mecwacare Trescowthick Centre

Performance Report

70 Charles Street   
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**Commission ID:** 3501

**Provider name:** MECWA

**Site Audit date:** 1 February 2022 to 3 February 2022

**Date of Performance Report:** 24 February 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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.
* the provider’s response to the Site Audit report received 21 February 2022.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers said they are treated with dignity and respect, and they considered staff value their identity. Care plans and policies outline the service's commitment to respecting consumers' individual identity and culture. Staff spoke about consumers in a respectful manner and were familiar with consumers' personal circumstances, diversity and preferences. Staff were observed using consumers' preferred names.

Consumers’ care planning documents reflected their cultural needs and preferences, and consumers said these needs and preferences are supported. The service celebrates different cultures each month, incorporating meals and activities. The service has guidance documents to inform delivery of culturally safe care.

Consumers said they are supported to maintain important relationships, be independent and make choices about their lives. Staff described how they support consumers to make choices, and were observed asking consumers about preferences for meals and activities. The service has implemented a resident welcoming committee.

The service supports consumers to take risks, with the consumers’ care planning documents reflecting assessments of the chosen risks and details of any strategies to reduce harm to the consumer or others.

Consumers said the service’s methods of communication enable them to understand and make choices. The methods include monthly activities calendars displayed in consumers’ rooms, an activities board that is updated daily, and menu information displayed throughout the service. Staff described how they tailor the way information is provided to suit consumers’ needs and preferences.

Consumers said their privacy is respected. Staff described ways they respect consumers’ privacy and were observed knocking before entering consumer's rooms and closing the door before delivering care. The service has privacy policies and procedures.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and their representatives said they felt like partners in the ongoing assessment and planning of consumers’ care and services. They said they are involved in care planning, and outcomes of assessment and planning are effectively communicated to them. The electronic care planning system is readily available to all staff delivering care.

Assessments are commenced on entry and care plans are reviewed every two months, or more frequently if changes to consumers’ condition occurs, consistent with the service’s procedures. Care planning documents showed risks to consumers’ health and well-being were considered, and strategies to address these risks are included. Consumers are supported to manage aspects of their own care, which is reflected in care plans.

Staff described how they use assessment and planning to develop individual care plans and deliver safe and effective care tailored to consumers’ needs, goals and preferences. Care plans include advance care and end of life planning.

Care planning documents reflect other organisations and services involved in consumers’ care. The service has procedures to refer consumers to external services and share information.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and their representatives were satisfied with the care delivered by the service, and considered consumers receive personal care and clinical care that is safe and right for them.

Care planning documentation evidenced that consumers receive safe and effective personal and clinical care, tailored to optimise their health and well-being. The service has policies and frameworks in place for the use of restrictive practices, skin integrity and pain management that support legislative requirements and best practice care. Care plans reflected that the policies and frameworks are followed.

Staff described the clinical risks for consumers and how they deliver care, consistent with care planning documentation, to mitigate these risks. The service monitors clinical indicators and uses information to identify trends, and develops strategies to reduce the risk of recurring incidents for individual consumers. Staff described practical ways in which they maximised comfort and dignity of consumers nearing end of life, consistent with the service’s policies and procedures.

Care planning documents and progress notes showed how deterioration or changes to consumers’ condition is identified and responded to, including through conducting additional assessments and referral to other health professionals. The service has policies and procedures to support staff in recognising and responding efficiently to a decline or deterioration in health status, including mental health, cognitive or physical function.

Consumers and their representatives said care needs and preferences are effectively communicated between staff and others involved in care, and that staff communicate well with each other. Information is shared within and outside the service, including through staff handover and in care planning documentation.

Consumers are referred to other health professionals as needed. Consumers and their representatives were satisfied with the timeliness of referrals. Information and recommendations from other providers of care and services is reflected in care planning documents.

Staff described how they minimise infection risks, and how they apply strategies to reduce the use of antibiotics. The service has procedures to promote infection control and has outbreak management plans.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers considered they are supported to do the things they want to do, including their preferred activities. Care planning documents reflect each consumer’s hobbies, interests and daily living preferences. Staff create a lifestyle calendar in consultation with consumers, and meet with consumers to discuss preferences. Activities are tailored to support consumers’ needs and abilities. Consumers are involved in delivering activities relevant to their interests and backgrounds, including poetry, music appreciation and information technology.

