Performance

Report

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| Name of service: | McAuley Place |
| Service address: | 263 Agnes Street ROCKHAMPTON QLD 4700 |
| Commission ID: | 5301 |
| Approved provider: | Mercy Health and Aged Care Central Queensland Limited |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 14 April 2023 |
| Performance report date: | 17 May 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 McAuley Place (**the service**) has been prepared by B Bassett, 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 2 May 2023.

# 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 | **Non-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 | **Non-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.

* Consumers are to receive effective management of high impact and high prevalence risks associated with their care.
* The organisation must have effective organisation wide governance systems, including effective monitoring of information management and regulatory compliance systems.
* The organisation must have effective risk management systems and practices.

# 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

Overall, consumers and representatives said consumers were treated with dignity and respect, and their identity was valued by the service. Staff demonstrated good knowledge of the consumers residing within the service, their needs and preferences. Staff were observed to be treating consumers with respect and in a caring manner.

Consumers confirmed they felt culturally safe within the service. Staff sampled described cultural, religious and personal preferences for consumers and demonstrated knowledge of what matters to them. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of their individual needs and preferences.

Consumers said they felt supported to exercise choice, make decisions and were encouraged to be as independent as possible. Staff described how consumers were assisted to make choices and maintain relationships of choice. The service has documented policies and procedures regarding consumer choice and decision making which guides staff in the importance of consumers maintaining their independence and making informed decisions about their care and services.

Consumers and representatives said they receive up to date information provided by the service and felt well informed about the menu, activities and the external service providers available to them. Staff confirmed they prompted consumers about activities for the day and if there were any changes to the schedules, updates were given directly to consumers.

Consumers and representatives stated they felt the consumers’ privacy and personal and confidential information was respected, confirming staff knocked on their door if they were coming in to assist them and that staff respected their personal space and privacy. Staff were able to identify ways in which the privacy of consumer information was maintained, including the use of passwords on the computers for staff.

With respect to Requirement 1(3)(d), information in the Site Audit report indicated that a named consumer was not advised of the potential risks of their choice to eat while in the supine position and that no assessment or review of that choice had been undertaken by the service. Management and staff indicated they were unaware of the consumer’s choice to eat in a supine position. In their response to the Site Audit report, the approved provider acknowledged that the risks to the consumer had not been adequately documented. It was advised that a discussion with the consumer regarding their choice to eat in the supine position had since taken place, that a risk care plan had been developed and they had been referred to a speech therapist for further assessment.

In coming to my decision in relation to this Requirement, I acknowledge the actions taken by the service to improve its performance under this Requirement. I have placed weight on the approved provider’s actions to remedy the situation and the fact that no other consumers were identified to be at risk. Therefore, it is my decision that Requirement 1(3)(d) is Compliant.

# Standard 2

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

Findings

Consumers and representatives said assessment and care planning delivered safe and effective care and services for consumers. Staff were able to describe the care planning process and how it informed the delivery of care and services. Documentation reviewed demonstrated consideration of potential risks to consumers’ health and wellbeing including, but not limited to, falls, wound management and diabetes management. The service had policies and procedures to guide staff practice in the assessment and care planning process.

Review of consumer care documentation demonstrated awareness and support of the needs and preferences of consumers, confirming the service had discussed and documented their preferences for their end of life. Staff described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation.

Consumers and representatives confirmed they provided input into the assessment and care planning process and said they were confident consumers’ care needs were being met. Staff described how they partner with consumers and representatives to assess, plan and review care and services regularly or when the consumer’s circumstances changed. Documentation reflected the inclusion of multiple health disciplines and services into consumer assessments and planning.

Consumers and representatives said staff discussed consumer care needs and recorded it clearly in their care plans. Consumers and representatives confirmed they could assess a copy of the care plan. Staff confirmed they had easy access to information regarding the outcomes of assessments and reviews, including consumer care planning documents, via handovers and the electronic care management system. Care documentation contained entries reflecting communication with consumers, representatives and others where care was shared.

Care planning documentation demonstrated the service regularly reviewed consumer’s health, wellbeing and needs. Staff described the process for reviewing care and services, while incidents trigger reassessment with any relevant changes relayed to the consumers and representatives. Care documentation evidenced the regular review and updating of consumer care plans including when a change or incident had occurred.

# 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. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives reported they felt consumers were receiving care, which was safe, right for them and tailored to their needs. Care planning documentation, and observations, reflected consumers at the service were receiving individualised care, which was safe, effective, and met their specific needs and preferences. The service had a range of clinical policies and procedures to guide staff practice in relation to personal and clinical care including wound management, skin integrity and restrictive practices.

Care planning documentation was reviewed and demonstrated at end of life the consumers’ dignity was preserved, and care was provided in accordance with their needs and preferences. Care documentation included end of life wishes which were found to be individualised and included Advance health directives. The service responded to deterioration promptly, involved representatives regularly and provided effective palliative care.

