Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Mayflower Reservoir |
| Service address: | 56 Elliot Street RESERVOIR VIC 3073 |
| Commission ID: | 3098 |
| Approved provider: | Mayflower Reservoir |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 23 November 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 Mayflower Reservoir (**the service**) has been prepared by Denise McDonald, 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.
* the provider’s response to the assessment team’s report received 9 November 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 1(3)(a) –** The service ensures each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* **Requirement 3(3)(a) –** The service ensures each consumer gets safe and effective personal care, clinical care, or both personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.
* **Requirement 5(3)(b) –** The service ensures the service environment is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-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 the following requirement was not met:

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment Team found consumers residing in the memory support unit (MSU) were not treated with dignity and respect. The Assessment Team observed staff to not be proactive in understanding consumers’ needs and they did not support them in a timely manner to ensure consumers’ dignity was maintained. The Assessment Team observed, and a consumer’s representative reported consumers were not assisted with their personal care needs a timely manner, resulting in the failure to preserve consumer’s dignity. For example, a named consumer was observed to be in her bed and in a stained night gown, smelling of urine at 2pm, with her personal cares not yet attended. The care planning documentation of this named consumer specified that her preference is for daily showers prior to breakfast.

The Approved Provider’s written response, received on 9 November 2022 acknowledged that there is an opportunity to enhance behaviour management and hygiene cares at the service. The Approved Provider provided staff with training in relation to privacy and dignity, supporting consumers living with Dementia and behaviour management. Since the Site Audit, the service has updated care plans, commenced toileting and behaviour charting for relevant consumers, provided and/or arranged staff education on personal hygiene care, behaviour management, skin assessment, and continence management and increased monitoring of consumers hands and nails. The Approved Provider stated in their response, the named consumer remained in her bed and in her night gown at 2pm because the consumer refused cares earlier in the day and said this is an example of the consumer’s choice and preferences being respected.

Whilst I acknowledge the actions taken by the Approved Provider, at the time of the Site Audit, the service did not demonstrate that consumers residing in the MSU were treated with dignity and respect, with their identity, culture and diversity valued. Therefore, I find Requirement 1(3)(a) is non-compliant.

I am satisfied that the remaining five requirements of Standard 1 are compliant.

Consumers and representatives said that staff value their culture and diversity. Staff demonstrated how culturally safe care is provided to individual consumers and demonstrated knowledge of consumer’s backgrounds and cultural preferences.

Consumers and representatives expressed that they feel supported to exercise choice and independence around care decisions, making connections and maintaining relationships of choice. Staff described how consumers are supported to make decisions and maintain relationships and the Assessment Team observed consumers spending time with loved ones who either resided at the service or were visiting.

Consumers and representatives said consumers are supported to take risks to enable them to live the best life they can. Care planning documentation evidenced consumers being supported to take risks and appropriate risk assessments being completed.

Consumers and representatives indicated they receive information that is current, accurate and timely, which is communicated clearly and enables consumers to exercise choice. Consumers felt that their privacy was respected by staff and described how staff knock on their doors prior to entering and maintain their privacy when providing personal cares. Staff described further practical ways they respect consumers’ privacy including storing personal information in locked offices and using passwords to protect information on the electronic case management system.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service demonstrated assessment and care planning included a consideration of risks to consumers’ health and wellbeing and informed the delivery of safe and effective care and services. Care planning documentation reflected the individual’s current needs and an individualised consideration of risk.

Consumers and representatives confirmed the service undertakes assessment and planning which identifies consumers’ needs and preferences including preferences for end-of-life care. Care planning documentation were observed to be individualised and reflected consumers’ needs and preferences, including advance care planning.

Care planning documentation reflected input from consumers, representatives and other organisations and services, including medical officers, dietitians, speech pathologists, and physiotherapists. Consumers and their representatives said staff explained information regarding their care and confirmed they have access to care planning documents.

