Performance

Report

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| Name: | mecwacare Gregory Lodge, Flemington |
| Commission ID: | 4516 |
| Address: | 2-28 Newmarket Street, FLEMINGTON, Victoria, 3031 |
| Activity type: | Site Audit |
| Activity date: | 17 April 2024 to 19 April 2024 |
| Performance report date: | 29 May 2024 |
| Service included in this assessment: | Provider: 964 MECWA  Service: 3028 mecwacare Gregory Lodge, Flemington |

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 Gregory Lodge, Flemington (**the service**) has been prepared by Denise McDonald, 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 13 May 2024
* other information and intelligence held by the Commission relating to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Most consumers said they were treated with dignity and respect, with their backgrounds valued, however, one said staff spoke to them rudely, with additional dignity and respect training provided to staff, in response.  Staff were familiar with consumers’ preferences and were observed delivering respectful care. Care documentation evidenced consumers’ individual backgrounds and cultural preferences were captured.

Consumers confirmed staff were aware of their cultural backgrounds and provided care consistent with their preferences. Staff had awareness of consumers’ backgrounds and identities and supported them in remembering days of cultural significance. Policies and procedures guided staff in delivering culturally safe care.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of how consumers were supported in maintaining important relationships, such as ensuring their preparedness for planned visits with loved ones. Care documentation evidenced consumers’ choices in who supported them to make decisions about their care.

Consumers and representatives gave practical examples of consumers eating meals of normal consistency, though texture modifications had been clinically recommended, as how they were supported to live life as they chose. Staff understood risks to individual consumers and explained the mitigation strategies implemented to promote their safety. Care documentation evidenced risk assessments were in place, with informed consent given by consumers and representatives before consumers participated in those risks.

Consumers confirmed they received timely information which enabled them to make informed choices about their care and daily living needs. Staff explained information was primarily provided to consumers in person, such as their daily menu choices. Staff were observed informing consumers about activities and newsletters in consumers’ rooms were current.

Consumers gave practical examples of how their privacy was respected, such as staff announced themselves before providing care. Staff explained consumers’ personal information was kept confidential in a secure electronic care management system (ECMS) and care discussions were held in private areas. Staff were observed seeking consent prior to entering consumers’ rooms.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified and used to develop the care plan, which informed how they delivered care. Care documentation evidenced assessments identified risks to consumers and responsive strategies were planned. An entry checklist and assessment process guided staff practice in methodically assessing consumers for risks and developing their care plan, to guide staff on consumer’s care needs.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and explained these discussions were revisited during scheduled care reviews or when their needs changed. Care documentation included consumers’ daily needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from specialist services was sought in the assessment and planning of consumers’ care, particularly when there was an assessed need for specialised care. Care documentation evidenced the assessment and planning of consumers’ care was regularly coordinated with medical specialists and allied health professionals.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had access to the consumer’s care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in person, by telephone and in writing. Care documentation was observed to be readily available through the ECMS, with summary care plans available to consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls. Staff said consumers were reviewed monthly and explained incidents may result in a review of consumers’ need and preferences. Care documentation evidenced review had been completed as scheduled and reassessment occurred following an incident.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said met consumers’ needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer influenced care delivery. Care documentation evidenced consumers received individualised care in line with their assessed needs, goals and preferences.

Consumers gave positive feedback about how staff managed risks associated with their care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed. Care documentation evidenced risks to consumers, such as weight loss and pressure injuries, were identified and responsive management strategies were in place.

Care documentation, for a consumer receiving end of life care, evidenced they were kept comfortable through provision of comfort cares and pain management medications, with family members providing emotional support, as per the consumer’s wishes. Staff were supported by palliative care specialists understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers said staff recognised changes in their conditions and responses were timely. Staff explained consumers were monitored for changes in their behaviours, appetite, mobility or mood, following which the outcomes were documented and the consumer escalated to clinical staff for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers gave positive feedback about how information was shared with them and others involved in their care, particularly as staff understood their care needs. Staff explained changes in consumers’ care and services were communicated during shift handovers and documented in the ECMS, which also alerted them to tasks to be completed while delivering the assessed care consumers needed. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers and were referred when needed. Staff explained the referral process, with consumers who experienced weight loss appropriately referred to a dietician, with recommended management strategies documented and monitored for effectiveness. Care documentation evidenced consumers were promptly referred to a range of allied health and medical specialists, when required.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to COVID-19. Staff described their roles in the infection management plan and explained how they minimised consumers’ use of antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and said they were supported to pursue activities of interest to them, such as outings to local shops and visiting the community library for film screenings. Staff explained a wide range of activities were available for consumers, with additional support provided for those with differing needs, so they could participate in social activities. Lifestyle calendars were observed to include a wide range of physical and cognitive activities from which consumers could choose to participate.

Consumers and representatives confirmed consumers’ emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers by providing pastoral care, coordinating activities which encouraged interaction between consumers and spending one on one time with them when their mood was low. Consumers were observed attending a religious service and the lifestyle calendar included time for staff to spend with consumers each week.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to visit community clubs. Consumers also confirmed they were supported to spend time in the community with their loved ones. Staff explained they supported consumers to maintain significant relationships by encouraging family visits and phone calls. Care documentation evidenced consumers were supported to be involved in the community and spend time with family and friends.