The service demonstrated that changes or deterioration in the consumer’s condition, health, or ability were recognised and responded to in a timely way. Staff, and care planning documents, reflected appropriate actions were taken in response to changes in a consumer’s condition, such as notification of medical officers, other Allied health providers or transfer to hospital if necessary.

Consumers and representatives said they were confident consumer information was effectively communicated between staff and with other services as necessary. Staff described processes to ensure information regarding consumers is consistently shared and understood. Care documentation reviewed confirmed correspondence from health professionals, test results and completed referral forms were accessible to staff.

The service demonstrated effective referrals to other healthcare providers and organisations are made as necessary. Management and staff described how input from other health professionals was arranged in response to identified needs and provided outcomes of referrals to other services. Care planning documentation reviewed reflected timely and appropriate referrals of consumers to other organisations and providers of other care and services.

Effective processes were in place for the prevention and management of an infectious outbreak and there are practices to promote evidence-based use of antibiotics. Staff demonstrated knowledge of infection control practices relevant to their duties and the service further supported the staff with several documents to inform and guide staff practice in relation to infection control matters. Staff were observed adhering to infection control practices and appropriate use of Personal Protective Equipment (PPE).

With regard to Requirement 3(3)(b), information in the Site Audit report indicated that the service did not have effective processes to manage high impact or high prevalence risks for some consumers with respect to time specific medications, management of blood glucose levels (BGL) and monitoring of fluid restrictions. Examples involving named consumers were provided regarding each of these issues. In responding to the Site Audit report, the approved provider acknowledged that time specific medications for a named consumer had been missed on numerous occasions. The approved provider advised that processes have been changed to ensure effective clinical oversight of medication delivery to prevent issues in the future. With respect to the management of BGL, it was advised that there was an issue regarding contradictory parameters being kept on paper based observations sheets and the services electronic management system, but that this situation had now been rectified. A similar issue arose with respect to the monitoring of consumers on fluid restriction. Again, the approved provider advised that this risk has now been addressed and provided evidence to support this.

The service had effective processes to manage other high impact or high prevalence risks, including in relation to falls, weight loss, skin integrity and pain. Documentation including incident reports, training records and clinical indicator data, identified effective monitoring and clinical oversight of care delivery for consumers.

In coming to my decision in relation to this Requirement, I acknowledge the actions taken by the approved provider to improve their performance in the Requirement. It is my view that these proposed actions need to be evaluated for effectiveness. Therefore, it is my decision that Requirement 1(3)(f) is Non-compliant.

# 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 and representatives said consumers felt supported by the service to be independent and were encouraged to participate in activities that reflected their interests and lifestyle needs. Staff described the diverse interests of consumers, including strategies to promote consumer involvement in supports for daily living. Lifestyle documentation identified the interests and activities important to consumers and provided information to support individual consumers’ choice, daily living, wellbeing, and service delivery.

Consumers and representatives described the services and activities provided by the service to support the consumers’ emotional, spiritual, and psychological wellbeing. The service provided varying levels of pastoral and emotional support as determined by consumers. Staff described how they would refer consumers to external support providers if additional psychological support was required.

Consumers and representatives described how the consumers are supported by the service to engage in activities and pursue personal interests, both internal and external to the service while maintaining contact and relationships with the people who are close to them. Care documentation reflected lifestyle assessments and provided relevant information and tools for staff to utilise to help support consumers in maintaining their goals, preferences and relationships of importance to them.

The service demonstrated effective communication of information concerning changes in consumers’ needs and preferences. Consumers and representatives were confident information was effectively shared to support consumers’ daily living needs. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs and preferences.

Timely and appropriate referrals to other individuals, organisation or providers of care occurred and staff described how they collaborate to meet the diverse needs of consumers. Staff described how consumers are involved in decisions and how referrals are made, and consent for referrals are obtained.

Consumers and representatives confirmed the food provided at the service aligned with the consumers’ preferences and dietary requirements and were varied and of suitable quantity and quality. Feedback in relation to meals is provided by consumers to the service through direct and indirect feedback mechanisms. Staff described how they ensure consumers’ nutrition and hydration needs and preferences are monitored and recorded.

Consumers felt safe when using equipment and knew how to report any concerns they may have about safety. The service had appropriate arrangements for purchasing, servicing and maintaining, renewing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be 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

The service environment was observed to be welcoming and created a sense of belonging for consumers. Consumers were observed freely moving around the internal and external service environment. Consumers' rooms were personalised and decorated with furnishings and personal items that reflected their individuality.

Consumers said their rooms were kept clean, they felt safe and could come and go as they pleased. The service was observed to be clean and well maintained and areas undergoing repair were safely secured and inaccessible to consumers.

Furniture, fittings and equipment were observed to be well maintained, clean and safe. Cleaning and maintenance are scheduled and monitored daily by staff. Cleaning staff were observed to be cleaning areas throughout the service, including bathrooms and corridors, as part of the regular cleaning schedule. Staff described the service’s processes for identifying, reporting and actioning maintenance issues.

