Performance

Report

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| Name of service: | McLean Care CWA House |
| Service address: | 21 Cherry Street OAKEY QLD 4401 |
| Commission ID: | 5115 |
| Approved provider: | McLean Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 March 2023 to 10 March 2023 |
| Performance report date: | 17 April 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 McLean Care CWA House (**the service**) has been prepared by G-M.Cain, 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.
* 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 | |  |
| 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 are treated with dignity and respect and feel valued as an individual. Staff understood, and care documentation reflected consumers' backgrounds, life stories and preferences. Observations showed staff interacting with consumers respectfully.

Consumers confirmed the service recognised and respected the consumer's cultural background and provided care consistent with consumers' cultural traditions and preferences. To guide staff practice, the service had a diversity and inclusion policy that commits to creating a diverse and inclusive culture that respects and celebrates differences.

Consumers are supported to nominate whom they would like involved in their care, communicate their decisions, connect with others and maintain relationships of choice. Care documentation identified the consumers' choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers also discussed how the service supports them to take risks, including eating certain foods that are not aligned with the medical officer's directives. Staff described how consumers are supported to understand the possible harm when they make decisions about taking risks. Risk assessments and dignity of risk forms are completed, and strategies for managing risks are included in care directives for staff to follow.

The service has a range of communication methods to provide information to consumers in a way they can understand and supports their decision-making, such as printed information and verbal reminders. Observations showed staff adapting their communication style when providing information to consumers with cognitive impairment.

Consumers confirmed that staff respect their privacy and that their personal information is kept confidential. Staff described how consumers' personal information is stored in the service's electronic care management system, protected with passwords, and that handover is conducted in the staff workstation with closed doors. Observations showed that staff respected consumers' privacy by knocking before entering consumers' rooms.

# 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 they are involved in assessment and planning during entry to the service and ongoing, and that consumers received the care and services needed. They confirmed this occurs through regular conversations with clinical staff or management, at care plan reviews or when circumstances change. Discussions with management included sensitively addressing advanced care plans should consumers wish or if consumers deteriorate.

Staff describe the assessment and care planning process, including initial assessment on entry to the service and ongoing assessment and care plan reviews, including monthly and 3 monthly care plan reviews. The staff described how the service ensures that assessment and planning reflect consumers' preferences. For example, a statement of choices is completed, which outlines the consumer's end-of-life goals and what is important to them. Clinical staff communicate with consumers and their representatives about the updates of their care plan in person or via telephone.

Overall, consumers' care documentation demonstrated that assessment and planning informed the delivery of safe and effective care and services, including regular reviews and when circumstances change, such as deterioration or incidents.

Care documentation evidenced the involvement of other health professionals in assessment and care planning processes, such as medical officers and a range of allied health professionals. For example, review of consumers by an occupational therapist post fall.

# 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

Consumers receive safe and effective personal and clinical care that is best practice, tailored to meet the individual consumer's needs and optimise their health and wellbeing. Consumers and representatives expressed satisfaction with the way risks to consumers' health and/or wellbeing are managed. Consumers confirmed that their needs and preferences are effectively communicated between staff. They had access to various health professionals, including allied health practitioners and medical specialists, and referrals were made as required. The representative of a consumer who had recently passed away at the service stated, 'They treated us like family, and we felt they support and understood the consumer.

Staff described how they provide safe and quality care to meet the needs of individual consumers, for example, providing therapeutic massage for consumers experiencing chronic pain.

Staff understood consumers' risks and strategies implemented to minimise and monitor. Staff said they cared for consumers at the end of life through supporting regular family contact, hygiene and comfort care and pain control. Clinical staff described how a deterioration in consumers' condition is discussed during handovers and staff meetings and would trigger a Medical officer review or hospital transfer if needed. Information is shared between staff through the electronic care documentation system notifications and handover.

Care documentation was individualised, including end-of-life needs and preferences, and reflected management of high-impact, high-prevalence risks to consumers, such as falls. Care documents evidenced referrals to other organisations and providers of care, including allied health professionals, medical officers and specialist dementia services, and recorded information about changes in a consumer's condition, clinical incidents and transfer to/from the hospital.

The service demonstrated preparedness in the event of an infectious outbreak and practices that reflect appropriate antibiotic prescribing. The service had documented policies and procedures to guide staff in minimising infection-related risks, including an outbreak management plan. Staff's knowledge demonstrated an understanding of key infection control practices. Observations showed donning and doffing stations throughout the service; staff wore personal protective equipment and practised hand hygiene during medication rounds.

# 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 receive safe and effective services and support for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being and quality of life. Consumers are supported to pursue activities of interest, and staff described how the activities schedule is developed in conjunction with consumers to support interests.

Consumers' emotional, spiritual and psychological well-being is supported, and consumers confirmed they are supported when they feel low. One consumer said they received spiritual support from the chaplain and lifestyle team and participated in regular chapel service. Care documentation demonstrated that the service is tailoring support to consumers.

Consumers and representatives said consumers were supported by the service to maintain contact with people who were important to them and engage in activities both inside and outside of the service. Staff provided examples of how they helped facilitate these connections. Care documentation identified the people important to individual consumers and the activities of interest to that consumer.

Consumer conditions, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Information is communicated to staff via the electronic care management systems, shift handovers and handover sheets. Care documentation provided adequate information to support safe and effective care related to services and supports for daily living.

The service demonstrated timely and appropriate referrals are made for individuals and organisations providing support for consumers' lifestyle needs. Staff describe the external supports used to support consumers' daily living needs and preferences. Observations showed volunteers engaging with consumers and facilitating activities while on site.

Consumers were satisfied with the variety, quality and quantity of food provided at the service and felt the meals met their needs and preferences. Staff understood consumers' dietary needs, including allergy status, and this information was available on the electronic care management system and in the kitchen.

