**Performance**

**Report**

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| Name: | McLean Care Ltd |
| Commission ID: | 200283 |
| Address: | Level 2, 422 – 426 Peal Street, TAMWORTH, New South Wales, 2340 |
| Activity type: | Quality Audit |
| Activity date: | 11 September 2023 to 14 September 2023 |
| Performance report date: | 3 December 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2623 McLean Care Ltd  
Service: 17652 McLean Care Ltd  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7471 McLean Care Ltd  
Service: 24108 McLean Care Ltd - Care Relationships and Carer Support  
Service: 24109 McLean Care Ltd - Community and Home Support

**This performance report**

This performance report for McLean Care Ltd (**the service**) has been prepared by M Abjorensen, 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 Quality 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 31 October 2023

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives reported they are treated with dignity and respect and described caring and attentive staff. The service has processes to investigate and manage reports of disrespectful behaviour toward consumers. A diversity action plan outlines expectations related to inclusivity and respect.

Consumers and representatives advised the service has discussed cultural preferences and values with them and confirmed the care and services received are delivered in accordance with consumers’ needs. Care documentation reflects care delivery with respect to the cultural needs of consumers. Training records show mandatory cultural safety training is delivered annually.

Staff provided practical examples to demonstrate how they support consumers to exercise choice and independence through flexibility in schedules and an understanding of consumers’ priorities. Consumer and representative feedback described how the service works with them to ensure preferences are supported and decision making is promoted. Care planning policies guide staff to partner with consumers in making decisions.

The service has processes to support consumers to take risks through consultation, assessment and documentation. Consumers and representatives described the ways services support them to live their best life through increased independence and peace of mind for the primary care givers.

The service provides current, timely and accurate information that is adapted to the needs of consumers, including, large fonts or verbal information. Consumers and representatives reported information is easy to understand. Monthly statements are itemised, in large font and monthly newsletters contain current and relevant information is communicated to consumers.

Staff provided practical examples of how they respect consumer privacy and personal information. Documentation provided to staff outlines expectations relating to confidentiality and privacy and consumers make decisions on who has access to their information.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 1, Consumer dignity and choice.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Requirement (3)(e):

The Assessment Team reported the service did not meet this Requirement for both HCP and CHSP programs. The following information and evidence was provided relevant to my finding:

* Most care plans reviews were current, however, the Assessment Team found three home care package consumers with care plans not reviewed per the services policy for more frequent reviews with higher level packages
* Care plans were not reviewed for two consumers following hospital admission, although case notes for one consumer show correspondence with the family and hospital team.
* The care plan for one CHSP consumer was not reviewed in over two years
* Staff and management all described the goals, needs and preferences for consumers and could identify risks and mitigating strategies for consumers.
* Information and evidence under Requirement (3)(b) in this Standard shows most consumers said they get the care and services they need and they are confident the service will assist them if their care needs increase.

The provider’s response to Assessment Team reported advised of the following corrective and preventative actions:

* Explanation that a registered nurse completed a review of consumer care files to identify any risks posed to consumers relating to documentation deficits.
* Explanation that the service has commenced the implementation of reports to track reassessments and monitoring care plans through audits, specifically following consumer incidents.

In coming to my finding, I have considered the Assessment Team report and the provider’s response which demonstrates care and services are reviewed for effectiveness regularly and in response to incidents.

I have considered that the Assessment Team report showed inconsistencies in documentation reviews in accordance with service policies. The information and evidence did not show evidence of care and services not meeting the needs of consumers as a result of a delay in reviews, change in circumstance, incident or condition. Feedback from consumers and representatives indicated care and services meet their needs and they feel the service can support them should care needs increase.

Further, the provider has implemented proportionate and effective actions to manage the documentation deficits and meet the expectations of this Requirement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

Requirements (3)(a), (3)(b), (3)(c), (3)(d)

Staff described the care and support needs of consumers consistent with the risks and management strategies reflected in consumer care plans. Consumers and representatives reported the care and services are delivered in accordance with consumers’ needs.

Consumers and representatives said the care and services meet their needs and preferences. Care documentation reflected the needs, goals and preferences of consumers. The service has processes to balance the preferences of consumers with the budget of their home care package through consultation on priorities and budget forecast planning. Advanced care planning and end of life planning is discussed with home care package consumers during assessment and planning. Whereas CHSP consumers receive information on advanced care planning through consumer information packs.

