Performance

Report

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| mecwacare John Atchison Centre | 19 August 2022 |
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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 John Atchison Centre (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* the provider’s response to the assessment team’s report received 16 August 2022

# 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 | | Compliant |
| 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 said staff treat consumers with respect and their diverse identities and cultures were valued. Consumers and representatives said they were supported to exercise choice and independence when making and communicating decisions about the care they receive and who was involved in their care. Consumers said the service supported them to maintain relationships with people who were important to them, including offering shared rooms for couples. Consumers said they were supported to take risks of their choice, be as independent as possible, and live their best lives. Consumers said they received information, which was timely, accurate, and easy to understand, and this enabled them to exercise their choice and independence. Consumers and representatives said consumers’ personal privacy was respected and said staff practices and interactions were respectful when providing care and services.

Staff stated consumers were treated with compassion, dignity and respect, and demonstrated knowledge of the consumer’s cultural diversity. Staff described how the consumer’s culture and preferences influenced the way in which care and services were provided, such as respecting and accommodating consumers preference for carers of the same gender or dietary requirements. Staff described strategies for communicating with consumers who experience language or cognitive barriers as using translators, simple language, gestures or body language. Staff said they supported consumer choice by providing information about changes to care and services, such as the daily menu options and activities schedules. Staff described how consumers were supported to understand the benefits and possible harm when making decisions involving risk and where consumers accepted these risks, the service undertakes actions to minimise risks where possible. Staff described how information was provided to consumers about day-to-day care and services and how they always ask consumers for consent before proceeding with their care.

Care planning documentation were individualised and reflected who was important to consumers, including information on their background, present interests, religion, spirituality, family relationships and preferences. Care planning documents contained risk assessments including identified possible adverse outcomes and mitigation strategies.

The organisation has dignity and choice procedures which reflected a commitment to treating consumers with dignity and respect whilst acknowledging their diversity. The service actively sought consumer and representative feedback about the cultural safety of care provided. The organisation had policies which promoted consumers’ ability to exercise choice, to maximise independence and to receive clear and accessible information about their rights and the care and services they receive. The service had a dignity of risk policy which reflected a balanced approach to management of risk and respecting the rights of consumers to exercise choice and control and promoted self-determination, so consumers can live the best life they can.

Information was provided to support consumers to make daily choices regarding their care and services. Lifestyle activities, menus, activity calendars and other notices were displayed throughout the service. Staff were observed to interact with consumers in a patient, respectful, engaging manner. Confidential information was secured and restricted to relevant staff, paper-based forms were stored in a locked nurse’s station and information was discussed privately. Staff were observed closing consumers’ doors whilst attending to personal care. Staff were observed greeting and informing consumers of what they were doing and requesting for consent prior to providing care.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning commenced when consumers entered the service. Care plans addressed consumers’ current needs and preferences, including advance care and end of life planning. Care planning documents reflected reviews occurred regularly or when changes to consumers’ health and well-being were identified. Care planning documentation identified the involvement of other services, such as physiotherapist for falls risk management and pain management. Care planning documentation included referrals made to other allied health professionals and demonstrated recommendations were shared and reflected in the care plan.

Representatives said initial assessments were completed when a consumer first entered the service and were reviewed every 2 months with consumers and representatives involved in the care planning process. Whilst some representatives said, although they were involved in the care planning process, they had not received a copy of the care plan others advised they knew the service would provide a copy when requested.

Staff stated an initial assessment to identify consumer’s needs, goals, and preferences was completed when the consumers was first entered the service. Consumers and representative’s, the medical officer and other allied health professionals were involved where necessary. Staff advised the care plans were reviewed at least every 2 months and/or as consumer’s need or preferences changed. Staff said end of life care was discussed during initial assessments and consumers wishes were recorded and re-evaluated every 2 months or when there was a change in a consumer’s condition or an incident occurred.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 said personal and clinical care met the consumers’ health goals, needs and preferences. Representatives said consumers receive care which made them feel safe and comfortable. Representatives felt consumer’s needs and preferences were effectively communicated between the staff and resulted in effective care delivery. Representatives advised there was appropriate access to medical officers and other health services, such as dieticians.

Care plans reflected how care, such as pain management, was tailored to consumers’ needs. Care plans identified high impact and high prevalence risks and included strategies to minimise those risks. Care planning documents reflected consumers’ preferences, and showed the service provided end of life care which maximised consumers’ comfort. Care planning documentation reflected referrals to medical officers, geriatricians, dieticians, speech pathologists, physiotherapists, and dementia support services.