Consumers and representatives said information about their daily living needs were effectively communicated, particularly as staff understood their dietary preferences. Staff explained information about consumers’ daily living needs were recorded in care documentation and accessed by others, such as hospitality staff, to ensure consumers’ dietary needs and preferences were met. Care documentation evidenced information was accessible which facilitated sharing between those responsible for service delivery.

Consumers confirmed when additional support was needed, they were referred to other organisations and service providers. Staff explained volunteer groups were engaged to offer emotional support, assist with activities and spend one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations to meet consumers’ needs.

Most consumers and representatives said meals were enjoyable and portions served were sufficient, however, one consumer only enjoyed lunch meals, with their feedback included as an agenda item at the next food focus meeting and a continuous improvement activity raised, in response. Staff explained the menu was developed and refined based on consumers’ feedback provided during food focus meetings. Meal service was observed and consumers gave positive feedback about the dining experience.

Consumers said they had access to clean equipment which was in working order and suitable for their use. Staff explained consumers’ personal equipment was regularly cleaned and maintenance issues were addressed. Mobility aids were observed to clean and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service had a welcoming atmosphere and consumers felt at home, particularly as rooms were decorated in ways which reflected their personal style. Staff explained consumers’ independent navigation was supported by wayfinding features, whilst new consumers’ sense of belonging was enhanced by orientation tours which familiarised them with other consumers and staff members. Consumers were observed moving independently around the service and having warm and welcoming interactions with each other, visitors and staff.

Consumers and representatives gave positive feedback about cleanliness and maintenance of the service and said they had access to all areas, including the outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely throughout a clean and well maintained environment.

Consumers and representatives confirmed fittings and equipment were clean, well maintained and suitable for consumers’ use. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance addressed promptly. Furniture was observed to be safe, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were comfortable to provide feedback and make complaints and gave practical examples of avenues available to them, such as speaking with staff or completing a feedback form. Staff explained consumers could provide feedback or make complaints directly to them, at consumer meetings, by participating in surveys and in writing. The consumer handbook included information about feedback and complaints avenues available to consumers and representatives.

Most consumers, representatives and staff understood how to access external complaints, advocacy and language supports, with additional promotion of these services arranged to raise awareness, in response. Staff explained consumers and representatives were informed of external advocacy and language supports during the entry process, with information about these organisations observed in the consumer handbook. Posters and pamphlets promoted access to the Commission and advocacy support services.

Consumers and representatives gave practical examples of increased safety measures at the front entrance, as appropriate action taken in response to their complaints of consumers leaving the service without staff awareness. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation and the continuous improvement plan (CIP) evidenced action was taken in response to complaints and open disclosure practices were used during resolution.

Consumers and representatives confirmed their feedback and complaints were used to improve the quality of their care and services. Staff explained feedback and complaints were reviewed to identify trends and described how actions were taken to improve consumers’ services, such as to the laundry process. The provider's response evidenced feedback given during the Site Audit, had been used to initiate actions to improve the quality of care and services provided to consumers.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Most consumers gave positive feedback about staffing levels and said their needs were promptly met, though one consumer said staff took longer to respond to their call bell on one occasion. Management explained the roster was developed based on consumer occupancy levels, with a mix of skilled staff available to meet their needs. Rostering documentation evidenced shifts were consistently filled and a registered nurse was always available.

Most consumers and representatives said staff were kind, caring and gentle when providing care, however, one described some staff interactions negatively, with the Code of Conduct reinforced to staff, in response. Staff interactions with consumers were observed to be kind, respectful, positive and caring when delivering care. The consumer handbook provided during the entry process included the Charter of Aged Care Rights, which detailed consumers’ right to be treated with dignity and respect at all times.

Consumers and representatives confirmed staff were suitably skilled and competent in meeting their care needs. Management explained staff competency was initially determined through the recruitment process, with qualifications required relevant to the role, and an orientation program and buddy shifts supported new staff members. Personnel records evidenced clinical staffs’ professional registrations were current.

Consumers gave positive feedback about staff training and said this equipped them to perform their roles. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), manual handling, emergency procedures, consumer privacy and restrictive practices. Training records evidenced all staff had completed mandatory training topics.

Management advised staff performance appraisals recommenced when the provider acquired the service in mid-2023, with ongoing monitoring through incident reviews, consumer feedback and analysis of clinical data. Staff said their performance reviews had commenced through self-appraisals, following which they would meet with management to discuss their performance and identify areas for improvement. The CIP evidenced staff performance appraisals were in progress, with all to be completed by July 2024.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about how the service was managed and said they were supported to evaluate their care and services through consumer meetings. Management explained consumers and representatives further contributed to service evaluation through the feedback process, surveys, day-to-day conversations with staff and during scheduled care plan reviews. Meeting minutes evidenced consumers and representatives were engaged in evaluating aspects of care and services, such as food and lifestyle activities.

The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through regular meetings with management, where service performance was discussed. The board received monthly reports on consumer feedback and complaints, emerging issues and action plans, internal survey and audit results, quality indicators and outcomes of bi-monthly care governance meetings. Meeting minutes evidenced the board received monthly reporting on audit findings and performance against the Quality Standards were a standing agenda item.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live life as they choose and managing and preventing incidents. Staff explained how risks such as falls and infections were identified and managed, and they understood their reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and staff had an applied understanding of the associated policies.

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)