Performance

Report

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| Name: | McLean Care Mackellar Alkira Campus |
| Commission ID: | 0354 |
| Address: | 35 - 45 Marquis Street, GUNNEDAH, New South Wales, 2380 |
| Activity type: | Site Audit |
| Activity date: | 13 August 2024 to 15 August 2024 |
| Performance report date: | 25 September 2024 |
| Service included in this assessment: | Provider: 2623 McLean Care Ltd  Service: 370 McLean Care Mackellar Alkira Campus |

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 Mackellar Alkira Campus (**the service**) has been prepared by G Cherry, 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 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 11 September 2024.

# 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.

# Other relevant matters:

McLean Care Mackellar Alkira Campus is a 41-bed aged care service located in the town Gunnedah, in rural New South Wales. At the time of the site audit 39 consumers resided at the service.

# 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

A process ensures each consumer is treated with dignity/respect, and their identity, culture and diversity valued. Most sampled consumers express satisfaction staff treat them with dignity and respect, noting staff are kind/knowledgeable, offer one-to-one support and consider they are respected/valued. Policies outline organisational expectations and staff were observed treating consumers with respect, demonstrating an understanding of individual choices and preferences. Staff consistently referenced consumers in a respectful manner demonstrating knowledge of their personal circumstances. Staff receive education regarding the organisation’s code of conduct and demonstrate knowledge of reporting inappropriate staff behaviour. Documents detail consumer’s needs, ability, gender, age, religion, spirituality, mental health status, ethnicity, background, and sexual orientation.

Consumers consider staff demonstrate knowledge of how culture influences care delivery. Staff explained how consumers’ life journey influences care and how this is adapted to be culturally safe for each consumer. Documents reflect cultural background, linguistic abilities, and activities of choice. The lifestyle coordinator is part of a cultural diversity committee which meet regularly. Documents demonstrate consideration of trauma informed care, LGBTQI support, harmony and national sorry day. An organisational calendar details days of significance. Consumers consider they are supported to exercise choice, maintain independence/relationships of choice, make decisions relating to care/services and nominate who they wish involved in care. Staff describe examples of supporting consumers choice and assisting them to achieve positive outcomes. Staff encourage consumer relationships with the organisation’s other local residential aged care service via regular visits between the two. Consumers were observed in the communal lounge/dining area, engaged in activities, and communicating with others. Documents detailed individual choices.

Most sampled consumers/representatives consider staff support consumers to take risks of choice. Staff demonstrate knowledge of how consumers are supported to understand benefits/possible harm relating to risks, and involvement in problem-solving solutions to reduce risk where possible. Mitigation strategies (including input from external providers/professionals) are documented to guide care delivery. Risk-taking choices/strategies is within the electronic handover tool which demonstrates regular assessment occurs to ensure currency. Consumers express satisfaction they receive current information to make informed choices. Details of upcoming activities were observed on noticeboards/newsletters. Information relating to feedback/complaints, continuous improvement/changes, internal and external complaints mechanisms, seniors’ rights, Older Persons Advocacy Network (OPAN) is provided to consumers and the Charter of Rights is on display. Consumers are confident a process ensures confidentiality of personal information/privacy. Care staff demonstrate knowledge of maintaining privacy in care provision and ensuring electronic information is password protected. Policies include processes for managing/security, retention of personal information and data breach responses. Staff receive training and encouragement to engage in practices respectful of consumers' privacy.

# 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

The service maintains a documented risk register detailing the number and type of risks identified for each consumer. Organisational policies/procedures guide staff practice in conducting assessments and developing care plans and identified risk is within the appropriate care plan domain. Examples include a consumer with diagnoses including hypertension, ischaemic heart disease and macular degeneration, risks relating to visual impairment are documented, as is a risk of injury from falls/mobility impairment.

Documents for sampled consumers identify/address individual preferences/current needs. Interviewed consumers gave positive feedback in relation to needs, goals and preferences being met and staff demonstrate awareness of individualised requirements. A process ensures consumers are offered information regarding advanced care planning and statement of choices on admission, and/or change to palliative care requirements. Voluntary participation is sought however most consumer’s documents contain information to guide staff in care delivery, plus emergency response details are documented for most.