# 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

Most consumers and representatives felt encouraged and supported to provide feedback and make complaints and described the various methods available for them to do so including speaking to management or staff directly, during consumer/representative meetings, using feedback forms, or by contacting the service directly by email or phone. The service captures all verbal and written feedback via a complaints register and through consumer and staff meeting minutes.

Consumers and representatives were aware of advocacy and language services that were available to them. Staff described complaint processes at the service, including how they would resolve issues immediately or escalate them for management action as necessary. Management advised how they could facilitate the involvement of advocacy services if required.

Overall, consumers and representatives said appropriate and timely action was taken by the service in response to complaints. Consumers and representatives described actions taken regarding issues they had raised. Staff were aware of open disclosure principles in relation to their responsibilities and shared a common understanding of processes to be followed when feedback or complaints were received.

Management described how they reviewed feedback and complaints and used this information to improve care and services. The service is currently developing systems to trend and analyse feedback and concerns. Feedback received from consumers and representatives is used to develop continuous improvement activities across the service.

# 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

Overall consumers and representatives said the care and services consumers received was in line with their needs and preferences. They said staff were kind, caring and respectful and their requests for assistance were generally responded to in a timely manner. Consumers and representatives felt staff were appropriately qualified and knew how to perform their roles. They provided positive feedback in relation to staff capabilities and how their care and services were delivered.

Staff generally said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave. Registered and care staff were guided by their position descriptions, workflow documents and duty statements. They confirmed they had received training relevant to their roles.

The organisation has policies and processes to ensure staff are recruited, trained, supported and have the qualifications and knowledge to meet the needs and preferences of consumers across all areas of service delivery. Registered staff qualifications were monitored by the organisation to ensure they remain current.

The service has a suite of documented policies and procedures to guide staff practice and which outlines that care and services are to be delivered in a person-centred manner. Management reviews staff performance on a regular basis.

Training records indicated staff had been provided with additional education opportunities and mandatory education online and face to face. The organisation had policies and procedures in relation to rosters, recruitment, personnel management and dignity and respect.

# 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. | Non-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. | Non-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

Overall consumers and representatives said they felt the service was well run and that they could partner in the delivery and evaluation of care and services. Consumers and representatives said they participated in the development and evaluation of services, and consumers were able to describe processes such as consumer meetings where they contributed their ideas and suggestions regarding service delivery.

The service was able to demonstrate it promotes a culture of safe, inclusive and quality care overseen by its governing body. The governing body regularly reviews information and reports relating to clinical and incident data trend analysis to identify compliance with the Quality Standards and provide monitoring and accountability for care and service delivery.

The service has strategic quality and clinical governance frameworks that promote a culture of safe, inclusive and quality care. The clinical governance framework, in conjunction with clinical policies and procedures, outline the safety and quality systems required to maintain and improve the reliability, safety and quality of clinical care and to improve clinical outcomes for consumers. It includes policies regarding antimicrobial stewardship, minimisation of restrictive practices and open disclosure.

With respect to Requirement 8(3)(c), information in the Site Audit report indicated that the service has effective organisation wide governance systems with respect to continuous improvement, financial governance, workforce governance, feedback and complaints. However, the Site Audit report indicated deficiencies in effective information management systems with respect to a new electronic care management system not containing all relevant information concerning consumers, including that concerning monitoring of fluid intakes as discussed under Requirement 3(3)(b). Additionally, governance systems were identified by the Assessment Team as deficient with respect to regulatory compliance relating to the identification and reporting of incidents under the Serious Incident Response Scheme (SIRS), specifically concerning medication incidents referred to under Requirement 3(3)(b). Additionally, it was identified that the service’s incident management policy had not been updated to include legislative reforms that occurred in October 2022. In responding to the Site Audit report the approved provider acknowledged the issues that had arisen and discussed processes underway to complete the transition to the organisations new electronic care management system. While acknowledging the actions taken by the approved provider in this respect, it is noted these improvements will take time to be embedded in usual practice and will need to be evaluated by the service. I have decided that Requirement 8(3)(c)(i) and (v) are Non-Compliant.

In relation to requirement 8(3)(d), information in the Site Audit report indicated there had been underreporting of incidents under SIRS, specifically in relation to medication issues discussed under Requirements 3(3)(b). In responding, the approved provider acknowledged the Site Audit report findings and has implemented additional staff education, additional clinical support staff engagement and onsite management oversight to improve the operation of the incident management system. In coming to my decision with this Requirement, I have considered the information in the site audit report under this and other standards alongside the approved provider’s response. While acknowledging the actions taken by the approved provider since the Site Audit, I note that some of the actions are ongoing and will need to be evaluated. I have decided that Requirement 8(3)(d) is Non-Compliant.

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)