Performance

Report

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| Name: | May Shaw Aminya |
| Commission ID: | 8023 |
| Address: | 19 Cameron Street, SCOTTSDALE, Tasmania, 7260 |
| Activity type: | Site Audit |
| Activity date: | 16 January 2024 to 18 January 2024 |
| Performance report date: | 21 February 2024 |
| Service included in this assessment: | Provider: 2631 May Shaw Health Centre Inc  Service: 4996 May Shaw Aminya |

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 May Shaw Aminya (**the service**) has been prepared by D Utting, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with 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

Consumers and representatives expressed satisfaction with how staff treat them, and said they respect their spiritual beliefs. Staff described how they treat consumers with dignity and respect and this was confirmed by Assessment Team observations of respectful staff interactions with consumers. Care planning documentation was individualised and reflected what was important for the consumer. The service has a diversity and inclusion policy to ensure individuals feel safe to express themselves and staff have completed cultural inclusivity and diversity training. Staff demonstrated knowledge of each consumers identity and how they meet their needs.

Consumers and representatives said staff support them to make and communicate decisions affecting their health and well-being, and that their personal preferences and choices are respected. Staff described how they assist consumers in making decisions about care. Consumer documentation reflected the consumers goals, preferences and who they want involved in care.

Consumers said that the service enables them to live the best life they can. Staff described how they support consumers to take risks. The service demonstrated dignity of risk processes to support each consumers independence and choices. Care planning documentation included risk assessments and mitigation strategies to support the consumer to undertake the activity of their choosing safely. The service has processes to assess consumer choice and risk on admission, and reviewed as part of care plan reviews or when a consumer’s care needs change.

Consumers and representatives were satisfied with how the service communicates information. Staff described the different communication methods to ensure that consumers have access to information in a way they can understand.

Consumers and representatives were satisfied their privacy is respected and their information is kept confidential. Staff demonstrated how they access consumer information through the electronic documentation system. Staff confirmed they do not share passwords and ensure they log off or screen lock the computer when not in use. Observations of staff practice demonstrated staff maintain privacy.

# 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 were satisfied that care planning considers the risks to the consumer’s health and well-being. Care planning documents reflected the use of validated assessment tools and the outcome of risk assessments undertaken. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care.

Consumers and representatives said care plans reflect their care needs including their preferences for end-of-life care. Consumers’ care planning documentation included current needs, goals and preferences and advanced care plans. Staff described how they share the advanced care plans with the hospital to ensure care is provided in line with consumers end-of life preferences.

Consumers and representatives were satisfied with their involvement in assessment and care planning. Consumers and representatives said they did not know they could ask for a copy of their care plan but are satisfied with how the service communicates outcomes. Management is implementing improvements to care conference reviews so that updated care plans are offered to consumers and representatives. Consumer files demonstrated ongoing collaboration and partnership with consumers and representatives and other service providers such as, medical and allied health professionals.

Consumers and representatives expressed satisfaction with how the service reviews care and services following changes in care needs or when incidents happen. Clinical staff described the process of daily review of progress notes to monitor any changes in care needs. Staff described the electronic care planning system as effective in alerting them of scheduled reviews. While the progress notes reviewed documented evaluation of care, the Assessment Team identified some inconsistencies in the updating of care plans following evaluation and review of consumers care needs. In response to feedback, management stated they would deliver further training to staff to address the inconsistencies in the review and documenting of care and services. Management explained the service had engaged an external reviewer to review and support continuous improvement.

# 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

The service was previously found non-compliant with requirement 3(3)(b), following an Assessment Contact conducted on 18 April 2023. At the time, the service did not demonstrate effective management of falls, weight loss and behaviour management

At the site audit conducted 16 to 18 January 2024 the Assessment Team noted improvements implemented by the service that have been effective including: the establishment of a monthly falls committee to review consumers risks and mitigation strategies, implementation of an electronic medication system to support staff to identify medications that are considered a chemical restraint, and monthly dietitian reviews for consumers with unplanned weight loss.

Consumers and representatives said the service provides safe care. Staff explained how they manage risks in relation to falls, weight loss and changed behaviours. Consumers’ care

documentation reflected relevant assessment, review, recommendations and monitoring by a multidisciplinary team including physiotherapist and dietitian. Falls incidents were observed to be documented, investigated and the outcomes of analysis recorded. Falls and weight loss incident data are regularly reported to the Board to support the mitigation of risks for consumers.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(b).

