Performance

Report

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| Name of service: | mecwacare Malvern Centre |
| Service address: | 1245 Malvern Road MALVERN VIC 3144 |
| Commission ID: | 3875 |
| Approved provider: | MECWA |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 3 January 2023 |

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 Malvern Centre (**the service**) has been prepared by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Approved Provider’s response to the assessment team’s report received 16 December 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said staff were kind, and caring, and treated them with respect and dignity, staff were observed interacting with consumers respectfully and described each consumers’ individual needs and preferences to the Assessment Team. Consumers’ needs and preferences were recorded in care planning documentation.

Consumers and representatives described how their culture was respected and their preferences used to inform culturally safe care. Staff demonstrated knowledge of consumers’ cultural needs and preferences and described how they informed their care needs. The Assessment Team spoke to some consumers who raised concerns in relation to the timing of breakfast service and impacts waiting for breakfast had on their ability to attend activities.

In its response of 16 December 2022, the Approved Provider gave further context to this issue and advised that a resident’s meeting had been held to address these concerns and clarify that breakfast was available for consumers either in their rooms or in the dining room and individuals could choose which option was more suitable for them.

Consumers and representatives felt supported to exercise choice and independence and were supported to make and maintain relationships. Staff provided examples of how consumers were supported to make decisions and maintain relationships of choice. Care planning documentation recorded consumers’ life stories, and people who were important to them.

Consumers and staff described how consumers were supported to take risks and live the best life they can. Care planning documentation demonstrated appropriate risk assessments were completed, and documented discussions related to risk mitigation strategies.

Consumers and representatives said they received current, accurate, and timely information. Management confirmed representatives are informed of assessments, care and incidents. The service undertakes monthly meetings, and meeting minutes and newsletters were made available.

Staff described how they ensured consumers’ privacy when providing cares and kept consumer information confidential in locked rooms and computers. The Assessment Team observed staff protecting consumers’ privacy and consumers confirmed they felt their privacy was respected.

# Standard 2

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

Findings

Consumers and representatives said they were actively involved in consumers’ care planning and confirmed this process involved a consideration of risk to consumer’s health and safety. Care planning documentation demonstrated assessment and planning informed the delivery of safe and effective care and documented the involvement of consumers, representatives and others.

Consumers and representatives felt the assessment and planning process addressed the needs, goals, and preferences for their end of life. Care planning documentation was individualised to consumers’ needs and reflected their preferences for care and end of life wishes. Management and clinical staff said advance care planning is discussed on entry to the service and during ongoing case conferences.

Consumers and representatives confirmed assessment and planning was based on a partnership between them, staff, and external care and service providers. Care planning documentation demonstrated the involvement of consumers, representatives, medical officers and other allied health professionals.

Consumers and representatives reported being regularly informed in a timely manner when circumstances changed and were involved in any changes to care. Staff described how they communicated changes in consumers’ condition and care planning documentation confirmed outcomes of assessment, planning and reviews were communicated with consumers and representatives.

Care planning documentation demonstrated care and services were regularly reviewed for effectiveness, when circumstances changed or when incidents which impacted the needs, goals and preferences of the consumer occurred. Staff described processes in place for reviews and evaluations, including the recording of incidents in the service’s incident management system.

# 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 they received care that is safe and right for them and meets their needs and preferences. Staff described consumers’ individual needs and preferences for personal and clinical care, and how these were delivered in line with care planning documentation. The service had policies and procedures to ensure the provision of personal and clinical care in line with best practice.

Consumers felt high impact and high prevalence risks were effectively managed by the service. Staff identified high impact and high prevalence risks and strategies in place to manage these risks. Staff were guided by care planning documentation which highlighted risks related to individual consumers.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including end of life wishes had been discussed with them. Staff described cares provided to consumers at the end-of-life, including comfort cares and pain management and were guided by the service’s palliative management policy and procedure.

Consumers and representatives reported, and care documentation demonstrated consumer deterioration was identified and responded to in a timely manner. Staff described the escalation process when a change in a consumer’s condition was identified, including escalation to registered staff and the referral process.

