Performance

Report

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| Name of service: | Maryborough Community Aged Care |
| Service address: | 15 Lindah Road East TINANA QLD 4650 |
| Commission ID: | 5840 |
| Approved provider: | Signature Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 15 May 2023 to 19 May 2023 |
| Performance report date: | 14 June 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 Maryborough Community Aged Care (**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 six of the six Requirements have been assessed as Compliant.

Consumers said they are treated with dignity and respect and staff value their identity, culture background and diversity. Staff demonstrated respect and an understanding of consumers’ personal needs and circumstances. Care planning documents included details on consumers' identity, backgrounds, cultural diversity, and consumers' preferences.

Care planning documents demonstrated the service captured individualised information as it relates to consumers’ religious, spiritual, and cultural needs and personal preferences. Consumers said the service recognised and respected their cultural background and provides care that is consistent with their cultural identity and preferences.

Consumers said they are supported to exercise choice and independence, maintain relationships and to provide input into the services they received. Care planning documents highlighted what was important to consumers, including maintaining personal and social relationships, and lifestyle choices.

Consumers said they are supported to take risks which enables them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities. Care planning documents demonstrated risk assessments were completed, with mitigation strategies in place in line with the service's risk management policies and procedures.

Consumers said they had access to current information about daily menu’s, activities, and events within the service. Staff explained how they provide information to consumers promptly, and in a way which is easy for consumers to understand. Management advised the service to provide regular updates and information at meetings with consumers and representatives that are held monthly. The Assessment Team observed digital screens that displayed daily activities and menus and heard announcements prompting consumers to attend activities.

Consumers said their privacy is respected, including being able to lock their door and staff knock on their door before entering. Staff were observed respecting consumers’ privacy and accessing care information with personalised logins and passwords. Management was able to describe how consumer’s information is kept confidential, stored electronically with restricted access based on assigned roles, and how employees are trained on 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 five of the five Requirements have been assessed as Compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals, and preferences of consumers, including the identification of risks. Staff described how assessments are completed to ensure safe and effective care is delivered. The organisation had written materials that support staff to undertake assessment and planning.

Consumers and representatives said staff involve them in the assessment and planning of consumers care through case conferences, care plan reviews and informal communication. Management and staff described how they approach conversations with consumers and/or their representatives about end of life and advance care planning on entry to the service and as a consumer’s care needs change. The service had policies and procedures in place to support palliative care and advance care planning, which directs a collaborative and holistic approach to assessment and care planning for end-of-life care.

Consumers and representatives said they were involved in assessment and planning on an ongoing basis. Care documentation identified consumers and their representatives were consulted in assessments and care planning, and input from other health professionals in the assessment and planning process, is reflected in the documentation. Staff described processes for partnering with consumers and their representatives in care planning and assessments.

Consumers and their representatives said staff explain information about care and services, and they can access a copy of the consumer's care and service plan when they want to. Staff described how they effectively communicate outcomes of assessments and planning to consumers and their representatives; this information was captured and reflected in care planning documentation.

Care planning documents evidenced they are reviewed on a regular basis and updated when circumstances change. Representatives confirmed that consumer’s care and services are reviewed regularly or when circumstances change. Staff explained the process for regular reviews and when a consumer’s needs or preferences change.

# 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 seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers receive the care they need, and were satisfied with the management of individual risks, including falls, changing behaviours and skin integrity. Care documentation reflected that individualised care delivered was safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan. The service had documented policies and procedures in place to manage key areas of care including, wound management, restrictive practices, pressure injury prevention and management, falls management and minimising the use of restraints.

The service demonstrated high impact and high prevalence risks for consumers at the service, including but not limited to falls, weight loss and skin integrity, are effectively managed. Care planning documentation reflected risk assessment tools, and prevention strategies to guide how risk is identified, managed, and recorded. Consumers and representatives were satisfied with the care and services they receive, and how risks that affect their care are managed.

Consumers’ advanced health directives or other end-of-life directives were reflected in the consumer’s care plan. Representatives expressed confidence that when the consumer needs end-of-life care, the service will support them to be as free as possible from pain and to have those important to them present. Staff could describe the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised.