Consumers said they are supported when they are feeling low, and described how the service promotes their spiritual and psychological well-being. Care planning documents included information on relevant activities and strategies to support consumers, and staff described how they provide emotional support.

Consumers said the service supports them to participate in the community and maintain relationships, within and outside the service environment. The service has a hairdressing salon, library and community room. Lifestyle activities are supplemented by external providers and volunteers, including through referral of individual consumers.

Consumers were satisfied overall with the variety, quality and portion size of their meals. Care planning documentation reflected consumer’s dietary needs and preferences, and this information was accessible to kitchen staff. The kitchen was observed to be clean and well-maintained, with staff following food hygiene and safety protocols.

Equipment for daily living and lifestyle support was observed to be safe, clean and well-maintained. Staff said they had access to the equipment they need and described how they clean, maintain and replace equipment as needed.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

## Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers said they feel at home at the service and were happy with the indoor and outdoor environments. The service environment was observed to be welcoming and easy to understand.

The residential areas are designed as four colour-coded houses, with décor and furnishings resembling home environments. The service’s main area has a streetscape design with a cafe, library and various sitting areas for consumers to meet. The courtyard and garden were observed to be well-maintained. Consumers were observed moving about the service and making use of the outside areas, either freely or with staff.

The service environment was observed as clean, safe and accessible to consumers. Hallways have handrails to support independent mobility. Consumers said they were satisfied with cleanliness and could move between different areas. The service has a cleaning and preventive maintenance schedule, and a system to communicate cleaning and maintenance requests.

Furniture, fittings and equipment were observed to be safe, clean, and well-maintained. Staff said shared equipment is cleaned, each house has its own allocated equipment and consumers’ individual equipment is labelled. The call bell system operates effectively.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

## Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and their representatives considered they are encouraged and supported to give feedback and make complaints, and said they are comfortable raising any concerns or feedback with staff. The service has feedback forms, with a submission box located at the service entrance, and staff provide information to consumers regarding how to submit feedback and complaints.

Consumers and their representatives were aware of external methods for raising complaints, and of language and advocacy services. Information regarding advocacy and complaints services is displayed at the service entrance.

Consumers provided examples of action taken by the service to address prior feedback, following verbal suggestions or food focus group comments. Staff described how they address complaints, including by applying the service’s complaints policy and using open disclosure.

The service uses consumer feedback to improve the quality of care and services, which included providing additional menu options and activity choices. Consumers said the service supports them to contribute and create new initiatives, such as forming a welcoming committee.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers said their care needs are responded to promptly and they had no concerns regarding the number of staff rostered. Shifts are primarily filled on a permanent basis and registered staff are rostered at all times to support the delivery of safe and quality care. Call bell audits are conducted monthly, with results discussed with staff.

Consumers said that staff are kind, caring and gentle when providing care. Staff were consistently observed to greet consumers in a friendly manner and treat them with respect.

Position descriptions outline staff role expectations. Roles that require qualifications have a screening process and the service has a registry for maintaining registration and qualification records. Consumers expressed no concerns regarding staff training, and said staff deliver the necessary care.

Staff described the service’s training process, involving mandatory training modules and periodic role-specific training. Staff attend regular meetings where relevant topics are discussed to support safe care delivery. Staff have an employee handbook and receive ongoing updates regarding legislative and policy changes. The service’s records showed staff had completed all mandatory training modules.

The service regularly assesses, monitors and reviews the performance of each member in the workforce through formal and informal appraisals. Staff complete a self-assessment and can nominate training and development goals. Staff described receiving feedback, and management were observed monitoring staff performance.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and their representatives consider the organisation to be well run. They are supported to contribute to improving the delivery of care and services and felt their contributions are listened to. Consumer feedback is reflected in the service’s continuous improvement register.

The organisation’s governing body promotes safe and quality care through implementing new systems and improvements in response to feedback. Policies and procedures are updated in response to legislative change, clinical and operational information. Regular audits are conducted and the results are communicated to the governing body.

The service has effective governance processes to manage continuous improvement, feedback and complaints, the workforce and financial governance. Staff are supported to deliver safe care by the information management and regulatory compliance systems.

The service has a risk management framework and supporting policies and procedures. Staff said analysis of incidents occurs and informs how care is delivered. Staff described how they identify and respond to abuse or neglect, report incidents and hazards, and support consumers to live their best lives, consistent with the service’s policies.

Staff demonstrated understanding of the service’s clinical governance framework. They described how they promote antimicrobial stewardship and minimise the use of restraint.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.