Staff said care provided was consistent with the services policies. Staff stated individual consumer risks were identified and relevant strategies were applied when delivering care and discuss change in condition and risks at handover. Staff described how they deliver changes for consumers nearing end of life. Staff identified high impact and high prevalence for consumers in the service including behaviours, falls, wounds and could identify strategies used to mitigate these risks. Staff described how they minimised infection related risks and understood the service’s procedures for infection control and minimising the use of antibiotics. Staff described how the service prevented and managed urinary tract infections by encouraging hydration and attending frequent personal hygiene care.

Care documentation reflected timely referrals to other services. Changes to a consumer’s condition resulted in investigation undertaken by staff, for example when a consumers behaviour changed staff monitored the consumers vital observations and performed relevant assessments such as collecting urine samples. Staff monitor skin integrity, deliver care and review wounds closely to promote the wound healing process. Most consumers receiving psychotropic medication or subject to restrictive practices had appropriate consent, assessments and, where applicable, behaviour management plans in place.

The service has a suite of evidence-based assessment tools which is built in the electronic documentation system and available in the service’s intranet to assess consumers cognition, falls risk, likelihood of delirium, and pain through verbal and non-verbal means. Information regarding changes in consumers’ needs and condition was documented and shared during handover and electronically, including with other providers such as medical officers and allied health professionals. The service had documented policies to guide staff members on wound management, pressure injury and prevention, falls risk management, responding to clinical deterioration and restrictive practices. An outbreak management plan reflects the current guidelines from the department as well as the antimicrobial stewardship policy.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 and representatives said the service seeks to understand their needs, goals, and preferences upon entry, and regularly communicates with them. Consumers described participating in a range of activities, within the service and the community and had input into activities offered via informal and formal mechanisms. Consumers and representatives said the service supported consumers to maintain their wellbeing through contact with family and supporting consumers emotional, spiritual and psychological needs according to their preferences. Consumers and representatives provided mostly positive feedback about the variety, quality and quantity of meals provided at the service. Consumers, representatives and staff said the equipment used was always clean, well maintained, safe and suitable and for the consumer.

Staff explained what was important to individual consumers, their care preferences and their preferred activities, consistent with care planning documents. Staff tailor activities to cater for consumers’ needs, preferences and abilities, such as providing yoga classes after the suggestion was made by a consumer. Staff support consumers to participate in outings, including bus trips, and maintain social and personal relationships. Staff advised, for consumers who do not wish to join group activities, the service had a one-on-one lifestyle program with individualised activities tailored to specific functional and cognitive abilities, needs and interests. Staff monitor consumers’ mood for changes in behaviour such as reduced appetite and withdrawal and isolation which may indicate additional support is required, such as counselling support. Staff described other individuals involved in the leisure program, included entertainers, religious or other spiritual practitioners and volunteers. Staff described how they comply with consumers’ individual dietary needs and preferences, such as providing Halal food, and obtain consumers’ feedback through food focus meetings. Staff said the service had a preventative and reactive maintenance schedule which involves regular audits on equipment, including routine checks of mobility aids, hoists, slings and other equipment for wear and tear.

Care planning documents included information about the services and supports consumers required to help consumers do the things they want to do. Information about consumers’ condition, dietary and lifestyle activity preferences and additional supports was contained in care planning documents. Referrals were made to other services as needed, and activities were supplemented by external volunteers and organisations. The service was engaged with dietitians who work with clinical staff and conduct assessments to understand consumers dietary requirements.

Consumers were observed enjoying their meals, engaged in group and individual activities including watching movies in the service’s cinema, listening to music in their rooms and communal areas, playing bingo and doing morning exercise. Staff were observed supporting consumers attend activities and with their meals.

Equipment used to support consumers to engage in activities of daily living was observed to be safe, suitable, clean, well maintained and when not in use, stored appropriately. Activity equipment, such as books and games were observed to be in plentiful supply, clean and in good condition.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 and representatives said consumers felt at home at the service and visitors were welcome. Consumers said they feel comfortable and they can navigate the service easily. Consumers personalise their rooms with personal pictures, belongings and furnishings. Consumers and representatives were happy with the cleanliness of the service. Consumers and representatives stated they felt the furniture, fittings, and equipment were safe, clean, well maintained, and suitable for the consumers.

The service environment was observed to be clean and well maintained. There were areas for consumers to spend time indoors, and outdoors in the lush gardens. Signs, floorplans and handrails supported consumers to move freely between areas. Pathways were observed to be level and unobstructed.