Representatives said they had confidence in the service’s ability to recognise deterioration in consumers health and were satisfied with the communication of changes to consumers’ conditions and the prompt actions taken by the service. Care planning documentation reflected that deterioration or changes in a consumer’s health is recognised and responded to in a timely manner. Staff described the various ways they recognised and responded to deterioration or change in the consumer’s condition and health status; this included processes to refer for medical specialist reviews or transfer to hospital.

Consumers and representatives were satisfied that consumers needs, and preferences were communicated between staff and consumers receive the care they need. Staff described how information about consumer’s needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared, including when consumers move between the hospital and the service. Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care.

Consumers and representatives said consumers are referred to other providers of care, including allied health when required and referrals are timely. Staff explained processes for referring consumers to other providers of care. Care planning documentation evidenced timely referrals, input from other health professionals, allied health therapists and other providers of care and services. The service had procedures for making referrals to health professionals outside of the service, through electronic and telephone communications.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumer and representatives were satisfied with the service’s management of COVID-19 precautions and 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 seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives said they feel safe, and that effective support is provided for their activities for daily living. Staff said the activity calendar is based on consumers’ preferences and the feedback captured during 3-monthly wellbeing meetings. Care planning documentation confirmed staff assess and identify consumers’ needs, goals and preferences and optimise their health and well-being. The activity calendar reflected a variety of activities offered to consumers.

Consumers described how staff supported their emotional and spiritual wellbeing. Staff explained how they meet consumers’ emotional and spiritual needs and provide additional support such as one-to-one conversations. Staff said they promoted consumers’ well-being by tailoring activities to their needs. Care plans provided information about consumer’ emotional and spiritual needs, with documented strategies to ensure consumers are supported.

Consumers said they are supported to stay connected with the people who are important to them, participate in the community within and outside the service to maintain connections to their community, have social and personal relationships and do the things of interest to them. Staff described how consumers were supported to engage in the activities of their choice and are encouraged to do things of interest to them. Care planning documents identified the people important to individual consumers and their activities of interest. Consumers were observed socialising with visitors and other consumers and participating in various activities.

Consumers and representatives said consumers needs and preferences are effectively communicated within the service and with others responsible for care. Staff were able to describe ways in which they share information and are kept informed of the consumers changing condition, needs and preferences for each consumer. Care planning documentation contained adequate information about consumers’ needs and preferences that are communicated with others included in the care delivery to support safe and effective care to consumers.

Consumers said they have access to a range of services and supports, including volunteers and lifestyle activities delivered by various external providers. Staff provided examples and described processes for timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the care and lifestyle of consumers. Care planning documentation reflected the involvement of a range of services and timely referrals made to meet consumers’ needs and preferences.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are 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 consumer feedback is used to evaluate consumers’ satisfaction with food.

Consumers said equipment at the service is safe, clean, and well-maintained. Staff interviewed stated they had safe quality equipment needed to deliver quality care. Equipment was observed to be safe, suitable, clean, and well maintained.

# 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 three of the three Requirements have been assessed as Compliant.

Consumers said the service environment was welcoming, and easy to navigate. Staff said they always greet consumers and visitors in a friendly welcoming manner, and the service encourages consumers to personalise their rooms. Staff described features of the service environment that are designed to support function of consumers with different physical, sensory, and cognitive abilities. Signage was observed at the service to assist consumers to navigate the service, with well-maintained indoor and outdoor spaces for consumers and visitors to access and consumer’s rooms were individually personalised.

Consumers said the service is safe, clean, and well maintained and could access any area of the services including the outside areas from their own rooms. Staff explained how they ensure the service environment is maintained and safe for consumers and described processes to follow when they identify a hazard or a safety issue. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Consumers were observed moving around freely both indoors and outdoors at the service.

Consumers said furniture and equipment were safe, clean, and suitable. Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# 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 four of the four Requirements have been assessed as Compliant.