Processes ensure assessment and planning is based on ongoing consumer partnership and with those they wish involved. Documents demonstrate evidence of case conference discussions/meetings, consumer involvement plus other health providers. Consumers express satisfaction of involvement in care planning development. Outcomes of assessment and planning are effectively communicated, documented in a care plan available to consumers and those providing care. Management advised regular care plan review guided by document system alerts, and ‘resident of the day’ review by registered nurses. Documents demonstrate review/reassessment post incident including a fall for one consumer; however, the assessment team note care following a fall for another consumer not consistent with required post fall management (refer requirement 3(3)(a).

# 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

Requirement 3(3)(a) – Overall consumers express satisfaction with care and service provision, considering staff regularly review to ensure needs are met, are well-trained/kind/caring, medications are administered on time, and they receive appropriate clinical care. Two representative’s express concerns and documents detail best practice care not consistently provided as clinical oversight/monitoring processes did not identify deficits in care provision post fall. Best practice neurological/vital sign observations were not conducted for one consumer to identify possible complications of a head injury post fall. While vital observations were completed immediately post fall, no other neurological observations were documented prior to hospital transfer. Upon return from hospital observations to obtain baseline data did not occur, nor when the consumer expressed symptoms of concern. Management noted no additional observations were conducted and advised staff training to occur relating to required escalation processes and pain management. Incident documents for another consumer who experienced a fall detail although the consumer was hypertensive post fall, blood pressure monitoring did not occur. The assessment team bought forward evidence prescribed medication (potentially considered chemical restraint) for one consumer did not demonstrate recognition/minimisation of associated risks and prescribed ‘as required’ medication did not contain clear directives for administration. While the medication has not recently been administered the assessment team note a behaviour support plan (BSP) is not evident. Management advised review/cessation of the medication was completed during the site audit. However, the service did not demonstrate clinical staff had an appropriate understanding of medications deemed as chemical restraint/ nor legislative requirement for alternative behaviour management interventions/informed consent. Via review of 3 consumers documents the assessment team note vital information not recorded in clinical documentation as per principles of best practice. Inconsistencies exist between the service’s risk register detailing medications deemed as high-risk and two consumers medication care plans, plus photographs on two consumers medication charts were not current. One consumer’s wound documentation did not include initial and/or regular measurements to enable monitoring of improvement/deterioration. Management advised follow up to occur with clinical staff. In their response, the provider agreed with evidence bought forward by the assessment team, noting immediate rectification action and implementation of monitoring processes to ensure ongoing compliance. Staff received education/training, consumers were reviewed in relation to wound care, pain, falls, medication management, currency of photographic identification, restrictive practices and end-of-life care, additional monitoring of practices/documentation to evaluate success of new process resulted in early identification/response to changes and improved consumer outcomes. In consideration of compliance, I am swayed by the providers acknowledgement and immediate response, review of relevant consumer care and implementation of evaluation processes. I find requirement 3(3)(a) is compliant.

Requirement 3(3)(c) - Overall, document review demonstrates completion of advanced care plans and interviewed staff demonstrate knowledge of changed care delivery requirements when consumers approach end of life. At the time of audit, no consumers were receiving end of life care or on a palliative care trajectory however care for a recently deceased consumer was reviewed. While the service demonstrates the consumer passed away in comfort with medical officer involvement, documents demonstrate pain/comfort not maximised during early stages of end-of-life care. In their response, the provider agreed with evidence bought forward by the assessment team, noting immediate rectification action and implementation of monitoring processes. They advised of immediate clinical review (by senior clinician) of all consumers to ensure no unidentified instances of pain, secondary review/oversight all pain charts and ongoing daily review by Care Manager, plus provision of staff education. The provider claimed their review resulted in changed medication management regime and improved pain management practices for 3 consumers. In consideration of compliance, I am swayed by the providers acknowledgement and immediate response, review of relevant consumer care, implementation of evaluation processes resulting in improved consume outcomes. I find requirement 3(3)(c) is compliant.