Staff described cleaning and maintenance procedures, including preventative maintenance. Staff advised they had enough time to clean the rooms on their schedule each day. Staff described the process for managing maintenance at the service and said when a hazard or safety issue was identified, maintenance were notified immediately.

The furniture, fittings, and equipment at the service were observed to be safe, clean, well maintained, and suitable for the use and needs of the consumers. Call bells and mobility aids were observed to be within reach of consumers. Staff described how shared equipment was cleaned and stored appropriately. Maintenance logs reflected equipment was cleaned and repaired, and maintenance regularly occurs.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 aware of how to provide verbal and written feedback and make complaints and felt safe and supported to raise concerns. Consumers and representatives said where concerns were raised in the past responsive action was taken. Consumers were aware of and had access to advocates, language services and other methods for raising and resolving complaints.

Staff said they supported and encouraged consumers to raise complaints, or feedback whether positive or negative. Anonymous feedback can be offered through feedback forms and there was a feedback box in the central lounge, other feedback mechanisms included consumer meetings, surveys and speaking directly to staff. Staff were aware of how to access and described the advocacy and interpreter services available. Pamphlets containing these details were available for those who have difficulty communicating or have a cognitive impairment. Staff described the open disclosure process and described how appropriate action was taken following a complaint and open communication is maintained with consumers and representatives who have raised complaints to provide updates of how the service has addressed concerns raised and whether they were satisfied with actions taken.

Feedback and complaints forms, a complaints and feedback box, brochures and pamphlets to assist consumers and staff with raising concerns and complaints, including to external bodies and advocacy services were observed within the service environment.

The organisation has open disclosure policies which set out the framework for consistent open disclosure process and documentation evidenced complaints were responded with timely discussions to find solutions and take appropriate action.

# Standard 7

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| Human resources | | Compliant |
| 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

Most consumers and representatives said there were sufficient staff to meet the consumers’ needs and the staff always respond promptly to consumers when assistance was required. Consumers and their representatives said overall staff interactions were caring, kind and gentle. Consumers and representatives said staff perform their duties effectively, and they were confident staff were trained appropriately and were sufficiently skilled to meet consumers care needs and did not identify any areas for additional training.

Staff said they have sufficient time to complete their duties and confirmed most vacant shifts were filled by extending shifts or agency staff. Staff said during busy times, they work as a team to complete tasks and meet consumers’ needs.

The service has position descriptions for each role, which set out core competencies and capabilities for each. Staff were required to have appropriate qualifications and experience for their role. The induction process for new staff includes a suite of competencies including manual handling, restrictive practice reporting protocols, reporting abuse to aged care, privacy and confidentiality, incident management and infection control. Staff indicated they felt the service offered training which was relevant to their roles and they could suggest training topics they felt would increase their knowledge and skills. Staff competency was evaluated through observation, feedback and annual appraisals, including completion of mandatory training requirements.

Staff were observed assisting consumers in a kind, caring, respectful and unhurried manner and staff were not rushing consumers through care tasks. Observations, feedback and the service’s call bell records identified consumers were receiving timely care to meet their needs and preferences.

Training records show all rostered staff have completed training in relation to the Quality Standards, Serious Incident Response Scheme (SIRS), restrictive practices, and incident management.Standard 8

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| Organisational governance | | Compliant |
| 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 considered the organisation was well run and they were partners in improving the delivery of care and services through providing feedback about key issues or concerns. Consumers also said they were encouraged to make suggestions to enable the service to support them to live the best life they can. Management advised responses gathered from suggestions and feedback forms, survey results and family conferences were analysed by the organisation to ensure consumers were continually engaged in the development, delivery, and evaluation of care at the service. Regular quality meetings, attended by the management team, were conducted to review the suggestions and feedback received.

The organisation had published policies, procedures and guides relevant to the quality standards including a clinical governance framework which included risk management, consumer partnerships and clinical practice. The organisation undertook monthly reviews of clinical care indicators and critical incidents as part of the clinically governance framework at the service.

The service provided the board with a monthly report which included the risk register, opportunities for continuous improvement, infection control, call bell data, medication management, restrictive practices, falls, weight management and human resources. Regular audits were conducted to monitor the service’s performance. The internal audits assist the board in satisfying itself the service maintains compliance with legislation and the Quality Standards. Audits completed include infection control, behaviour management, privacy, security of information and regulatory compliance and high-risk clinical indicators.

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. The service provided a risk management framework, which included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. The service has a clinical governance framework, an antimicrobial stewardship policy, a policy regarding the minimisation of the use of restraint and an open disclosure policy. Staff were asked about whether these policies had been discussed with them and what it meant for them in a practical way and gave examples relevant to their roles.

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-2)