Performance

Report

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| Name of service: | mecwacare Annie’s Court |
| Service address: | 3905 Frankston-Flinders Road SHOREHAM VIC 3916 |
| Commission ID: | 4247 |
| Approved provider: | MECWA |
| Activity type: | Site Audit |
| Activity date: | 9 November 2022 to 11 November 2022 |
| Performance report date: | 16 December 2022 |

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 mecwacare Annie’s Court (the service) has been prepared by K Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1)..

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treated them with dignity, respect, valued their culture and engaged with them in a respectful way. Consumers said the service provided care and services that were culturally safe. Staff were aware of consumers cultures and explained how this influenced their care and services. Care planning documents contained information about cultural and individual needs and preferences. Staff were observed supporting consumers in a respectful and patient way.

Consumers said they were supported in making decisions about their care. Staff provided examples and explained how they are engaged with consumers and assist them in achieving their goals. Care planning documents identified the consumers’ individual choices regarding when care was delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers sampled said they were supported by staff to take risks and described how the service supports them in doing this. Staff demonstrated they were aware of the risks taken by consumers, and said they support the consumer’s wishes to take risks to live the way they choose. Care planning documentation discussed risks and highlighted risks associated with risky activity.

Consumers and representatives confirmed they receive up to date information to assist in decision making. Staff could describe the ways in which information was provided to consumers, including those with cognitive impairments. The Assessment Team observed lifestyle calendars, daily menus and newsletters in consumers’ rooms and displayed on noticeboards at the service.

Consumers said their information was kept confidential and that the service had maintained the confidentiality of their information. Staff described how they maintain a consumer’s privacy when providing care, accessing sensitive information. The Assessment Team observed staff to be knocking on doors and nurses’ stations were locked when unattended.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said they participated in their assessment and care planning process as per their preferences and consideration of risks. Clinical staff stated care plans were evaluated bi-monthly with consumers and representatives. Consumer files were reviewed and included appropriate documentation identifying high impact risks.

Consumers and representatives said the service involved them with respect to the needs, preferences, and goals of consumers’ care. Staff knew how to approach end of life planning discussions with consumers and representatives and demonstrated an understanding of sampled consumers’ preferences and needs which were reflected in their care planning documentation. Consumers had individualised advance care directives (ACD) and end of life preferences had been captured.

Sampled consumers and representatives said they were involved with the assessment and care planning process. Staff said the people of importance to the consumers were involved during the assessment and care planning processes bi-monthly or when required. Care planning documentation reflected the involvement of allied health and Medical Officers.

Consumers and representatives said clinical staff had regular communication with them in relation to assessment and care planning and they had access to care plans if they wanted. Clinical staff confirmed care plans were available for consumers and representatives to access. Care planning documentation reflected individualised information and regular communication with consumers and representatives about outcomes of assessments and planning. The service has policies and procedures on assessment and care planning for staff to follow. Staff attend handovers prior to the start of their shifts to obtain updates on the consumers.

Consumers and representatives said that they were informed of changes to their care and when there was an incident or a change in health circumstances. Clinical staff explained the process regarding regular care plan evaluations and when there were changes to consumers’ needs and condition. Consumers care planning documentation showed they were updated regularly as per the services policy on assessment and care planning.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives were happy with the clinical and personal care and care provided and said it was safe and effective. Staff provided examples of care that was appropriate, best practice and tailored to consumers and optimised their well-being. Care planning documentation showed consumers’ care was individualised, safe, and effective for skin management, pain management and restrictive practices.

Consumers and representatives were happy high impact or high prevalence risk were managed effectively. Staff identified individual consumers’ risks and described the strategies in place to manage those risks, which was further support by care planning documentation. The service has policies and procedures in relation to the management of high impact or high prevalence risks.

Staff described how care was given to consumers under palliation. The care planning documentation for a consumer who recently passed away in indicated their dignity was preserved and care provided to them was in accordance with their needs and preferences.