I find the remaining requirements are compliant.

A high impact/prevalence risk register (developed via assessment of consumers’ needs) identifies consumers deemed at risk and is managed by the organisational quality team. Procedure documents guide staff practice when incidents occur. Documents demonstrate recording/investigation of incidents plus implementation of interventions to minimise risk of reoccurrence. Falls are monitored/analysed to determine trends. A recent increase resulted in a planned virtual exercise program promoting balance/specific in reducing falls. Management explained increased surveillance/physical support for consumers previously experiencing falls, including increased staff vigilance and equipment to alert staff when consumers mobilise. Although no consumers were experiencing pressure injuries, staff demonstrate knowledge of managing skin integrity, promoting circulation/repositioning.

An effective system exists regarding recognition/response/management of deterioration or change in a consumer’s condition. Most interviewed consumers consider deterioration in their condition is appropriate addressed. Care staff use the iAgeHealth platform when assistance of a RN is required out of hours. Processes ensure communication/documentation of information within the organisation and others where care responsibility is shared. The assessment team observed comprehensive clinical handover between staff included vital information relating to incidents/daily events requiring follow up, prioritisation of tasks with completion requirements. Notes from speech pathologist, occupational therapist and medical officer were observed to be documented in clinical files outlining recommendations/staff directives. Overall, consumers consider referral to doctors and specialists occurs when required, noting input from allied health services. Documents demonstrate referrals in an appropriate timely manner. Examples include referred to medical officer for one consumer experiencing a skin tear on oedematous legs, referral to iAgeHealth wound consultant in relation to ongoing wound for another and assessment by occupational therapist due to functional decline for a third.

Processes exist to monitor infection/antibiotic use. Staff demonstrate appropriate practices/knowledge in relation to minimisation of infection related risks, promotion of antimicrobial stewardship and preparedness in the event of an outbreak. Policies and procedures guide staff in relation to infection control management and infection/antimicrobial stewardship is discussed at medication advisory committee meetings. Interviewed consumers express satisfaction with management/minimisation of infection related risks, including during outbreaks. Staff demonstrate an understanding of minimising infection spread, hand hygiene principles, use of appropriate personal protective equipment (PPE) and caring for consumers when suspected to have an infectious illness.

The service demonstrated appropriate management of a recent COVID-19 outbreak, including adhering to Public Health Unit guidelines. The acting facility manager is the current Infection Prevention Control lead. Consumers/representatives note the service is consistently clean. Increased instances of COVID-19 within the community resulted in requirement for staff and visitors to wear N95 masks, conduct a RAT prior to entering the service and adhere to appropriate hand hygiene procedures.

# 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

The service demonstrates consumers receive safe and effective services/supports for daily living. Consumers express satisfaction with individualised leisure/lifestyle activities and services provided to optimise independence, health, and quality of life. Consumers consider the workforce to be flexible, modifying services/supports to enable them to continue to do activities of interest. Most sampled consumes consider they can continue cultural and religious practices and are provided emotional and spiritual support when needed. Documents demonstrate understanding each consumer’s life journey and how staff can provide support. Staff described strategies to support individual needs and psychological well-being, noting consumers direct/guide how they would like support in activities for daily living. Staff support consumers’ emotional, spiritual, and psychological needs by facilitating connections with those of importance via technology, one-on-one time and attending spiritual services/celebrations.

Most consumers consider they are supported to take part in internal/external community activities and pursue previous interests. Staff demonstrate knowledge of consumer’s personal relationships/friendships. Documents detail people of importance, those involved in providing care and activities of interest. The lifestyle coordinator explained building relationships with a range of community services/groups, multicultural organisations, church groups and recently hosted a guild activity at the service. Services and supports are discussed with consumers during regular care evaluations. The assessment team observed consumers in communal areas/dining areas engaged in meals and scheduled activities.