The equipment provided to consumers was safe, suitable, clean and well-maintained. Consumers confirmed they felt safe when using the service's equipment and that it was readily available should they require staff to have access to it when needed and could describe their role in keeping equipment safe, clean and well-maintained. Equipment was observed to be readily available and in good condition.

# 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 and representatives confirmed the service to be welcoming and easy to navigate. One consumer stated, 'I feel at home' and confirmed the service is safe and welcoming. Consumers' rooms were personalised with photographs, personal items and artwork. The service environment included design principles that facilitated independence and free movement via handrails, wide hallways and clear signage.

Consumers and representatives said the service environment is safe, clean, well-maintained, and allows consumers to move around freely. Observations showed consumer rooms, ensuite bathrooms and shared common areas to be clean and tidy; equipment was stored in dedicated areas. Maintainance schedules identified any issues were addressed promptly, and consumers and representatives confirmed this.

Consumers said the equipment provided by the service is clean and safe for use. Staff described equipment maintenance and cleaning responsibilities. Observations showed that a range of equipment was available, including mobility aids and chairs.

# 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 felt comfortable and safe to provide feedback and make a complaint and described how they provide feedback or make a complaint regarding care or services received. One consumer stated, 'I feel safe and comfortable to raise anything with the service and will speak with the staff directly if I have any concerns'. Consumers knew of external advocacy services, including the Aged Care Quality and Safety Commission.

Management stated that consumers could provide feedback and complaints through the service's feedback form, direct verbal communication, electronic messages, and during consumer meetings. The service utilised an electronic complaints system to record and monitor consumer feedback. Observations showed feedback forms, locked feedback boxes, and posters and flyers relating to advocacy services located throughout the service.

Consumers confirmed that the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to consumers and their representatives if something went wrong. Management had processes to document, action and finalise identified issues or complaints received.

Consumers feel their feedback is valued and is used to improve care and services. For example, the service had identified a trend in food complaints following consumer experience surveys in November 2022. An action was added to the service's plan for continuous improvement, which included engagement with consumers, representatives and the dietitian to develop a new menu. One consumer said they had been involved in meetings regarding the new menu and was 'very satisfied' with the outcome, describing the changes to the menu as 'food I would have at home'. The service trends and analyses complaints data and feedback from consumers, and this information is used to inform continuous improvement activities and is documented in the plan for continuous improvement.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 said staff are available to support them and that staff respond promptly when they use their call bells. Management said there is sufficient staff to provide care and services in accordance with consumers' needs and preferences. The service monitors call bell response times and discusses these at team meetings. The service's benchmark response time for responses to call bells is 5 minutes, and the service's plan for continuous improvement identifies ongoing improvement actions related to call bell response. The service had strategies to replace planned and unplanned leave, including extending shifts, offering additional shifts, utilising clinically trained management personnel or using agency staff.

Consumers and representatives said that staff were kind, caring and respectful when providing care and services, recognising each consumer's identity and diversity. Observations showed that staff always interacted with consumers using a positive and respectful attitude and using each consumer's preferred name when greeting. The service's employee code of conduct handbook outlined the organisational values of delivering care with compassion, respect, and excellence.

Consumers felt that staff had the knowledge and skills to provide safe, quality care and said they knew what they were doing. Management described how they determine whether staff are competent and qualified for their roles. Staff said they are confident they have the necessary skill set to carry out their role and were supported to request training if needed. Position descriptions provided included key competencies and qualifications required for each role.

Consumers and representatives said they feel staff are competent and qualified to do their job. They have yet to identify or provide specific feedback on areas where staff need more training. Management described how staff are supported to perform their roles and the outcomes required by the Quality Standards by completing annual mandatory training modules. Training records demonstrated that 99% of staff had completed mandatory training, including training on manual handling, restrictive practices, serious incident reporting and incident management.

The service had identified that staff performance reviews were not all up to date and developed an action plan to address this and to bring the outstanding performance reviews up to date by June 2023. I have considered the information in the Site Audit report. I am satisfied that the service detailed other ways workforce performance is monitored, including observations of staff practice, consumer satisfaction surveys or complaints, audits and 6 monthly staff surveys.

# 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 said they felt involved in consumer care, and management described how consumers are supported to be engaged in delivering their care and services. These included consumer meetings, forums, surveys, case conferences, conversations, and feedback avenues. Consumers and representatives felt the service was well run and said they could provide feedback, make suggestions, and have input into consumers' care and service requirements.

The organisation is governed by a Board that promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management described the role of the Board, including communications and reporting between service management, the clinical governance quality and risk team, the manager and senior leadership team, the executive leadership team and the Board. The organisation's executive team is responsible for developing, communicating and monitoring Key Performance Indicators and service targets in the areas of clinical performance, quality and safety. The Board is provided monthly reports by the service, which include information relating to clinical and incident data, internal audits and consumer and staff feedback. The Board's actions change due to information received; for example, the service has received consumer feedback about the need for consistent clinical staff. As a result, the Board implemented clinical staff retention payment to secure the service's clinical staff workforce and a workforce structure designed to attract the workforce.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had an effective electronic care management system, quality improvement plan, established financial arrangements, processes to inform and implement changes resulting from regulation or legislation, and processes for workforce governance.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident Response Scheme. Effective organisational systems and processes ensure safe and effective clinical care for consumers who are or may be subject to restrictive practices. Policies and procedures were available to all staff, and guidelines and resources were available to support effective risk management systems and practices.

The service had a clinical governance framework with a suite of policies and procedures to guide clinical care, including antimicrobial stewardship and a process for open disclosure. The service had 3 appointed infection prevention and control leads.

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)