Consumers and representatives indicated that care and services are reviewed for effectiveness regularly or when an incident occurs which impacts the needs of a consumer and changes are discussed with them. The Assessment Team found that all sampled care planning documents have been reviewed within three months of the Site Audit.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

The Assessment Team found deficiencies relating to the personal and clinical care provided to consumers residing in the MSU. All consumers within the MSU were found to be subject to environmental restrictive practices without evidence to support consultation with the consumer or their representatives, as the service locked all consumers’ doors during the day to prevent challenging behaviour. The Assessment Team found behavioural support plans for consumers with challenging behaviours did not contain current and individualised information or strategies and found no evidence of continence aids assessments or evaluations, or toileting plans for named consumers who exhibited incontinence. Staff in the MSU were observed to not be completing hygiene and toileting in a timely manner to support well-being and quality of life.

The Approved Provider’s written response, received on 9 November 2022 confirmed an environmental restrictive practice authorisation form had been signed by consumers or their representatives for consumers residing in the MSU, however, this authorisation did not explicitly refer to the locking of consumers’ rooms throughout the day. Management advised that the locking of doors all consumers’ doors in the MSU is not an accepted practice, however, it is standard practice for three consumers’ rooms whose doors were locked to prevent their challenging behaviours and maintain cleanliness.

In relation to continence assessments, the Approved Provider provided bladder and bowel assessments and care plans, for the named consumers which were in place at the time of the Site Audit supporting compliance, however, acknowledged deficits in behavioural support plans and the missed opportunity to have external dementia specialists involved in tailoring the care for the named consumers.

At the time of the Site Audit, consumers residing in the MSU were subject to a restrictive practice, specifically, the locking of consumers’ rooms preventing them from accessing part of the service environment, without appropriate consent and behaviour support plans were not tailored to the care of consumers. Therefore, the service did not demonstrate that consumers in the MSU were receiving effective tailored personal and clinical care that optimised their health and well-being, and I find Requirement 3(3)(a) is non-compliant.

I am satisfied the remaining six requirements of Standard 3 are compliant.

The service was able to demonstrate that high impact or high prevalence risks associated with the care of consumers are effectively managed and care planning documentation identified effective risk management strategies. Consumers expressed confidence in how the service assessed and managed risks.

The review of care planning documentation confirmed the needs, goals, and preferences for consumers nearing the end of life are documented and guide staff to ensure comfort and dignity of consumers. Care planning documentation and progress notes evidenced regular monitoring of consumers and timely responses to deterioration and changes in condition.

Information about consumers’ condition, needs and preferences was documented and effectively communicated within the organisation and with others where responsibility for care is shared. Consumers’ care planning documentation demonstrated timely and appropriate referrals to medical and allied health services.

The organisation has documented policies, procedures and plans to support the minimisation of infection control related risks through the implementation of infection control principles. The service promotes appropriate antibiotic use through analysis of use in the monthly clinical governance report. Staff demonstrated a shared understanding of infection control processes, antimicrobial stewardship and outbreak management. Where non-compliance had been identified as a result of the management of a previous COVID outbreak, staff demonstrated understanding of appropriate techniques for the donning, doffing and disposal of personal protective equipment and were observed correctly applying personal protective equipment. Consumers confirmed a subsequent COVID-19 outbreak was appropriately managed.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Care planning documentation identified consumers’ individual needs, goals and preferences and supports needed to allow the consumer to do things they enjoy. Consumers expressed satisfaction with the lifestyle program and said they are assisted to attend activities of interest to them.

Consumers expressed satisfaction with the emotional, spiritual, and psychological supports available to them. Staff described the various religious supports available to consumers of various faiths.

The service encourages and supports consumers to do things of interest to them, to have social and personal relationships and to participate in their community. Care planning documentation captured individual consumers’ interests and identified people important to them.

Consumers and representatives indicated that consumers’ condition, needs, and preferences are effectively communicated within the service and with others who share responsibility for care and services. Staff described how consumers’ care and other needs and preferences are shared through handovers and the electronic case management system.

The service has processes in place to enable referrals to individuals, other organisations, or providers of other cares and services. Care planning documentation demonstrates that the service collaborates with external providers to support the diverse needs of consumers.

Consumers expressed satisfaction with the quality and quantity of meals and said meals sufficient varied. Staff demonstrated knowledge of consumers’ individual dietary needs and preferences and described how consumers provide feedback in relation to meals.

