Performance

Report

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| Name of service: | McLean Care Ltd |
| Service address: | 67 Killean Street INVERELL NSW 2360 |
| Commission ID: | 0088 |
| Approved provider: | McLean Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 29 June 2023 |
| Performance report date: | 31 July 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 Ltd (**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 said staff were kind and respectful, with consumers personal values and identity supported by the service. One consumer spoke of staff being very good, kind and respectful, and understanding my need for independence, study and privacy. Staff described how they treated consumers in a respectful and dignified manner, with consideration to consumers’ identity, culture and diversity. Care planning documents outlined consumers’ specific preferences and ways to support consumers’ identity, family connections, cultural values, and diversity.

Consumers described how staff provided care in a comfortable and safe manner, that made them feel welcomed and included. Consumers spoke of staff sitting and talking with them about their home country and enjoying cultural activities at the service such as armchair travel. Policies, procedures, and training supported staff to provide culturally safe care and services.

Consumers explained they were involved in decisions about their care and services, including how care and services should be delivered, and who should be involved. Consumers indicated the service supported them to make and maintain relationships of choice, including intimate relationships. Care planning documents evidenced ongoing consultation and involvement of consumers and others important to them, to support consumers in exercising choice and independence. Staff were observed to support consumers in making decisions.

Consumers described how they are supported to do the things they enjoy to live the best life, even if activities hold an element of risk. Staff and management were aware of consumers who engaged in activities that posed a risk and described strategies to support them to continue to do this whilst ensuring their safety. Review of documentation identifies appropriate risk assessments and strategies in care plans for consumers who choose to take risks.

Consumers and representatives advised they received timely and easy-to-understand information which helped them make informed choices about care and services. Staff described how consumers were provided information to help them make decisions, such as through direct feedback from staff, telephone calls, emails, and meetings. Staff explained how they supported the diverse needs of consumers to understand the information in a clear manner, such as using visual aids, translating information, or using non-verbal cues. Observations showed a range of information available to consumers throughout the service, including advocacy, interpreter and health referral services.

Consumers and representatives considered consumers privacy was respected and their personal information was kept confidential. Staff explained how they respected consumers personal privacy and maintained confidentiality. Policies and procedures outlined strategies to maintain privacy of personal information, and staff are required to signed acknowledgement agreeing to the adherence to consumer-confidentiality guidelines.

# 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 that consumers care is well planned, and that staff take their time to understand how to support them. Staff explained assessment and planning captured information about consumers’ health and well-being, to inform the delivery of safe, effective care and services. Staff explained risks were identified, discussed and assessed with consumers and representatives. Care planning documents identified risks to consumers’ health and well-being and included risk mitigation strategies.

Consumers and representatives spoke of staff knowing what was important to consumers in terms of how their care is delivered, and what consumers’ preferences were. Consumers and representatives said they were offered the opportunity to discuss advance care directives upon entry to the service, and at care plan reviews. Staff described ways they engaged consumers and representatives in advance care and end-of-life planning, such as providing forms. Care planning documents contained information about consumers end of life wishes. Observations showed staff asking consumers about their goals and preferences.

Consumers and representatives were observed to be involved in discussions about consumers care and services. Staff described the referral process in place for external services and providers, such as allied health therapists and specialists. Care planning documents evidenced that consumers, representatives, and other providers were involved in ongoing assessment, planning and review of consumers care and services.

Consumers and representatives said they were consulted during care plan reviews, provided the opportunity to read the consumers’ care plan and provide feedback, and that staff explained the care plan to them. Staff said and documentation confirmed the outcomes of assessment and planning were communicated with consumers, representatives, and others through electronic records management, case conferences, and shift handover processes.

Consumers and representatives explained the service communicated with them consumers’ circumstances changed or incidents occurred, warranting an updated care plan review. Staff described the assessment and planning processes in place to review consumers’ care and services for effectiveness on a 3 monthly basis, or at other times as required. Care planning documents contained information about consumers’ goals, preferences, and needs, and were reviewed every 3 months consistent with staff feedback.

# 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 said they received care in accordance with their needs and preferences. Consumers and representatives expressed satisfaction with how the service has managed any changed behaviours, and spoke of the consumers feeling safe. Staff explained how they provided safe, effective tailored personal and clinical care in line with consumers’ preferences and needs. Care planning documents contained relevant information about consumers’ clinical needs, to guide staff in the delivery of safe, effective care. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place.