I am satisfied the remaining six Requirements of Standard 3 Personal and Clinical Care are Compliant:

Consumers and representatives were satisfied they receive personal and clinical care that is safe and right for them. Staff demonstrated how they tailor care to meet individual consumer needs including in relation to the use of psychotropic medications, wounds, and pain management. Consumer’s behaviour support plans were observed to be individualised and included non-pharmacological strategies to be trialled prior to administering medication.

Consumers and representatives said staff provided dignified comfort and end-of-life care. Staff explained how they recognise a consumer is nearing end-of-life and plan for supportive care. Consumers’ care documentation demonstrates staff plan care which is consistent with consumers’ values, preferences, and medical treatment goals at end-of-life.

Consumers and representatives were satisfied that the service is timely when responding to changes in consumer health. Clinical staff described how they use their knowledge of the consumer to identify deterioration and have access to assessment tools to assist in the detection and response to deterioration. Care staff explained how they communicate any changes to clinical staff for assessment. Care planning documentation demonstrated the identification of, and timely response to, deterioration or changes in their condition.

Most consumers and representatives were satisfied with the consistency in care provided. The service demonstrated the effective communication of consumer’s needs and preferences between staff and others where responsibility of care is shared. Staff described how they share information within the service and with other professionals where care is shared. Care planning documentation evidenced effective sharing of consumer information to support care.

Consumers and representatives were satisfied effective referral processes are in place. Staff described how they use the referral process to refer consumers to professionals such as medical officers and physiotherapists. Documentation demonstrated timely and appropriate referrals.

Staff demonstrated knowledge and understanding of infection control practices and explained how they promote antibiotic stewardship. The service has an appointed Infection Prevention and Control (IPC) lead and a register to monitor infections and antibiotic use. The service has an outbreak management plan which is reviewed for effectiveness. Consumers and representatives said they are satisfied with the services actions to minimise infection risks.

# 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 confirmed they are provided with the support needed to optimise their independence, health, well-being, and quality of life. Staff gave examples of how consumers are supported to engage in activities, maintain their independence, and optimise their quality of life. A monthly calendar of group activities is developed based on consumer interests and preferences and ongoing program evaluation is conducted. Individual support is offered to those not participating in group activities and lifestyle care plans showed regular reviews were completed.

Consumers and representatives said the service supports their emotional, spiritual, and psychological well-being. Staff described how they support individual consumers emotional and spiritual needs, and this was documented in care plans. The service collaborates with volunteers, external services, and organisations to enhance consumer well-being.

Consumers and representatives are satisfied with the support provided to enable them to participate in the community, have social and personal relationships and do things they enjoy. Staff described how they facilitate participation both within and outside the service environment, fostering social relationships. Care planning documentation included information about the consumers’ interests and identified significant people in their lives.

Consumers and representatives were satisfied their needs and preferences for lifestyle and activities of daily living are communicated effectively to staff. Staff described how they are kept up to date with consumer information and their process for communicating changes with consumer need. Meetings with clinical management, allied health professionals and others involved in the consumers’ care to discuss incidents and changes were documented in consumer files and communicated to staff.

Consumers and representatives confirmed referrals occur in a timely manner. Staff have access to a range of referral services and organisations. Documentation recorded appropriate referrals to external services and management described interventions such as pet therapy visits. The organisation has documented policies and procedures for making referrals to individuals and external service providers, emphasising support for the lifestyle needs of consumers.

Consumers and representatives provided positive feedback about the service’s food and the flexibility of kitchen staff to provide alternative options. Food service staff had access to information about individual consumers’ preferences and dietary needs. Care planning documents reflected consumers’ dietary needs, dislikes, allergies, and preferences, and this information was documented on the dietary forms available for food services staff. The service has a 6-weekly rotating menu which is reviewed by a dietitian. There are various feedback mechanisms in place to capture consumer satisfaction about the provision of meals. Feedback is used to improve the menus developed.

Consumers expressed satisfaction with the regular maintenance and cleanliness of provided equipment, such as wheelchair and walkers. Staff described the processes for maintaining, ensuring safety, and cleanliness of equipment. Equipment was observed by the Assessment Team to be clean. Ongoing assessments and reviews address mobility and transfer needs, with equipment checked for fitness and recommendations made for repairs and replacements. The maintenance officer adheres to a scheduled maintenance plan, addressing faults through submitted maintenance requests.

# 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

Consumers said the service was welcoming to visitors and optimises their sense of belonging and independence. Consumers explained how they can personalise their rooms. The Assessment Team observed wide corridors and signage to assist navigation, open communal spaces, and courtyards that consumers could access freely.

