal backgrounds and deliver care in accordance with consumers' likes, needs and preferences. Staff were observed interacting with consumers in a kind, caring and respectful manner addressing consumers by their preferred name and engaging in friendly and familiar conversations with them.

Consumers and representatives said staff are efficient in their roles and were confident they were skilled to meet their needs. Management described how staff are monitored to ensure they meet their individual role qualification and registration requirements. Staff complete an induction process, with position descriptions and orientation modules to introduce policies, procedures, and other resources. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Management demonstrated that the service has appropriate systems and processes to ensure that appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Management provided records to show that ongoing training and development is provided for all staff and their participation in the training programs is logged and recorded. Staff said they received training during their orientation and induction, targeted training regularly and have completed mandatory training that is appropriate that meets the needs of consumers. Consumers and representatives said they were confident that staff were trained to deliver the care and services they needed.

Management demonstrated that systems were in place to record and track staff performance reviews and informal processes were also used to monitor staff, such as feedback from consumers, observations and staff. Staff explained the performance review process, including discussions of their performance and areas where they would like to develop their skills and knowledge. Documentation demonstrated the service had a robust performance management process.

# 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 and representatives said the service is well-run and they participate in meetings, individual case conferences, surveys and provide feedback, and the service engaged with them in the development, delivery and evaluation of care and services. Management described the ways consumers and representatives are engaged including customer experience surveys, feedback, and meetings. The service had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. Documentation evidenced the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, compliance and feedback and complaints. For example, in relation to financial governance, management advised the organisation has a designated finance team, reporting directly to the chief executive officer, who is responsible for all finances within the service. The service engages with the finance team to develop individual service budgets for each financial year and is guided by the organisation’s finance policy. Management described the process in place to have additional expenditure approved and provided an example of recent purchases to meet consumers changing needs.

The organisation has a documented risk management framework, which includes policies describing how high impact or high prevalence risks associated with the care of consumers are managed, how potential reportable incidents are identified and responded to and how incidents are managed and prevented. Management described how incidents are analysed, used to identify risks to consumers, managed, and inform improvement actions to support consumers to live their best lives. The service described an incident management system used to collect and record incident data which is analysed to guide management in risk and prevent incidents.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work.

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)