Consumers consider staff are aware of their needs and preferences. A review of care and service documents demonstrate relevant information provided to external agencies engaged in care. Staff explained the processes used in keeping up to date information and communication processes for transfer. Staff engage with consumers to gather/record current information and access this via an electronic care management system. A process ensures timely/appropriate referrals to other individuals, organisations/providers; examples include sourcing resources/advice from vision services, volunteers from RSL, Dementia Support Australia (DSA) recommendation of educational resources/games, audio books and companion robotic cats/dogs, Debut Club who organise lunch for consumers living with hearing loss, and visits of local gardening club members. Information is recorded to alert staff of involvement from external services and scheduled appointments.

Sampled consumers consider the service provides a range of enjoyable meals. Catering staff prepare meals on site, change menu options with dietitian review relating to nutritional value/variety, and consumer feedback is sought prior to menu implementation. Consumers are encouraged to provide feedback leading to the introduction of a snacks/drinks buffet table. Documents detail food preferences/likes/dislikes recorded during admission processes and communicated to catering staff. The service engaged an external survey company, used feedback to implement changes in how food service is managed including a site visit from nutrition/aging specialists, plus purchase of new dining room décor and increase self-serve meal options. Consumers consider furniture, fittings and equipment which assist independence, is clean and well maintained, plus staff are competent in use of equipment. The assessment team observed equipment to support consumer engagement in lifestyle activities to be clean, in good working order and fit for purpose.

# 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 express satisfaction the environment is welcoming, easy to understand and supports their wellbeing. The service has a large communal room used as a main lounge/dining room/activity space optimising engagement/socialisation and consumers were observed moving from dining/activity areas to quieter areas to engage in conversation. Consumers reside in four wings containing single rooms with ensuites, which were observed to be functional and personalised. Additional sitting areas, chapel, hair salon and laundries are clearly identified by signage. The service entrance appears welcoming, and a staff member is seated in the foyer to ensure infection control processes are adhered to, plus provide directions. The service’s plan for continuous improvement (PCI) details consumers requested creation of a ‘family like atmosphere.’ Improvements include invitations sent to family members to attend events, self-serve tea/coffee making facilities in the communal room and an outdoor area with games and puzzles. The environment was observed to be clean and comfortable, with garden/outdoor areas well-maintained. Consumers consider they feel safe/comfortable in providing feedback and cleaning/maintenance is appropriate. Interviewed staff note timely response to maintenance requests and safety issues. Consumers have access to external environments and documents detail they regularly access outside areas/gardens. Maintenance staff demonstrate processes for responding to maintenance requests, prioritisation, sourcing local contractors when needed, plus allocation/monitoring of equipment testing/certification. A preventative maintenance program exists and maintenance staff complete tasks with regular servicing completed by a specialist. The assessment team observed the furniture, fittings, and equipment to be safe, clean, and well maintained. A response to consumers’ request for window covers/blinds in the communal room to optimise warmth and natural light, resulted in supporting consumers to select window covering.

# 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/representatives consider they are encouraged and supported to provide feedback/make complaints, describing differing ways to do so, and expressing comfort in raising issues with Management and staff. Management and staff encourage/support consumers and other stakeholders to provide feedback including during case conference discussions/meetings. Review of consumer meeting minutes detail feedback as a standing agenda. Information is provided to consumers when they enter the service detailing how to provide feedback, make suggestions/raise complaints and documents are accessible throughout the service.

Consumers/representatives have awareness of advocacy services, and external complaints mechanisms. Management explained processes to ensure consumers are aware of and have access, including notices/brochures on display, plus accommodating consumers’ needs through translation and interpreter services. They supplied evidence of engagement with OPAN to assist a representative regarding a consumer’s ongoing safety/deteriorating cognition, following incidents. Consumers/representatives consider Management are responsive to matters raised; however, 2 representatives advised responses not received in a timely or satisfactory manner and Management provided evidence of awareness/engagement to ensure satisfactory resolution. Organisational policies/procedures guide staff in managing feedback/complaints, and open disclosure practices. Feedback/complaints are documented, and records detail action taken including organisational oversight to ensure resolution prior to closure. Staff receive training relating to principles of open disclosure and most interviewed staff demonstrate awareness of their responsibilities.