The Assessment team observed equipment used was safe, suitable, clean, and well maintained. Consumers confirmed they can access equipment to assist them with their activities for daily living.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

The Assessment Team found that consumers’ rooms in the MSU were being locked by the service throughout the day, inhibiting consumers from moving freely around the service environment. Consumers residing in the MSU were observed to be engaged in two areas within the MSU and were being redirected back to these areas if they began to move around freely. Consumers who reside in other parts of the service reported the service environment to be safe, clean, and well-maintained and were observed moving freely both indoors and outdoors.

The Approved Provider’s written response, received on 9 November 2022 acknowledged they were not aware the locking of consumer rooms was being used as a blanket approach and confirmed that rooms of certain consumers were routinely locked during the day to maintain cleanliness and prevent three named consumers from entering their rooms. The Approved Provider advised that staff assist consumers to access their rooms as needed. Since the Site Audit the service has advised staff the locking of consumer rooms is to cease, unless at specific the specific request of the consumer or their representative, their restrictive practice policy has been updated and staff have been provided with additional education in relation to restrictive practices.

At the time of the Site Audit, the service did not demonstrate that consumers were enabled to move freely and access all parts of their environment. Therefore, I find Requirement 5(3)(b) is non-compliant.

I am satisfied that the remaining two requirements of Standard 5 are compliant.

The service environment was observed to be welcoming and easy to navigate, with ample signage and wide corridors. Consumers felt at home at the service and reported a sense of belonging.

The Assessment Team observed the furniture, fittings, and equipment to be safe, clean, and well-maintained. Consumers confirmed the furniture, fittings and equipment are suitable for them and are promptly repaired if maintenance is required.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 knew how to raise feedback or make complaints and felt comfortable doing so in most circumstances. Staff were aware of how the complaints process works and demonstrated that they would support consumers in providing feedback or making a complaint.

Consumers were away of advocacy and other external complaints mechanisms and management confirmed advocacy and language services are made available. Information regarding internal and external complaints and feedback processes and advocacy services were displayed on noticeboards and brochures were available on entry to each part of the service.

Consumers and representatives said the service take appropriate action in response to feedback and complaints. The service had documented policies and procedures to guide staff in response to feedback or complaints The continuous improvement and feedback registers demonstrated an open disclosure process is used when things go wrong.

Consumers and representatives expressed their belief that the service uses feedback and complaints to improve the care and services provided. Staff and management described how complaints and feedback are used to improve the provision of care and services and provided recent examples of improvements.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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, representatives, and staff reported challenges resulting from the number of staff, however said that there has been no impact on the care provided and expressed confidence in how management are handling this. The Assessment Team reviewed call bell response data, which demonstrated call bells were being responded to promptly. Rostering documentation supported most shifts were able to be filled, with management and staff confirming mechanisms, including the use of agency staff, are used to fill unplanned leave. Where non-compliance was previously identified due to the limited availability of staff to provide care during a previous COVID-19 outbreak, resulting in the deployment of surge workforce and appointed infection control personnel did not have sufficient capacity to undertake their duties, management and staff confirm ongoing recruitment drives are occurring and a second infection control lead has been appointed.

Consumers and representatives described staff interactions with consumers as kind, caring and respectful and said the staff are sufficiently skilled to provide safe and effective care and services. Staff confirmed that they are well supported by management.

The service demonstrated a robust recruitment and onboarding process for employees which include mandatory training, competency assessments and ongoing training and refresher training.

The service demonstrated the performance of the workforce is regularly assessed, monitored, and reviewed, and had a suite of documented policies and procedures to guide managers on the monitoring and management of staff performance. All staff interviewed confirmed participation in assessment processes.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services. Consumers reported that they feel they are involved in the development and delivery of cares and services they are provided.

The service demonstrated that the governing body is accountable for the delivery of care and services, and promotes a culture of safe, inclusive, and quality care. The governing body meets monthly to monitor the performance of the service and considers data generated through integrated information systems which informs them of internal audit outcomes, consumer, representative and staff feedback, reported hazards and risks, and clinical incident data.

There are effective organisation wide governance systems in place to support effective information management, financial governance, workforce governance, regulatory and legislative compliance, and feedback and complaints.

The service had implemented effective risk management systems, policies, and procedures to support the effective management of risks, including high impact or high prevalence risks. Staff demonstrated a shared understanding of elder abuse and neglect and reporting requirements under the organisation policy and the serious incident reporting scheme.

The service demonstrated the organisation’s clinical governance systems and framework ensure the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

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)