Consumers and representatives stated staff could recognise and respond in a timely manner, particularly when there were changes to their needs. Staff explained the process and response to managing change in consumer needs. The service had processes such as handovers and electronic care management system (ECMS) to ensure staff were updated on the consumers condition.

Consumers and representatives said they were happy with the care provided by staff who understood their needs and preferences. Staff said they were informed of changes to consumers conditions through handovers, ECMS and emails. Care documents reflected care was documented and effectively communicated with staff and allied health professionals.

Consumers and representatives stated they had access to Medical Officers, allied health professionals and external organisations. Staff were able to describe the referral process to relevant professionals to manage consumers’ care needs. Care planning documentation reflected timely and appropriate referrals to allied health professionals and Medical Officers when required.

Consumers and representatives said they had no concerns about the services process to ensure outbreaks were minimised. Staff could provide examples of strategies used to minimise the risk of infection and outbreaks. Staff were observed to be wearing appropriate Personal protective clothing (PPE) and preforming good hand hygiene.

# 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

Most consumers said staff support their individual needs, goals and preferences. Staff explained how they partner with the consumer to conduct a lifestyle assessment to understand what was important to them, this was aligned to care planning documentation inspected by the Assessment Team.

Consumers said they felt supported to maintain social, emotional and community connections which were important to them. Lifestyle said the service was supported by volunteers, ministers and the local church who spend time with consumers to provide support. Care planning documents contained information about emotional and spiritual or psychological well-being and support strategies. The Assessment Team observed staff sitting and chatting with consumers as a group and providing one-on-one support in consumer’s room.

Consumers felt supported to participate in activities both within and outside the service as they chose. Staff described how they support consumers to do the things of interest to them, participate within and outside the service environment. Care planning documentation identified the people important to individual consumers and the activities of interest to them.

Consumers and representatives said they felt information about their daily living choices and preferences were effectively communicated, and staff understood their needs and preferences. Staff could describe ways in which they shared information and were kept informed of the changing conditions of consumers needs and preferences. Care planning documentation provided adequate information to support the delivery of effective and safe care.

Consumers said they were supported by other organisations, support services and providers of other care and services. Consumers care planning documentation reflected the service collaborates with external providers to support the diverse needs of consumers. Lifestyle staff interviewed said the service engaged external service providers to provide specific activities that consumers wished to participate in that were of interest to them.

Consumers were mostly satisfied with the meals provided and said they were varied and of suitable quality and quantity. The service has a process in place to communicate consumers dietary requirements and changes between the kitchen and clinical staff. The service has processes in place to allow consumers to influence the menu and to provide regular feedback on the food provided.

Consumers said the equipment provided was clean and suitable for their needs, and they felt safe when using it. Staff said they have access to equipment when they need it and could describe how equipment was kept safe, clean and well maintained. Equipment used for daily activities were observed to be safe, suitable, clean, and well-maintained. A document review confirmed preventative and reactive maintenance systems were in place.

# 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

All sampled consumers said they felt at home at the service, and it was an enjoyable place to live and easy to navigate. Management said they worked with consumers and sought feedback to make the service environment more comfortable. Rooms were observed to be decorated with personal belongings, photos, and artwork.

Consumers and representatives said the service was clean, well maintained, and comfortable. Staff described the process for documenting, reporting, and attending to maintenance issues. Throughout the visit doors were kept unlocked and consumers were supported to move around freely indoors and outdoors. All areas of the service were safe, well serviced, and maintained at a comfortable temperature.

Consumers said furniture, fittings, and equipment were safe, clean, and well maintained, which aligned with observations made by the Assessment Team. Systems were regularly reviewed to monitor for issues and prevent malfunction, and maintenance records were actioned in a timely manner.