Consumers and representatives were satisfied that risks were effectively managed. Staff described how they referred to policies and validated assessment tools to identify and effectively manage high-impact or high-prevalence risks associated with the care of consumers. Documentation demonstrated high-impact, high-prevalence risks, such as falls, were reviewed and monitored regularly, with risk mitigation strategies implemented.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences. Staff described they received training on how to deliver complex palliative care if required, and referred to consumers advance care directives when providing care. Care planning documents for a named consumer demonstrated the consumer received personalised care and services in a way to support dignity and comfort, consistent with their end of life wishes, needs, and preferences.

Consumers and representatives said staff recognised and responded to deterioration in consumers health in a prompt manner, consistent with information in care planning documents. Procedures and systems guided staff in the timely identification, response, and monitoring of deterioration or changes to consumers’ mental health, cognitive or physical function, capacity or condition.

Consumers said they feel that their needs and preferences are effectively communicated between staff. Staff advised they had access to relevant information about consumers, and described how they shared information with others such as through shift handovers. Documentation demonstrated information about consumers was documented and shared as appropriate.

Consumers and representatives said, andcare planning documents confirmed timely and appropriate referrals were completed for other individuals, organisations, and providers of care and services. Management and staff explained how they referred consumers to other providers of care to support consumers’ needs, for example, dementia specialists.

Consumers expressed satisfaction and said they understood the service’s infection prevention control practices Infection Prevention and Control (IPC) Leads outlined what protocols and processes were in place to minimise infections and manage infection outbreaks. Staff described how they would minimise infection related risks and promote appropriate antibiotic prescribing. The service was observed to have implemented infection control measures such as hand hygiene stations throughout the facility, and staff were observed to following infection control practices.

# 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 considered there were supported to do things of interest, and do activities which improved their independence, health, well-being, and quality of life. Consumers confirmed their safety was maintained throughout the delivery of care, and staff provided advice and assistance during occasions when risks were involved. Care planning documents outlined the specific needs and preferences of consumers, and ways to safely support consumers to be independent and do things of interest, optimising their quality of life.

Consumers said they felt a sense of connection and were engaged in activities that were meaningful and satisfying to them. Consumers said they were able to observe cultural and religious practices. Staff outlined how consumers’ emotional, spiritual, and psychological well-being needs were supported, and gave clear awareness of cultural awareness in their everyday practice. Care planning documents contained information about consumers’ emotional, spiritual, and psychological needs.

Consumers considered they were supported to maintain an active social life and do activities of interest to them. Staff outlined the ways they supported consumers to participate in the community within and outside the service, have social and personal relationships, and do thing of interest. For example, staff said consumers were referred to external organisations and community groups to support consumers interests and social participation, as care planning documents confirmed.

Consumers and representatives said the consumer's condition, needs, and preferences are effectively communicated within the service and with others responsible for care. Staff explained information about consumers was shared in various ways, such as through verbal and documented handover processes, and updating care planning documents, consistent with review of documentation and observations. Observations of shift handover showed staff engaging in a relevant and respectful exchange of information related to consumers’ care.

Consumers spoke of their confidence in the services’ timely ability to refer them to an external provider in the event the service was unable to provide them with suitable support. Staff described the referral process and advised that they have access to a wide range of individuals and providers for consumer needs; for example, hairdressing services. Care planning documents identified engagement with various organisations and services.

Consumers considered the service provided meals of varied, suitable quality and quantity. Consumers were supported to provide feedback about their personal food and dining preferences, and their feedback was used in the development of the menu. Consumers’ dietary information was included in care planning documents and was up to date and personalised to the consumer. Meals were observed to be appropriate and consistent with dietary information in care planning documents, and staff were observed helping consumers with meals as appropriate.

Consumers said they felt safe when using equipment, and considered staff knew how to correctly use equipment. Staff said they received training on how to appropriately use equipment and identify any potential risks or maintenance concerns. Staff outlined their responsibilities in keeping equipment well-maintained and clean. The service had systems and arrangements in place to purchase, service, maintain, and replace equipment. Equipment was observed to be safe, 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

Consumers said they could easily move around the service, and felt comfortable and at home in the service. Staff described ways the service environment assisted consumers to feel a sense of belonging, and supported consumers interaction and function, such as directional signage. Consumers’ rooms were personalised with decorations and items of importance, such as photographs and furniture.

Consumers considered the service environment was clean and well maintained. Processes and systems were in place to maintain the safety and cleanliness of the service environment, including responding to maintenance faults. Consumers said they were able to move freely around the service environment, both indoors and outdoors, as observed. The service’s secure living environment had a locked keypad on entry, and the consumers were observed to be freely moving inside and outside in the large sensory garden area which was part of the secure area.