Policies and procedures guide staff to conduct assessment and planning in partnership with consumers, representatives and others involved in their care. Care documentation includes consumers’ consent to share information with other parties and nomination of representatives. Consumers and representatives said they are involved in making decisions regarding consumers’ care and services.

Consumers are provided a copy of their care plan. Staff advised they can access care planning documentation stored in the consumer’s home or via their mobile application. Care plans are signed and dated by consumers and the relevant staff member.

Based on the information summarised above, I find the provider, in relation to the service, compliant for both HCP and CHSP programs, with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 2, Ongoing Assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

The findings do not relate to the CHSP program as services do not include personal care and clinical care. The below findings relate to the HCP program.

Requirement (3)(a)

The Assessment Team was not satisfied that each consumer receives personal care and clinical care that is best practice. The following information and evidence was provided relevant to my finding:

* The Assessment Team provided an example of evidenced based wound care which included progress notes, wound charts, clinical oversight and current care directives.
* Consumers and representatives provided positive feedback in relation to the quality of personal care and clinical care delivery
* Bed rails were identified for one consumer with limited mobility, in accordance with their preference. Discussions regarding the risks, relevant to restrictive practices, and consent or other documentation was not evident.
* In response, management arranged a case conference with the consumer and their family and completed the required documentation, in addition to plans to train staff in the following two weeks.

The provider’s response included:

* A review to determine this was an isolated issue, completed home visit, risk assessments, education regarding restrictive practices with consent obtained with respect to consumer preference.
* Training delivered to staff regarding restrictive practices and the distribution of resources within the staff newsletter.

In coming to my finding, I have considered the information in the Assessment Team report and the provider’s response which demonstrates each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.

I find the provider’s immediate, and follow up actions, to be proportionate and effective to ensure care delivery is safe, optimises consumer wellbeing and is tailored to consumers’ preferences.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(a) in Standard 3, Personal care and clinical care.

Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g)

Policies and procedure identifies categories of high impact and high prevalent risks and management strategies. A register records consumers with identified risks which are managed through clinical oversight, inclusive of monthly meetings to discuss any necessary revisions to care and services. Staff described practices to manage risks, including falls prevention strategies.

The service partners with general practitioners and palliative care teams of consumers nearing end of life to coordinate the delivery of care and services, in accordance with consumers’ needs, goals and preferences. Policies contain guidance regarding multicultural perspectives on end of life planning, with reference to evidence based practices.

Staff explained how they recognise and respond to deterioration in a consumer’s condition or health, through guidance from clinical staff, shift notes and incident forms. The service provides staff with a reference card to guide actions in response to changes in a consumer’s condition or circumstance. Consumers and representatives said staff would respond quickly to any changes in the condition or health of consumers.

The service communicates information about consumer’s condition, needs and preferences through care documentation, progress notes and email updates from allied health clinicians. Staff said they have access to sufficient information to deliver care to consumers and can receive further information by calling the coordinator.

Consumers and representatives described prompt and effective referrals occur in response to consumer needs. Staff described, and care plans showed, actions to arrange, and follow up on, consumer referrals.

The service has policies and procedures in place to guide staff on infection prevention practice and ways to reduce the risk of resistance to antibiotics. Staff have completed training in infection control and have access to personal protective equipment.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3, Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives described the ways services promote independence and quality of life. Staff described how they consider what is important to consumers when they plan activities for individual social support services. Care documentation reflects the goals and preferences of consumers in accordance with the services delivered.

Consumers and representatives described thoughtful, caring and attentive staff catering to their emotional needs and psychological wellbeing. Staff provided examples of actions taken when they observe a consumer is feeling low.

Staff reported, and care documentation showed, how information on each consumer’s background, social activity preferences and interests inform the way services are delivered. Feedback from consumers and representatives described how the service has supported consumers to identify, and engage with, activities of interest and connect with their community.

Staff said they are informed of consumers’ needs, preferences and any other changes to their condition through regular contact with the service and access to progress notes. Care documentation showed communications with consumers, representatives and others involved in their care and services.

Consumers described referrals received for supports for daily living, such as transport services or information provided regarding meal delivery services. Care documentation demonstrated referrals made to other organisations including advocacy groups and dementia support organisations.

