Performance

Report

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| Name of service: | Mareeba Aged Care |
| Service address: | 6 Rannoch Avenue MACLEAN NSW 2463 |
| Commission ID: | 2688 |
| Approved provider: | MacLean Valley Nursing Home Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 16 December 2022 |

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 Mareeba Aged Care (**the service**) has been prepared by K. Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 so as 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 Assessment Team found that staff treated consumers with dignity and respect and valued their cultural diversity. Upon admitting consumers, the service identified and documented consumers’ cultural, spiritual, and individual needs in their care plan. Staff accessed these care plans to help provide culturally appropriate care to consumers. Evidence showed that staff were compliant with the service’s cultural awareness training and that the cultural awareness training was ongoing. The service offered church and pastoral care, and supported consumers to engage with the community.

Consumers felt the service delivered care in a culturally safe manner and staff knew consumers’ preferences, helping ensure the service respected their choices. Staff accessed consumers’ care plans to identify consumers’ individual cultural and spiritual needs and provided care accordingly. Staff supported the indigenous status of some consumers by providing culturally appropriate services and facilitating events, to foster consumers’ connections with their community.

The service helped consumers to exercise their choice and independence, including in making decisions about their own care, deciding when to involve family, friends, carers, or others in their care, communicating their decisions, and connecting with others. The service worked with consumers to improve care based on their feedback. Staff considered consumers' ability to understand their own choices and made sure they were involved in the decision-making process. Consumers reported being involved in the care planning process from admission and being able to choose who they wanted to be involved in their care. Consumers were encouraged to choose what activities they wanted to participate in, and the lifestyle team planned activities based on their choices. Consumers were given privacy to maintain their chosen relationships.

The service aided consumers to take risks, to enable them to live the best life they could. The service helped consumers to understand the risks involved in the choices they made and worked with them to minimize harm. The service also gave consumers control over their care and allowed them to have choices, even if those choices involved risks.

The service provided current, accurate, timely and clear information to each consumer, enabling them to exercise choice. Staff wrote care plans in plain language and consumers said the service’s information was generally clear and easy to understand. Changes and upcoming events were communicated with the consumers in newsletters. Lifestyle calendars were easily accessible in the hallway for consumers to decide what activities to participate in.

The service respected consumers’ privacy and kept their information confidential. Staff supported and respect consumers’ personal space, including when consumers received visitors. The Assessment Team sighted a privacy policy outlining how the service maintained and respected the privacy of consumers’ information.

# 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

Consumers and representatives said their care was well planned, and that staff took the time to understand how to support them. Care documents showed the service identified and assessed risk with the consumer during assessment and planning and included risk management strategies in consumer care plans. Staff knew the assessment and care planning process including their individual roles within it. Staff consistently used validated assessment tools to assess and plan consumers’ care and services. Consumers care plans included input from relevant practitioners, including medical officers, allied health practitioners and other health care providers. Consumer files showed that staff discussed advance care plans with consumers, and the service considered information from the consumer as part of end-of-life care. Risk management strategies were included in consumer care plans.

Assessment and planning identified and addressed the consumer’s current needs, goals and preferences, including for advance care planning and end of life planning, if the consumer wished. The service’s governance system contained guidance for staff to follow for end-of-life care. The system also contained evidence of strategies, policies and procedures that supported a consumer-centred approach to assessment and planning for care and services.

The service’s assessments and planning were built on ongoing partnerships with consumers, and other providers as appropriate. The Assessment Team found consumers were actively involved in the assessment, planning, and review of their care and services. Care plans showed integrated, coordinated assessment and planning involving all relevant organisations and service providers. There was evidence of arrangements with external providers to meet the consumer's needs, goals, and preferences. Staff had the skills and qualifications to undertake assessment and planning of the complexity required.

Consumers reported that staff regularly communicated with them about their care and felt their care plan was relevant to their needs, goals, and preferences. Care planning documents were frequently updated and included information on mobility, nutrition, pain, behaviour management, sleep, and communication. Staff reported that care plans were accurate, reflected the outcomes of the most up-to-date assessments, and contained enough detail to deliver appropriate and correct care and services for the consumer.

The service regularly reviewed care and services for effectiveness, and upon a change of circumstances or when incidents impacted on the needs, goals or preferences of the consumer. All sampled consumers and representatives said they were notified of changes to consumers’ clinical or cognitive health, or of incidents such as falls, pressure injuries, or medication incidents. Staff demonstrated they were aware of the Serious Incident Response Scheme incident reporting process. Management was found to review all incidents every 2 weeks to identify strategies to prevent future incidents and improve consumer outcomes. The service had policies and procedures for recording and reporting incidents, and it updated care plans when circumstances changed.

# 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 were satisfied with the service's care, saying it was safe and effective. Staff were familiar with the needs of consumers, and care plans reflected those needs. The service was found to monitor the use of psychotropic medications, antimicrobials and polypharmacy, and regularly discussed use of these medications at its Medication Advisory Committee meeting. Consumers were assessed for pain and the service developed appropriate pain management strategies.