Consumers said furniture, fittings, and equipment were safe, clean, well maintained, and suitable for them. Staff explained how would identify, report, and respond to maintenance issues, and documentation confirmed maintenance was up to date.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives considered they were encouraged and supported to provide feedback or complaints, and could do so through direct feedback to management or staff. Staff explained how they assisted consumers to provide feedback or complaints, such as communicating consumers concerns to management, and assisting consumers to fill out feedback forms. The service had policies, processes, and systems to manage feedback and complaints.

Consumers and representatives said they had access to advocates, language services, and other methods of raising and resolving complaints. Staff outlined the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, such as interpreter and advocacy services. Information was observed throughout the service environment to support consumers in providing feedback and complaints, including for advocacy and external complaints pathways.

Consumers and representatives advised complaints were resolved in an appropriate manner, and in a way that aligned with the principles of open disclosure. Staff explained how they would respond to complaints or when things went wrong, including the use of open disclosure and escalation processes. Documentation demonstrated complaints were resolved in a manner consistent with the service’s policy, and using an open disclosure process.

Consumers and representatives considered their complaints or feedback had resulted in improvements to care and services. Management explained the systems in place to record and analyse complaints, identify trends, and to inform improvements. Documentation demonstrated feedback and complaints trends were discussed and used to make improvements to care and services, for example, improvements to meals.

# 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 they were satisfied with the number of staff available, and consumers’ calls for assistance were answered in a timely manner, which aligned with observations. Management explained the workforce planning and management strategies in place to deliver safe, quality care for consumers. Documentation demonstrated all shifts were filled and call bells were responded to in a timely manner.

Consumers and representatives said staff were kind, caring, and respectful of consumers’ identity and diversity, and understood consumers’ backgrounds and cultural preferences. Management said they monitored staff interactions to ensure consumers were treated with respect. Staff were observed to treat consumers in a kind and caring manner, with respect towards consumers’ identity, culture, and diversity, consistent with consumers’ and representatives’ feedback.

Consumers and representatives said staff knew what they are doing, and did not identify any areas where staff required more training. Management described staff being supported to effectively perform their roles through various strategies and systems, such as pairing staff with an experienced staff member and providing training. Staff reported they were supported by the service and encouraged to learn and attend education sessions. Recruitment policies and procedures outlined the required qualifications and credentials required for each respective role, as specified in position descriptions. Documentation demonstrated staff had the relevant qualifications and registration requirements for their role.

Management explained how the workforce was trained and equipped to deliver the outcomes required by these standards. Annual mandatory training for staff includes infection control, manual handling, Serious Incident Response Scheme, and fire safety. Documentation demonstrated staff were supported through induction processes, mandatory training, programs, and toolbox talks.

Management explained staff performance was regularly reviewed and monitored through various strategies such as observations of staff practice, consumer satisfaction surveys, staff and consumer feedback, and formal performance appraisals. Although some performance appraisals were overdue, the service demonstrated actions were in place to complete the performance appraisals.

# Standard 8

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

Findings

Consumers said they felt involved in the development, delivery, and evaluation of care and services provided to them. Management and staff explained how consumers were engaged in the development, delivery, and evaluation of care and services, such as surveys, feedback mechanisms, and meetings. Policies and procedures were in place to support consumers in providing feedback about care and services.

The organisation implemented systems and processes to monitor the performance of the service, and to be accountable for the delivery of safe, inclusive, quality care and services. Management explained the service’s performance, and relevant data, and other information were captured and included in various reports. The reports were reviewed by the governing body and used to identify the service’s compliance with the Quality Standards, and initiate improvements.

Organisation wide governance systems were effectively supported by policies, procedures, training, audits and reporting mechanisms, relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Staff demonstrated knowledge of the organisation-wide governance systems.

The risk management framework demonstrated effective systems and practices were in place to manage high-impact, high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Management and staff described how risks and incidents were identified, responded to, monitored, and reported in accordance with legislation. The incident register demonstrated notifications under the Serious Incident Response Scheme were identified, recorded, and reported within required timeframes.

The clinical governance framework was supported by various mechanisms such as policies, procedures, clinical guidelines, clinical indicator reports, training, education, and meetings. Staff described processes in relation to the clinical governance framework, such as implementing antimicrobial stewardship strategies, minimising the use of restraint, and using open disclosure.

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)