Performance

Report

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| Name of service: | Performance report date: |
| McDougall Park Nursing Home | 28 September 2022 |
| Commission ID: | Activity type: |
| 7904 | Site Audit |
| Approved provider: | Activity date: |
| Fresh Fields Aged Care Pty Ltd | 23 August 2022 to 26 August 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 McDougall Park Nursing Home (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit, the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 said they feel respected by staff, and staff support choice and independence. Staff described how they respect consumers’ identity and diversity. Care plans reflected consumers’ identity, background and interests.

Consumers said staff have regard for their cultural identity and language needs. Staff described how they deliver culturally safe care, consistent with care planning information.

Consumers are supported to exercise choice and independence, decide who is involved in their care, and to maintain relationships of significance to them. The service supports married consumers to maintain their relationship by sharing a room and spending time together.

Consumers are supported to take risks which enables them to live their best lives. Staff described how they follow risk assessment strategies, and assessments are documented in care plans.

Consumers said they have the information they need to make informed choices, including what they want to eat and activities they wish to attend, through noticeboards and menus. Staff were observed providing information to consumers in a suitable manner, including for those with cognitive impairments.

Consumers said their privacy is respected. Staff described how they maintain consumers’ privacy and store consumers’ confidential information securely.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Initial and ongoing assessment and care planning occurs, which takes into consideration risks such as falls, pressure injuries, nutrition, and challenging behaviours. Consumers and their representatives are involved in assessment and planning to address consumers’ needs, goals and preferences. Advance care and end of life planning are included if the consumer wishes.

Care planning documents reflected the involvement of consumers, representatives and other health professionals. Consumers and their representatives said staff explain information about care and services, and they can access a copy of the consumer's care plan.

Staff advised care planning documents are reviewed every 6 months or as required. Care plans reflected they are reviewed on a regular basis and updated when circumstances change, such as changes in condition or when an incident occurs.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Care plans reflected consumers receive care that is safe, effective, and tailored to optimise their health and well-being. The service demonstrated effective care delivery regarding restrictive practices, skin integrity and pain management, in line with best practice. Consumers and their representatives said consumers receive care that meets their needs and preferences. Staff said they provide care to consumers according to instructions and directives from care planning documents.

Care planning documents reflected high impact and high prevalence risks are identified and effectively managed. Risk mitigation strategies are in place.

Consumer representative feedback reflected the service recognises consumers’ needs and preferences when delivering end of life care. Consumers and staff are supported by external palliative care services.

Progress notes reflected timely identification of, and response to, deterioration and changes in function of consumers. Staff described strategies used for identifying and responding to changes in consumers’ behaviour or condition, and said they escalate to registered staff or other health professionals when necessary.

Care planning documents demonstrated progress notes, care plans and handover reports provide adequate information to enable effective sharing of consumers' information to support care. Other health providers confirmed they receive relevant information.

Consumers and their representatives said the service makes appropriate referrals to other providers or organisations, in a timely manner.

Staff described how they apply infection control procedures and follow processes to promote appropriate use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they receive safe and effective services and supports for daily living. Staff demonstrated their knowledge of consumers’ needs and provided examples of how they support consumers to pursue their interests. Staff were observed engaging with consumers and encouraging activity participation.

Care planning documents included information about how consumers’ emotional, spiritual, and psychological well-being is supported. Individual support is provided to consumers, and representatives are notified if a change in mood and well-being is identified.

Consumers and representatives said they are satisfied with the way in which the service supports the daily living of the consumers. Staff described how consumers participate in various activities within and outside the service environment and how programs support their social and personal relationships.

Consumers and representatives said consumers’ conditions, needs and preferences are effectively communicated. Staff are made aware of any changes to a consumer's needs through verbal and documented handover processes. Referrals to other providers, such as religious services, volunteers, and entertainers occur based on consumers’ needs.

Consumers and their representatives expressed satisfaction with the variety, quality, and quantity of food. Staff incorporate consumer feedback when developing the menu, and consumers are offered choices. Care planning documents recorded dietary requirements and food preferences.

Consumers said they have access to equipment, including mobility aids, to assist them with their daily living activities. Regular cleaning and maintenance occurs.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 and representatives said the service was comfortable and welcoming and they felt they were free to do the things they wanted to do. Consumers’ rooms are personalised. Staff ensure the service is welcoming by engaging with consumers and their families when they visit and supporting consumers to be independent. Staff were observed engaging with consumers throughout the Site Audit.

Consumers and representatives said the service was clean and well maintained, and they felt safe and free to move around as they wished. Consumers are supported enjoy indoor and outdoor areas, with support required when exiting the service due to its location. Cleaning staff described how they follow schedules and align with consumers’ preferences.

Consumers and their representatives said furniture, fittings, and equipment are safe, clean, and well maintained. Staff follow processes to report maintenance issues. Scheduled cleaning and maintenance occurs, and any unsuitable equipment is identified and addressed.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 their representatives said they are comfortable raising concerns or making suggestions. Surveys are conducted monthly and a sample of consumers are assisted by staff to contribute. Feedback forms and suggestion boxes are available, and staff assist consumers to document their complaints and suggestions.

Information about advocacy and language services is available, and staff described how they support consumers to access relevant services. Referrals are made to advocacy services. Brochures about external services are displayed.

The service’s complaints records show complaints are recorded, responded to and resolved with an open disclosure approach. Feedback and complaints are monitored and reported on, and used to inform continuous improvement. Consumers and their representatives gave examples of improvements and initiatives implemented as a result of their feedback, such as improved meal temperature, a tea and coffee station and pet birds.

**Standard 7**

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

## Findings

The service has effective rostering processes to deploy sufficient staff and replace absences. Management described trialling rostering initiatives to better respond to consumers’ care needs, which are evaluated for effectiveness and amended as needed.

Consumers and their representatives said staff engage with consumers in a respectful, kind and caring manner. Staff described how they know consumers well and deliver care consistent with consumers’ preferences. Staff were observed to be kind, caring and respectful to consumers.

Position descriptions set out the expectations for each role. Staff qualifications and registrations are verified and monitored to ensure currency. Staff are supported in professional development.

Staff complete regular training, including mandatory and role-specific items, to maintain competency. Consumer feedback, complaint data and clinical indicators are used to identify additional training needs. All staff training was recorded as being up to date.

Staff performance is assessed, monitored, and reviewed, through supervision and performance reviews occur at least once per year. Staff said they are supported and can seek assistance or additional development.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 said the service is well run and they are confident when providing feedback or suggestions for change. Documents reviewed supported consumer feedback is used to drive changes and improvements to the delivery of care and services.

The organisation’s governing body promotes safe and quality care and is accountable through strong governance processes. The service monitors safety, inclusiveness and quality through a range of audits, surveys and data, and regular meetings are held to review the information.

The service effective organisation wide governance systems relating to financial and workforce governance, regulatory compliance and information management. Continuous improvement occurs, incorporating feedback and complaints.

Effective risk management systems and practices are in place to identify and manage risks to the safety and wellbeing of consumers, and staff receive relevant training. Clinical risk meetings are held to consider high impact and high prevalence risks, and develop mitigation strategies. Incident management records support that the service manages and responds appropriately.

The service demonstrated a clinical governance framework that included policies promoting antimicrobial stewardship, minimising use of restrictive practices and using open disclosure. Staff described relevant processes consistent with the framework.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)