The service identified and assessed key risks to individuals, and relevant progress notes documented effective strategies for managing those risks. The service conducted analysis and investigation for all incidents to identify contributing factors and implement appropriate interventions.

Consumers felt confident staff would support them during end-of-life care, including to be free from pain, to have important people with them in line with their preferences. Care plans contained consumers’ end-of-life care needs, goals, and preferences. Staff knew how to support consumers and their family members during end-of-life, and they typically attended to mouth care, skin care, repositioning, and personal hygiene, prioritise comfort and dignity.

Care documentation showed that staff recognised and responded to changes efficiently. Staff knew how to identify signs of deterioration and they also knew the various circumstances in which it was important to identify changes. They additionally had expertise in how to communicate information about changes, who should be informed and what actions staff should take. The service had documented policies and procedures for responding to changes in consumers’ health, or abilities.

Consumers said the service coordinated their personal or clinical care well. The service kept consumers informed, delivered consistent care, and knew about consumers’ personal preferences. Staff communicated through various channels, including verbal handovers, meetings, care plans, the service’s care management system and messages through electronic notifications, among other channels. Consumer care plans included updates, reviews, alerts, and clinical hand over sheets, which themselves contained accurate information.

Staff referred consumers to providers of other care, to meet their changing personal or clinical care needs, and consumers were satisfied with the referral processes. Typically, referent practitioners included doctors, podiatrists, physiotherapists, speech pathologists and dieticians. The service has a network of other service providers, including in clinical, medical, social, and pathology services.

The service had policies to guide infection control practices which include antimicrobial stewardship and infection control guidelines. Staff had received training on infection minimisation, including concerning hand hygiene, personal protective equipment (PPE), and outbreak management. Staff knew how to minimise use of antibiotics. The service had an IPC lead who worked with senior clinical management to oversee infection control. Consumers were satisfied with the service’s COVID-19 and infection control practices.

# 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 were satisfied the service supported them to do the things they wanted. They said the service’s support had helped improve their independence, health, well-being, and quality of life. Staff were flexible and could modify services and supports so consumers could continue to do things of interest to them. The service had documented the needs and preferences of consumers in a care plan, and staff actively used this information to assist consumers to stay well and healthy. Consumers felt engaged in meaningful, satisfying activities and were empowered to observe sacred, cultural, and religious practices unique to their identities. The service supported consumers to sustain their spiritual, emotional, and psychological well-being, including by celebrating cultural and religious events.

The service supported consumers to maintain personal relationships and participate in community and social activities. Staff knew how to work with other organisations, advocates, community members and groups to help consumers follow their interests and maintain community connections. Records, such as consumer files and resident meetings minutes, show that services and supports were designed with consumers to reflect their changing needs, goals, and preferences.

Staff shared accurate, up-to-date information with others as consumers moved between care settings, such as between the service and acute care. The service had an effective information management system, with suitable controls to maintain privacy. Care plans showed evidence of updates, reviews and communication alerts, including information from multiple sources, updates from reassessments and their results.

The organisation collaborated with other providers to support consumers. Staff knew how to make referrals, and which providers to refer consumers to. The service had a network of individuals, organisations, and providers to provide services and supports to consumers. It regularly reviewed the providers in its network, to make sure their services remained safe and effective.

The consumer dining experience was enjoyable, and consumers received appropriate assistance that preserved their dignity. Food and drinks service was available at any time of day. The service had a process to report any changes to consumers’ appetites or eating habits, or any concerns about weight loss or dehydration. The service had access to specialist nutritional advice and staff knew how to access these specialists. It had processes in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences and it consulted consumers in developing menus. The service also had systems to maintain food freshness and quality during storing and preparation.

Consumers felt safe using the service’s equipment, saying it was suitable and met their needs. They also knew how to report equipment maintenance concerns. The organisation conducted risk assessments before providing equipment to consumers and trained staff to use equipment safely, and to identify potential risks concerning use of equipment. Staff understood they shared responsibility for the equipment’s safety, cleanliness, and maintenance. The service planned and followed maintenance and cleaning routines for equipment. It also had suitable arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment.

# 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 was welcoming and easy to navigate, according to consumers. Consumers felt welcomed, and the service optimised their independence, interaction, and function. The service was safe, clean, and well-maintained and consumers were able to move around freely, both indoors and outdoors.

The service had multiple cleaning and maintenance schedules, including for preventative maintenance, and cleaning and gardening, among others. It engaged external contractors as part of its maintenance schedule, and it trained laundry staff in cleaning to assist as needed.

The service had a schedule for cleaning and maintaining its equipment, and a process for initiating ad-hoc maintenance requests. Furniture, fittings, and equipment at the service were safe, clean, well-maintained and suitable for consumers. Consumers and representatives confirmed the equipment and furniture was safe, clean, well-maintained, and that it suited their needs.