Consumers select the meals they receive through meal delivery services. Dietary preferences and allergies are completed during assessment and planning and the service offers assistance to consumers in ordering their meals. Consumer feedback described the meals as satisfactory, in portion size, quantity and variety.

Equipment provided for use in consumers’ homes is based on the recommendations in occupational therapist assessments. Consumers reported equipment is suitable and meets their needs. Maintenance schedules, registrations and insurances were current and up to date for fleet vehicles used to transport consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

The service does not have a service environment. Standard 5 is not applicable.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Feedback is encouraged through discussions with consumers and information provided. The service has multiple mechanisms to provide feedback, including, written, verbal, in person and via online forms. Staff support consumers to provide feedback through offering assistance to ring coordinators and asking consumers to provide feedback regularly.

Consumers receive information on advocacy groups, language services and other methods for raising complaints through information packs provided at commencement. Staff are aware of the services available and would support consumers, as needed.

Consumers said they were satisfied with actions taken by the service to resolve complaints. Documentation showed actions are consistent with the principles of open disclosure and service complaint handling procedures.

Feedback informs care and service improvements through analysis of trends. Actions are planned, implemented and evaluated for effectiveness. For example, the service improved consistency of service delivery times through amendments to scheduling flexibility.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 6, Feedback and complaints.

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The service undertakes workforce planning to ensure adequate mix of skill and numbers to deliver services to consumers. Management conducts analysis of unfilled shifts and contingency plans are implemented for unplanned leave such as brokered services and risk based prioritisation of scheduled services. Consumers reported shifts occur as scheduled, and communication is timely where changes occur.

Consumers and representatives described kind, caring, respectful and helpful staff interactions. Where consumers raise complaints relating to staff, the service takes timely action to address the concerns for the consumer and manage staff behaviour.

Staff undertake annual competency assessments relevant to their role, such as, medication management and personal protection equipment donning/doffing. Automated systems alert staff and management to competency due dates. The service receives copies of the qualifications for brokered services staff, in addition to contractual agreements. Consumers and representatives said staff are competent in delivering their services.

New staff undertake buddy shifts during induction and all staff complete mandatory training relevant to their role. Management oversee compliance with training requirements. Training records showed all staff were up to date with training requirements.

Staff performance is monitored via scheduled performance appraisals with intervals determined, and recorded, by human resources systems. Staff reported they are supported to access additional training and development resources.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 7, Human resources.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

The service engages consumers in the evaluation, design and delivery of services through annual surveys. A consumer advisory committee is commencing in December 2023. Documentation shows survey results are analysed to inform improvements which are communicated to consumers through monthly newsletters.

The governing body receives a report from each business unit. The quality and risk team report on incidents, feedback and complaints and clinical governance. The board skills matrix and governance framework shows appropriate roles, responsibilities, knowledge, experience and skills mix for the oversight safe and quality care and service delivery.

Effective organisation wide governance systems were demonstrated relating to the following:

* Information management
  + Information is stored electronically with security measures to protect consumer information and enable staff access to the information required.
* Continuous improvement
  + Continuous improvement activities are identified through incidents, feedback, changes to best practice guidelines, staff suggestion and internal audits.
* Financial governance
  + Financial auditing occurs annually by an external company. Oversight of unspent home care package funds are monitored and reported on by the service.
* Workforce governance
  + Organisational charts show assignment of roles and responsibilities, with position descriptions and training assigned relevant to role requirements.
* Regulatory compliance
  + The organisation remains informed of regulatory requirements and legislative changes via membership to peak bodies and communications from government departments
* Feedback and complaints
  + The organisation’s complaints policy contains roles and responsibilities for the intake, management, escalation and review of consumer feedback.

The organisation demonstrated effective risk management systems and practices. A risk register, inclusive of vulnerability scores, enables oversight and management of risks associated with consumers. The register is updated weekly and is reviewed during meetings with management, clinical staff and the quality team. Staff have received training on the identification and response to abuse and neglect of consumers. An incident management system operates to capture, investigate, manage and analyse incidents, including escalation points and reports to the board.

A clinical governance framework includes the assignment of roles and responsibilities with reference to antimicrobial stewardship, restrictive practices and open disclosure. The quality and risk team report to the board on clinical care and incident data.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)