Consumers and representatives said they felt comfortable providing positive or negative feedback to the service and were satisfied with the various ways to provide feedback, including the services digital option. Staff and management described the various mechanisms for consumers to provide feedback and how complaints are collected through verbal communication to staff, feedback forms, consumer meetings, care plan review process, consumer satisfaction surveys, and external complaints.

Staff and management were aware of processes and how to access interpreter and advocacy services for consumers. The service had brochures and feedback forms available in alternate languages and advocacy services were displayed on noticeboards throughout the service. Advocacy information is included in staff and consumer handbooks. The service had feedback forms and brochures with advocacy services displayed on noticeboards throughout the service.

Staff demonstrated that appropriate action is taken in response to feedback and complaints and an open disclosure process is used when things go wrong. The organisation had documented policies in relation to consumer feedback and open disclosure to guide staff practice. Staff explained processes taken in response to complaints received by consumers. Consumers and representatives provided examples of when they have provided feedback or complaints through the service’s feedback mechanisms and were satisfied that appropriate action was taken by staff and management.

The service demonstrated that feedback and complaints provided to the service are reviewed and used to improve the quality of care and services. Management described detailed processes and provided examples of how feedback is used to improve services. Consumers and representatives said they provide feedback and or make complaints at meetings and through other mechanisms and this had resulted in improvements made at the service. Documentation reflected the various ways the service captured compliments 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 five of the five Requirements have been assessed as Compliant.

Consumers and representatives said there were sufficient staff to meet consumers care needs and staff are prompt to attend when they require staff assistance. Staff said there is sufficient staff to provide care and services in accordance with the consumers’ needs and preferences, and staff have sufficient time to undertake their allocated tasks and responsibilities. Rostering documentation reflected shifts were filled and the service had options to utilise existing staff, such as extending staff hours if required. The service monitors call bell data to ensure call bells are answered in a timely manner.

Consumers said their interactions with staff were kind, caring, gentle when providing care, and staff know what is important to them. Staff demonstrated an in depth understanding and familiarity of consumers needs and preferences when providing care. Staff were observed addressing consumers by their preferred name and using respectful language when assisting them. The organisation had documented policies and procedures which outlined the importance of a person-centred approach to the planning and delivery of care and services.

Consumers said staff perform their duties effectively and are sufficiently skilled to meet their care needs. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Aid staff know what they are doing when providing care. Staff said they were satisfied with the training provided by the organisation relevant to their roles. The service had policies and other documentation that demonstrated that the organisation identifies staff training needs through staff performance reviews, staff meetings, feedback received from consumers or representatives, incidents, and audit results. Staff training records demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

The service regularly undertakes assessment, monitoring and review of the performance of each member of the workforce. Management described the process for staff performance reviews undertaken regularly and staff performance is continually assessed and monitored, including through ongoing supervision. Staff described how performance appraisals occur and confirmed that in addition to performance feedback, they discussed their development needs and undertake annual performance appraisals. Documentation evidenced that annual appraisals were in place and were completed with staff in line with the organisation’s performance management procedure policy.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers said they are engaged in the development, delivery and evaluation of care and services. Management advised there are multiple avenues that consumers are invited and encouraged to provide feedback to enhance their service and care delivery which includes monthly meetings, food focus meetings, care plan reviews, annual case conferences, consumer surveys, and opportunities for improvement forms. The service provided documented evidence to demonstrate that consumers are engaged and supported in providing input on service delivery and that the service is actively working to improve care and services.

Consumers and representatives advised the service promotes a culture that is safe, inclusive, and professional. 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 where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining 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, regulatory compliance and feedback and complaints. For example, in relation to information management, staff said they can readily access information they need to deliver safe and quality care and services and to support them to undertake their respective roles. Policies, procedures, and consumer information were accessed through an electronic information management system and the service utilised an electronic care planning system that provided staff and management access to consumer care plans and clinical documentation. Staff were observed following processes in place to manage the collection, storage, use and disclosure of personal information, that were in line with the organisation’s policies and procedures.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff said risks are reported, escalated, and reviewed by management at the service level, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The organisation’s documented clinical governance framework has been implemented at the service, and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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)