Performance

Report

**1800 951 822**

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| Name: | mecwacare Flora Hill |
| Commission ID: | 3966 |
| Address: | 62-64 Somerville Street, Flora Hill, BENDIGO, Victoria, 3550 |
| Activity type: | Site Audit |
| Activity date: | 1 October 2024 to 3 October 2024 |
| Performance report date: | 6 November 2024 |
| Service included in this assessment: | Provider: 964 MECWA  Service: 22424 mecwacare Flora Hill |

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 Flora Hill (**the service**) has been prepared by V Stephens, 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 on 25 October 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.

# Standard 1

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

Findings

Consumers and representatives confirmed consumers are treated with dignity and respect and feel accepted at the service. Staff are aware of consumers’ backgrounds, life stories, interests and cultural values and this information is included in consumer care documentation. The service’s handbook contains the Charter of Aged Care Rights, and the service’s policies and procedures are consumer-focused and provide guidance to staff in delivering respectful and dignified care.

Staff are aware of consumers’ cultural backgrounds and how to tailor culturally safe care. Consumers confirmed staff understand their cultural needs and preferences and make them feel accepted. The service supports consumers to engage in activities of cultural importance and to engage with relevant external services such as the local Aboriginal co-operative. Cultural events such as the National Aborigines and Islanders Day Observance Committee (NAIDOC) week are recognised at the service.

Consumers indicated they are actively involved in decision making regarding their care, and individual lifestyle choices are respected by the service. They confirmed they can choose who is involved in their care, and the service supports them to maintain connections with others. Examples were provided of consumers receiving support to choose their own activities and to maintain relationships with partners. Documentation review evidenced care plans are tailored to promote relationships of choice.

The Assessment Team report reflected consumers are supported to continue activities they enjoy in order to live their best lives. As one example, a consumer at risk of falls chooses to spend time outside of the service alone. Risks associated with the consumer’s chosen activities are recognised by staff and actions are taken to minimise these risks. Dignity of risk forms are completed where applicable.

Consumers were satisfied they receive timely information which enables them to exercise choice. There was evidence the delivery of information is adapted to meet the needs of consumers with sensory and cognitive impairments. Large print signs and documents are provided where necessary and copies of resident meeting minutes are available to consumers.

Consumers were confident in the service’s ability to maintain confidentiality and the privacy of their information. Positive consumer feedback was received regarding protection of privacy during the delivery of personal care. Staff do not discuss consumers’ information outside of the service, and access to the organisation’s electronic information system is password protected. Paper files are stored securely. The service has a consent process for sharing consumer information with other care providers. Training is provided to staff on induction, and the service has a privacy policy in place.

# 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 confirmed the care received by consumers incorporates assessment of risk and is safe. Positive consumer feedback was provided regarding staff knowledge of risks associated with complex medical conditions, and the corresponding care required. The Assessment Team identified some deficits in the management and maintenance of a consumer’s oxygen concentrator but noted that in response to feedback, management promptly updated the consumer’s care plan, created prompts in the electronic care management system, updated the staff handover sheet and updated the service’s plan for continuous improvement (PCI). Initial and ongoing assessment processes incorporate the use of standardised assessment tools to assess and rate risk, as well as assessment of personal and clinical care needs. Care staff take time to get to know new consumers and report any feedback to the service’s registered nurses. The Assessment Team’s review of consumer care documentation evidenced comprehensive assessment and detailed care plans including risk assessments and risk minimisation strategies. The service’s policies direct the admission process and assessment and care planning, which includes assessment of risk.

Consumers and representatives were satisfied consumer needs, goals and preferences, including in relation to advance care planning and end of life care, are identified. This was supported by review of consumer files. Discussion of advance care directives is included in initial assessments, as supported by review of consumer files. Consumers who have a plan in place are invited to provide a copy to the service, while consumers wishing to develop a plan are referred to their general practitioners.

There was evidence consumers and/or their representatives are partners in assessment and care planning, and that external providers of care are also involved where appropriate. Representative feedback confirmed regular discussion with the service regarding recommended referrals, incidents, and care planning. External providers enter notes directly into the service’s electronic management system or send documentation for electronic storage. A dietitian, physiotherapist and podiatrist review and update relevant care plans.

Consumers and representatives confirmed they are involved in discussions relating to review of care and services. A recent newsletter for the service was observed by the Assessment Team to inform consumers and representatives of the availability of care plans, and most were aware of their availability.

Consumers and representatives were satisfied the service reviews care and services on a regular basis and when consumer circumstances change. Feedback confirmed regular evaluation of consumer care by registered nurses, and comprehensive review by nursing staff and a physiotherapist following falls. Review of consumer files demonstrated 8-weekly reviews occur via the service’s ‘resident of the day’ process, and additional review occurs when changes occur such as hospital discharge, incidents, deterioration or review by external providers.