Consumers were satisfied with the safety, cleanliness, and maintenance of their rooms. The service was observed to be clean, with well-maintained walking paths in outdoor areas. A preventative maintenance register is maintained, and contractors are engaged to complete scheduled safety checks. Staff log maintenance issues or hazards on the electronic reactive maintenance system. The system prioritises issues and allocates tasks to the maintenance team for action.

Consumers and representatives were satisfied with the prompt responses from maintenance staff when repairs were required for equipment and fittings. Management and cleaning staff provided details of the daily cleaning of high touch points areas. The maintenance team demonstrated there is an effective preventative maintenance schedule which includes a safety review of consumers’ equipment and fittings in their rooms.

# 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

Consumers and representatives said they feel encouraged and supported to provide feedback and make complaints. Staff described how they support consumers and their representatives to provide feedback and staff receive training in complaints and feedback handling during induction and onboarding, including training offered by the Older Persons Advocacy Network (OPAN). The service demonstrated there are various channels to provide feedback, including complaint and compliments forms, verbal feedback during consumer meetings and, surveys.

Consumers and representatives explained they know about advocacy services and complaints resolution methods. Staff demonstrated knowledge of external complaint options and advocacy and interpreter services available for consumers. Management explained how they can print feedback forms in a variety of languages.

Consumers and representatives said that concerns and complaints are addressed promptly and appropriately by management. Staff explained the open disclosure process and how they apologise to consumers when an issue arises. Review of the complaints and feedback database demonstrated that appropriate action is taken in response to complaints. The service has complaints and open disclosure processes that guide staff in raising and resolving complaints.

Consumers and representatives were satisfied the service reviews their feedback and complaints to enhance care quality. Clinical staff and management explained how they review feedback and make improvements to consumer care. The service conducts consumer feedback surveys, implementing improvements based on feedback received.

# Standard 7

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

Findings

Consumers and representatives were satisfied with staffing numbers, confirming call bells are answered promptly. Staff said staffing levels and rostering practices were well managed. The service has implemented various strategies to ensure an effective roster is in place with suitable numbers and skill mix allocated. When casual and full-time staff are unavailable the service uses agency staff. Management reviews a call bell report and engages in discussions with staff to ensure timely responses.

Consumers and representatives said staff are kind, caring and respectful of their individual identities. Staff had received person-centred care training and have access to policies to guide practice. The Assessment Team observed staff interactions with consumers were caring and respectful.

Consumers and representatives were satisfied with the competency and skills of staff. Staff explained the onboarding process and the formal mentoring program to upskill new staff. Review of position descriptions for clinical and care roles are completed by management to ensure alignment with the required competencies.

Staff expressed satisfaction with training opportunities and felt comfortable to request further training when needed. Management identifies training needs for staff through ongoing discussions and assessments. Clinical staff discussed recent professional development in areas such as palliative care, falls and behavioural management. The Assessment Team observed training records covering both mandatory and elective education over a 12-month period.

The service demonstrated it has formal and informal processes for monitoring and reviewing the performance of each member of the workforce. Staff said they have regular performance appraisals completed and explained how they can discuss training needs and professional development. The service has an electronic register to monitor the completion of annual performance appraisals.

# 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 are satisfied with how they are supported to be involved in planning of care and services. Management explained how they use consumer feedback from surveys, complaints and informal meetings to inform improvements to care and service provision. The ideas for improvements are recorded on the service’s continuous improvement register.

Consumers and representatives expressed feeling safe at the service and living in an inclusive environment. Management explained how they monitor and analyse clinical indicator data to implement changes in systems and processes. Trends in clinical risks, key performance indicators, incidents, audits and complaints are reported to the Board for oversight and action.

The service demonstrated it has effective organisational governance systems in place in relation to information management, feedback and complaints, continuous improvement, regulatory compliance, financial and workforce governance. Consumers and representatives were satisfied with the communication from the service. Staff said they can access the information they need to understand consumers individual care needs and guide them to provide safe and quality care.

Management and clinical staff could explain their legislative obligations in relation to incident reporting and the service maintains an incident register. Consumers and representatives said that the service is well run, and management is open to discuss their concerns. Staff demonstrated understanding of the governance systems in place the relevant policies and procedures that support them.

The service demonstrated the risk management systems in place to effectively monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management at the service and organisation level. Management and staff described how they identify and respond to allegations of abuse or neglect of consumers and how they document and report incidents. Staff described how they can access the incident reporting system and receive SIRS training.

The service has a clinical governance framework in place that monitors the delivery of clinical care. Staff described the identification of infections and how they use clinical assessments to minimise antibiotic use. The service demonstrated consistent use of non-pharmacological strategies with consumers to minimise the use of chemical restrictive practices. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure and staff were able to provide examples of the relevance to their work.

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)