# 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

The service encouraged consumers to provide feedback and make complaints, and consumers felt welcome to talk to staff or management about their concerns. The service displayed information about access to, and use of, its complaints systems on noticeboards and in various service publications. It offered consumers multiple methods to provide feedback, including a formal feedback form, speaking directly with the management team, raising issues at resident and relative meetings, or contacting the service manager directly.

Consumers were aware of other channels for raising complaints, such as through the Aged Care Quality and Safety Commission or through advocacy services, but said they were comfortable raising concerns with service management and staff. Staff helped consumers and their representatives to raise complaints as appropriate, such as in circumstances when consumers had cognitive impairment or difficulty communicating.

When the service received a complaint, management apologised and resolved consumers’ concerns promptly. The service also had a process for addressing complaints when they were received, and staff knew how to accept and escalate complaints to senior personnel for follow-up. Staff had received training on complaints handling and open disclosure and they knew the principles of open disclosure, including how to provide an apology to impacted people, and how to act to prevent recurrence.

The service used feedback and complaints to improve the quality of its care. Consumers had several ways to provide feedback and the service kept records of all feedback it received. Along with other information, feedback and complaints informed the service’s continuous improvement plan.

# 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

The service had a system to project the number of staff, and the range of skills it required to support consumers. It developed its roster every fortnight, based on consumer needs and the roster itself contained a mix of staff, including Registered Nurses, personal carers and hospitality services staff. Physiotherapists, podiatrists and other allied health staff also provided regular planned care for consumers, on a contractual basis. The service sourced specialists, such as speech pathologists and dieticians, as determined by consumer need.

Staff interacted with consumers in a kind, caring and respectful manner. They addressed consumers by their preferred names, spoke directly to consumers and took the time to speak and interact with consumers during care and service delivery. Staff were aware of consumers’ cultural and personal backgrounds, and lifestyle staff scheduled activities to acknowledge consumers’ cultural heritage.

The service’s workforce is competent, and its members have the qualifications and knowledge to perform their roles effectively. The Care Manager and Registered Nurses provided care staff with guidance and support and an experienced hospitality team leader and the Facility Manager lead the catering, cleaning and laundry staff. Staff were well trained and met consumers’ needs in a friendly and helpful manner. The service maintained an up-to-date register of staff qualifications.

The service had appropriate systems to ensure it recruited sufficiently trained and skilled staff to deliver care. The organisation had a training schedule to target training needs identified within its cohort of staff. The service provided ongoing training and development for all staff and monitored their participation in training programs. Staff received training in the Quality Standards as part of the service’s orientation, among other training. Staff also received informal training on the job and during handover meetings. Consumers reported that staff knew what they were doing and were well trained.

The service had a process to regularly assess, monitor, and review staff performance. Management formerly reviewed staff performance at least once per year as part of the service’s performance appraisal process. The process included performance appraisal, mandatory training, and competency assessments. The service had a staff performance framework, which included procedures for annual performance appraisals, and mandatory education.

# 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

Consumers and representatives said the service had sought their input in a variety of ways, such as during resident meetings, and through regular surveys, and face-to-face discussions. Management advised it included feedback or suggestions made by consumers in the service’s improvement register, for investigation and action. Minutes of resident committee meetings showed that consumers provided input and positively evaluated the service, such as its hospitality services and activity program.

The service’s governing body promoted a culture of safe, inclusive care. Senior staff used information from organisation-wide reports to monitor the service’s compliance with the Quality Standards, initiate improvement actions and enhance the service’s performance. Reports to the Directors included monitoring data from internal audits, clinical indicator reports, Serious Incident Reporting Scheme events, incidents or near misses, consumer/staff feedback, and information about visits from the Aged Care Quality and Safety Commission.

The service had an effective governance system in place that guided its approach to information management, continuous improvement, financial governance, regulatory and legislative compliance, and feedback and complaints. The organisation’s management system included an action plan register for improvement activities. The organisation used online systems, such as an electronic care management system, a staff intranet, and a risk management system, to enable the directors, the management team and staff to access information.

The service had an effective risk management system in place, to identify and manage risks to the safety and well-being of consumers. As part of its system, the service’s leadership analysed incidents, using the data to identify risks to consumers and inform improvement actions. The service held fortnightly meetings between the directors and the clinical leadership team to improve service compliance and best practice across quality and clinical operations. The organisation used an electronic data management system to collect and report incident data.

The service's clinical governance framework helped it deliver quality clinical care, promote antimicrobial stewardship, and minimise its use of restrictive practices. The framework also governed its use of an open disclosure process. The service had a suite of best practice guides, policies, and processes to support the clinical governance framework. These included guides on a range of topics such as clinical risk management, antimicrobial stewardship, falls minimisation, open disclosure, and others.

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)