# Standard 6

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

Findings

Consumers and representatives said they were supported to provide feedback and make complaints and knew how to lodge a complaint. Staff described the avenues available for consumers and representatives to complain or provide feedback and how they support them in raising any issues. The service has documentation and systems for consumers to raise concerns about their care and services. The Assessment Team observed that feedback forms and a collection box were in a prominent location for ease of use.

Most consumers interviewed stated they were aware of and had access to advocates, language services and other methods for raising and resolving complaints. Staff said they were trained on open disclosure. Brochures about open disclosure and consumer advocacy services were displayed in the service, and staff raising complaints on behalf of consumers were recorded on the complaints register.

Consumers and representatives said the service responds appropriately and promptly when feedback was provided, they confirmed that when things go wrong, the service apologises and acts promptly to resolve issues. Interviews with representatives demonstrated that open disclosure was practiced. Staff stated the service actioned feedback promptly when issues were raised at staff meetings and by consumers. The feedback register showed timely management of complaints following the service's feedback procedure.

Consumers stated they had seen feedback and complaints used to improve the care and services, especially with the meals service. Staff described how the food focus forums had improved the meal service. While the complaints data for the service did not reveal strong trends for improvement, management demonstrated that complaints data was systematically used to improve service.

# 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 said the service had a sufficient number and mix of staff to meet their care needs and spend time talking with them. Staff said that while it was sometimes challenging to complete all their tasks, they believed consumers were receiving quality care promptly and that the service had enough staff. A review of call bell data showed that call bell response times were well within the service-identified benchmark of 10 minutes.

Consumers and representatives said staff were kind and caring and staff know what was important to and treat consumers with respect. The service demonstrated the workforce interacts with consumers in a kind and caring manner, and the staff respected each consumer's identity, culture, and diversity. Staff were able to describe the consumers' needs and preferences and were observed to be attentive and respectful in their interactions with the consumers.

Consumers and representatives said that staff were competent in providing care and know what they were doing. Staff said the onboarding process was comprehensive and they were confident the service employed only suitable and qualified candidates. Management demonstrated how qualifications and police and visa checks for staff were verified.

Consumers and representatives expressed confidence in staff’s abilities and said they had been trained well to perform their duties. Staff confirmed they received mandatory and ongoing training via an effective online system and other onsite training programs such as safety training and toolbox sessions.

The service demonstrated the performance of the workforce was regularly assessed, monitored, and reviewed. Staff confirmed annual performance appraisals were conducted and worked effectively to improve professional practice. Management demonstrated performance was monitored according to the service's documented system for performance management. The service provided policies and procedures which support the management of staff performance by management and instructs management when issues in performance were identified.

# Standard 8

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

Findings

Consumers and representatives confirmed they could provide feedback on the service through consumer meetings, feedback forms, food-focus forums and consumer experience surveys. A review of consumer meeting minutes showed that consumers were actively engaged in providing feedback on what mattered to them including activities, food, and equipment. Management described examples of changes made to the delivery of services and the environment in response to consumer feedback.

The organisation has implemented systems and processes to monitor the performance of the service, including an internal audit program based on the Quality Standards. A review of documentation showed the service has an appropriate policy framework to ensure a culture of safe and inclusive care was maintained. Management explained that the service provides regular quality and clinical reports to the Board through systemised and documented reporting lines and committees.

The service demonstrated effective organisation-wide governance systems which guide information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints. Management could describe how the Board maintained effective oversight through a structured organisational reporting and management framework.

The service demonstrated that risk management systems had been implemented to assess high-impact or high-prevalence risks associated with the care of consumers including serious incident reporting. The service has policies and procedures supporting the effective treatment of risks as part of an established risk management framework. Serious Incident Response Scheme (SIRS) incidents had been reported in the required timeframe.

The service demonstrated a clinical governance framework, policies and systems to ensure the quality and safety of clinical care and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process were in place. Staff demonstrated a shared understanding of these concept and gave practical examples to show how these principles were applied to their work.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)