# 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 confirmed consumers receive personal and clinical care reflective of their needs and preferences. Clinical staff provided evidence of policies and procedures used to ensure the care provided is in accordance with best practice principles. Skin assessments are undertaken when consumers enter the service, and skin integrity is monitored by staff during care provision. Any reported issue with skin integrity triggers a comprehensive assessment by a registered nurse and development of a wound care plan. Representative feedback regarding wound care was positive and documentation review evidenced referrals to a physiotherapist and wound consultant and the use of specialised equipment to assist with pressure area care. Consumers were confident pain is identified and managed effectively. Pain is assessed upon a consumer’s entry to the service, and both pharmacological and non-pharmacological pain management strategies are employed. The service’s pain management policy directs that pain should also be assessed following incidents. Review of consumer documentation demonstrated this does not always occur; in response to feedback management acknowledged this inconsistency of practice and updated the PCI to reflect plans for staff education in relation to pain assessment and documentation requirements. The service maintains a restrictive practice register which tracks relevant information such as evidence of ongoing informed consent and regular reviews. The Assessment Team report indicated restrictive practice is employed in accordance with legislative requirements. Medication management practices at the service were found by the Assessment Team to be sound.

The Assessment Team report indicated the service effectively manages high-impact and high-prevalence risks associated with consumer care. Consumers and representatives described staff as aware of consumer needs and indicated they provide care aimed at minimising and managing risks. Staff are alerted to risks via verbal and written handovers and there was evidence risk management strategies are documented within consumer files. Falls were identified by management as the most common and most impactful risk facing consumers. There was evidence falls risk is managed via the use of mobility aids, specified transfer techniques, and consideration of the risks associated with medications. Physiotherapy review occurs following falls.

The service has a palliative care policy to guide staff practice. Consultation occurs with a local palliative care team as required for consumers nearing the end of life, and general practitioners are available in person or via telehealth for prescription of medications to manage pain and agitation. A standardised assessment tool is used during the provision of end-of-life care to assess and monitor pain and other symptoms and monitor the provision of comfort care.

Consumers and representatives confirmed staff know consumers well and respond quickly if a change or deterioration is a noted. A consumer example was provided in which staff recognised signs of low mood in a vulnerable consumer and in response provided activities proven to assist. Review of care documentation also evidenced regular general practitioner consultation. Care staff report any changes in physical or mental health to a registered nurse who then undertakes an assessment. General practitioner reviews occur when required.

Consumers and representatives were confident information about consumers’ health conditions, needs and preferences is documented and available to staff and others who provide care. Staff are provided with handover sheets, attend handover meetings and have access to the electronic management system. There was evidence staff know consumer needs and preferences. Some relevant information was observed by the Assessment Team to not be recorded on the staff handover sheet; in response to feedback management immediately rectified this and added an improvement action to the service’s PCI.

Timely and appropriate referrals are made to external providers including health and allied health professionals, counsellors, and Dementia Support Australia. Consumers confirmed their access to a range of external services and expressed satisfaction with the timeliness of referrals.

Consumers and representatives were confident the service minimises the risk of infection and is able to effectively contain outbreaks. Staff receive training in relation to infection prevention and control, and do not attend work if they have infectious symptoms. The service has an infection prevention and control (IPC) lead. Staff are encouraged to be fully vaccinated and records are maintained of staff and consumer vaccinations. The service has policies on outbreak management, infection control and antimicrobial stewardship. Clinical staff have received education in antibiotic use.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers expressed satisfaction that the services and support received meet their needs, goals and preferences, and that their independence is supported. Positive feedback was received regarding consumers’ ability to maintain social activities in the community and also participate in the service’s lifestyle activities. Staff are aware of consumers’ needs and preferences and information regarding consumer goals is recorded within care plans.

The service supports consumers to maintain emotional and psychological well-being and to continue their spiritual practices. The example was provided of the service organising for a Catholic priest to visit to provide communion and pastoral services in response to consumer needs. Consumers’ rooms were observed to contain religious items where consumers wished to have these on display.

The Assessment Team report indicated consumers are supported to do things of interest to them and maintain personal relationships. Consumers were satisfied they can participate in the service community and the external community and spoke of maintaining relationships with family and friends outside of the service. Consumers were observed leaving to attend community social groups.

Consumer information is communicated between staff through daily handover meetings and is documented within care plans and handover sheets. Signage at the entrance to consumer rooms also provides pertinent information regarding care and preferred communication strategies.

Consumers indicated they are supported with timely referrals to mental health, spiritual and social services as required. Staff are aware of referral processes and documentation review supported that referrals are made in a timely and appropriate manner. Positive representative feedback was provided regarding the referral of a consumer for grief counselling.

Most consumers were satisfied with the variety, quality, and quantity of the meals provided. Consumers indicated they can choose alternative food options if they wish and can access food outside of dining hours. Documentation captures consumer dietary needs, and staff know where to access this information. Feedback is sought from consumers regarding meal quality, size, temperature and taste and used by the service to ensure high quality meals. The service has a food focus group and feedback from consumers influences menu choices. Dietitian consultation occurs in regard to the seasonal menu.

There was evidence equipment at the service is safe, suitable for consumers and well maintained. Consumers and staff report safety concerns and there is regular review and maintenance of equipment such as slings and hoists. Schedules for cleaning equipment are also documented.