Interviewed consumers/representatives consider feedback/complaints are used to improve quality care/services providing examples of when this has occurred. Management explained processes to incorporate these into the continuous improvement management systems and review of the service’s PCI demonstrates this. Management demonstrated feedback/complaints are included in monthly data collection, trended/analysed. Issues identified through feedback and complaints are reported and discussed at meetings. High risk complaints are reported to/managed at Board level.

# 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 consider staff know what they are doing and enough staff to provide quality care in a timely manner. Staff consider they have appropriate time to provide safe, quality care and unplanned leave is usually replaced. Management monitor consumer care needs to determine the number and skill mix of staff to deliver required care, demonstrating processes to ensure the workforce is maintained. An electronic rostering system is overseen at an organisational level and managed on a day-to-day basis at service level. Staff receive roster allocation via mobile devices. Management advised the service is unable to provide 24/7 RN coverage; however, alternative arrangements exist to support consumers/guide staff when required. The organisation has an online allied health and RN service iAgeHealth which provides clinical services including 24/7 RN support. Care staff describe using this service giving examples of positive consumer outcomes (refer to Standard 3). Management explained additional agency RNs are employed when required, for example when a consumer is palliating and at end-of-life.

Consumers consider staff are respectful, kind/caring and attend to their needs in a timely manner. They were observed interacting with consumers, demonstrating respect, care, and kindness. McLean Care’s organisation model of care places consumers at the centre of actions/decisions with core values being integrity, respect, reliability, resilience, courage, and compassion. Management and staff demonstrate knowledge of individual consumers’ history/background, interests, care needs and communicate in a respectful and compassionate manner.

Most interviewed consumers express satisfaction staff meet their needs, are competently trained to deliver required care and services, and feel confident with processes to access an RN when not on site. Management demonstrates processes ensure a competent workforce with qualifications and knowledge to effectively perform their roles. Processes include position descriptions detailing responsibilities and necessary qualifications/skills, and a recruitment process requiring demonstration of qualifications, experience, and knowledge. An induction process ensures new staff receive support. Clinical and care staff are required to complete annual competency assessments in accordance with their role and have qualifications relating to aged care. Alternate care arrangements when an RN is not onsite includes competency trained care staff to complete required assessments to enable accurate descriptions/escalation to online 24/7 RNs. Documents details monitoring of qualifications, registrations, and competency assessments to ensure currency and staff have appropriate qualifications.

Staff advise they are supported to gain further knowledge through the organisational training program. The recruitment and training program is overseen by the organisation’s director of people and culture and learning and development co-ordinator. An ongoing training program includes annual mandatory training and additional training in response to identified needs. While the provider has processes to ensure 24/7 RN support, Management explained difficulties due to rural location of the home. They describe a 5-year workforce strategy prioritising recruitment of skilled staff, a current agreement with Government to employ overseas staff, RN advertisements are ongoing, and a retention bonus offered. Training records demonstrate care staff receive competency training in medication management, donning and doffing, PPE, handwashing and monitoring vital signs and Quality Standards.

Management demonstrates regularly monitoring/review of staff performance, including a formal review process. Staff receive an initial performance appraisal during probation and ongoing. The service manager explained staff performance occurs via consumer and staff feedback, incident investigation, review of clinical data, staff meetings, and Management observations. Management demonstrates review of staff performance following incidents resulted in staff discussions, addition training and evaluation and explained where staff performance was reviewed following consumer feedback, this resulting in additional staff training/support.

# 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

Interviewed consumers note attendance at regular meetings and consider they are encouraged to provide feedback/make suggestions regarding care and service delivery. Consumers believe the service to be well run and are comfortable making comments, suggestions, and complaints. The organisation demonstrates consumers are supported to engage in the development, delivery, and evaluation of care/services via a range of consultative strategies. The organisation is committed to promoting a consumer advisory committee and regularly communicates with consumers/representatives requesting participation. Consumers are consulted and engaged in improvements to the living environment.