# 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 confirmed they feel welcome at the service, indicating the environment is inclusive and feels like home. The service environment is well-lit and accessible for consumers with varying cognitive and mobility levels. Consumer rooms were observed to be personalised.

Consumers were satisfied that the service is clean and well maintained, and that they can move around freely. Hazards are reported and documentation review evidenced timely action in response. Preventative maintenance schedules are in place. Common areas and high touch points are cleaned daily. Consumers residing in the service’s memory support unit have unrestricted access to a secure courtyard.

Regular review and maintenance of equipment and furniture occurs, and there was evidence staff adapt fittings where required to ensure they are suitable for consumers. Shared equipment is cleaned after each use. The Assessment Team observed furniture, fittings and equipment to be safe.

# 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 confirmed they know how to provide feedback, indicating feedback can be provided verbally, in consumer meetings, and via consumer surveys and feedback forms. Staff provide assistance if needed. Management confirmed consumers are encouraged to put complaints in writing. Feedback forms also provide consumers and representatives with contact numbers for the service’s regional manager and executive general manager.

Consumers and representatives also confirmed that they are aware of advocacy services. Information regarding advocacy and interpreter services is displayed around the service. The consumer handbook also contains information on alternative ways to raise complaints and how to access advocacy support.

The Assessment Team report indicated the service appropriately addresses and resolves concerns and complaints. Consumers confirmed management resolves any issues they raise, acknowledging their concerns and providing an apology. Review of the service’s feedback register evidenced actions and outcomes for the complaints recorded. The service has policies on open disclosure and complaints management.

There was evidence improvements are made to care and services in response to consumer feedback and complaints. Complaints are trended and analysed, and longer-term actions are tracked via the service’s PCI. Improvements made at the service in response to feedback include removal of a shade sail which was blocking morning sun and consumers’ views, the purchase of a garden shed, and changes to lifestyle activities and the menu.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives expressed satisfaction with staffing numbers and indicated call bells are answered promptly. Staff indicated staffing levels are appropriate and well-managed. The service prefers to use casual and full time staff to fill empty shifts but uses agency staff if needed. Management explained rosters are filled to 105 per cent to ensure vacant shifts do not impact consumer care, and review of a recent 2-week roster evidenced no unfilled shifts.

All consumers and representatives indicated staff are kind, caring, and knowledgeable regarding consumer identity. One consumer described being frequently complimented by staff and indicated they find staff kind and genuine. The Assessment Team observed staff expressing warmth toward consumers. The service has a ‘person-centred care’ model in which consumer experiences, preferences and life story are at the centre of their care.

The Assessment Team report reflects staff are competent and have the skills and knowledge to perform their roles effectively. All consumers and representatives provided positive feedback, one indicating they view the standard of care as high. There are position descriptions in place for each role reflecting responsibilities and necessary qualifications. Staff provide the service with their qualifications before commencing at the service and professional registrations are confirmed. New staff complete an organisation-wide orientation program.

Staff are provided with training to ensure the delivery of safe care. Some training is mandatory while some is elective. Training topics include palliative care, food safety, continence, medication assistance, pain, the Serious Incident Response Scheme (SIRS), code of conduct and preventing and responding to elder abuse.

The service has formal and informal processes for monitoring and reviewing staff performance. Staff undergo annual performance reviews which incorporates evaluation of feedback, complaints and compliance data. Opportunities for further training is identified during this process. The service also uses probation meetings, mentoring and internal audit results as a basis for developing staff performance and enhancing skills.

# 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 contribute ideas and suggestions at consumer and representative meetings. Meeting minutes demonstrated consumer and representative input in relation to the menu, availability of allied health, and bus outings. Feedback is also obtained through consumer surveys, and ‘resident of the day’ reviews.

Consumers and their representatives indicated they feel safe at the service, and it feels like a community. The organisation has a range of policies and procedures which guide management and staff in promoting a safe and inclusive culture. The organisation’s quality and risk team monitor clinical indicators to identify trends and risks. Analysis of compliance indicators, complaints and clinical risk assessments is reported to the Board to identify and assess trends and identify training needs. The organisation also monitors care and services through the review of key performance indicators, incidents, audit results, and consumer feedback and complaints.

The Assessment Team report reflects the service has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has effective risk management practices incorporating identification, reporting requirements, escalation, and sub-committee review. There is a robust system of analysing falls to identify trends and ensure mitigating strategies are implemented. Risk reports are provided to the Board for review and discussion. Incidents including those reportable under SIRS are also reported to the Board and to the clinical practice review committee, the quality and risk committee and the aged care quality committee. SIRS training is mandatory for all staff.

The service has a clinical governance framework which provides an overarching monitoring system for clinical care. There are accessible policies in place in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff are aware of the importance of minimising antibiotic use and completing clinical assessment and have received training in relation to antimicrobial stewardship. Open disclosure principles are employed by management and other staff. The use of restrictive practice is identified, and non-pharmacological strategies are utilised in order to minimise the use of chemical restrictive practice.

Report

**1800 951 822**

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)