The organisation’s governing body demonstrates promoting a culture of safe, inclusive, and quality care and accountability for delivery of issues affecting the service. The organisation demonstrates how it ensures the service meets the Quality Standards. Most Board members have directorship qualifications/experience. The organisation’s vision and mission statements/core values focus on consumers’ needs being at the centre of actions/decisions.

The service is governed by a Board responsible for overseeing strategic direction, compliance with Quality Standards and demonstrate regular communication to management/staff in promoting quality outcomes for consumers. The Board is supported by committees and actively promotes consumers/representatives in forming a consumer advisory committee. Review of Board documents demonstrate oversight of consumers’ needs, risks management, an overview of feedback, incident management, continuous improvement, financial management and staffing. The chief executive officer actively engages with consumers/representatives via regular communication. An update on organisational and service improvements is a standard meeting agenda item. Effective organisational governance systems relate to information systems, continuous improvement, financial governance, workforce governance regulatory compliance and feedback and complaints. Board members demonstrated an organisational strategic plan/business plan to ensure Quality Standards are met, and alternative measures are in place while aiming to provide 24/7 RNs in line with legislative requirements.

Information systems ensure stakeholders have appropriate and current information. Consumers receive information on an ongoing basis. Staff communication processes include an electronic clinical documentation system and interviewed staff consider they have required information to deliver appropriate individual care/services. A program of regular meetings and feedback mechanisms exist for all stakeholders. While the assessment team identified gaps in consumer documentation it is acknowledged these were immediately addressed when bought to Management’s attention. A continuous improvement system uses incidents, audit results, analysis of key performance indicators, feedback/complaints to drive improvement. A methodical approach to ongoing monitoring, review and service improvement is evident. An organisational director of finance manages financial governance within the corporate governance policy, overseeing investment activities and appropriate programs for maintenance, rebuild and renewal of McLean Care aged care services. A process ensures the Board is regularly informed of capital and workforce expenditure. Management has a budget for capital expenditure at service level; trends are reviewed relating to occupancy/staff costs and the budget adapted accordingly.

The organisation demonstrates awareness of responsibilities relating to workforce reforms, including the requirement for 24/7 RN coverage and reporting care minutes. Alternative arrangements ensure staff knowledge of on-call escalation processes/deterioration in a consumer’s health and well-being. An ongoing recruitment/education program exists to ensure the workforce meets consumer’s needs. Organisational systems ensure receipt of information regarding regulatory obligations and policies/procedures reflect regulatory requirements. Demonstrate of legislative requirements regarding Serious Incident Response Scheme (SIRS) is evident. Feedback mechanisms exist and principles of open disclosure demonstrated when things go wrong. Effective systems/practices exist to manage high impact/prevalence risks, identify/respond to abuse/neglect, preventing/managing incidents, and support consumers to live their best lives. An organisational risk management framework is underpinned by guidance documents. The electronic risk management system includes prompts for staff to identify serious incidents and escalation processes. Incidents are summarised, trended, reported to the Board and reported to SIRS when required. A risk register is used to monitor risks associated with each consumer. Systems support consumers to live their best lives. The organisation demonstrates a clinical governance framework underpinned by policies/procedures include antimicrobial stewardship, minimising use of restraint and principles of open disclosure. The clinical governance framework incorporates leadership/culture, consumer partnerships, organisational systems, monitoring/reporting, effective workforce, communication, and relationships. Clinical and care staff demonstrate knowledge of responsibilities relating to antimicrobial stewardship including administration of antibiotics and infection prevention strategies. A register of psychotropic medications is maintained/monitored by the clinical governance quality and risk team. Review of documents including clinical incident reports demonstrate apology/transparent communication in managing complaints and clinical incidents. Consumers and representatives gave mostly positive feedback relating to Management’s response to incidents/feedback.

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)