Consumers and representatives indicated they were satisfied that consumers’ condition, needs, and preferences were documented and communicated with relevant staff. Care planning documentation provided adequate information to support effective and safe sharing of information to provide care.

Consumers and representatives felt timely and appropriate referrals occurred and that consumers had access to relevant health care supports. Care planning documentation identified referrals to dietitians, speech pathologists, physiotherapists, and medical officers. Staff described how the clinical team and other health care professionals informed the delivery of care and services.

The service had implemented policies and procedures related to antimicrobial stewardship, infection control, and COVID-19 outbreak management. Staff demonstrated an understanding of precautions to prevent and control infections and strategies to minimise the need for antibiotics. Staff were observed to adhere to infection control practices, including the wearing of masks and hand washing.

# 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 and representatives said they received services and supports for daily living that meet their needs, goals, and preferences. Staff demonstrated they understood what was important to consumers and what they liked to do. Care planning documentation recorded the service and supports required for consumers to optimise their quality of life, health, well-being, and independence.

Consumers and representatives considered their emotional, spiritual, and psychological needs were supported. Staff described various ways consumers’ emotional, spiritual, and psychological well-being was supported, including facilitating connections with people important to them, and church and spiritual services.

Consumers said they were supported to participate within and outside the service, keep in touch with people important to them, and do things of interest to them. Lifestyle staff described how consumers were supported to engage with the outside community, attend movies, and local cafes.

Consumers and representatives said consumers’ condition, needs, and preferences were effectively communicated within the service and with others responsible for care. Care planning documentation provided adequate information to support safe and effective care as it relates to services and supports for daily living. Staff described ways information was shared and how they were kept informed of changing needs of consumers.

Care planning documentation showed the service collaborated with external providers to support the diverse needs of consumers. Staff said the service engaged external providers to provide specific activities which consumers wished to participate in, including art and music therapists, returned services league personnel, and library services.

Consumers expressed satisfaction with the variety, quality, and quantity of the food provided. The service had processes which supported consumer involvement and influence in the menu and food service. Management described the recently improved catering service and said food is cooked fresh on site, daily.

Equipment used for activities of daily living were observed to be safe, suitable, clean, and well-maintained. Consumers and representatives reported having access to equipment which assisted them in their activities of daily living and felt comfortable raising maintenance issues.

# 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

The service environment was observed to be welcoming with natural light and corridors with handrails to support consumer movement throughout the service. Consumers were observed engaging with each other and their families in well decorated common areas and consumers confirmed they felt comfortable within the service.

The service environment was clean, well-maintained, and comfortable, and enabled consumers’ free movement, both indoors and outdoors. Consumes and representatives reported satisfaction with the cleanliness and maintenance of the service. The cleaning schedule demonstrated consumers’ rooms were cleaned daily and a detailed clean occurred weekly.

Consumers and representatives said their rooms were well-maintained and fittings in their rooms worked, and any issues were addressed promptly. The service had a preventative and reactive maintenance program in place which ensured furniture, fittings, and equipment, are safe, clean and well-maintained.

# Standard 6

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

Findings

Consumers and representatives said they knew how to make a complaint or provide feedback and felt supported to do so. Staff described how they supported consumers to provide feedback or make a complaint. The service had documented policies and procedures in place for consumers to raise concerns about their care and services.

Consumers and representatives confirmed receiving information pertaining to advocacy and external complaints services. Management confirmed arrangements with external advocacy and language services were in place and information was available to guide staff where these services are needed. The consumer and staff handbooks included information about available services and supports.

Consumers stated the service responded appropriately and in a timely manner to concerns and feedback. The service’s integrated continuous improvement and feedback register demonstrated timely management of complaints in accordance with the service’s complaints procedure. Management and staff described open disclosure, and how this was practised when addressing consumer and representative feedback or when things went wrong.

Consumers and representatives felt feedback and complaints had been used to improve care and services. Complaint data demonstrated the service had identified key issues and responded appropriately. Staff described how feedback and complaints had resulted in improvements to services and provided examples of these.

# 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, representatives, and staff said the service was short staffed at times, however, no impact on consumer care was identified. Management confirmed there were strategies in place related to planned and unplanned leave and in its written response of 16 December 2022, the Approved Provider gave further explanation of the workforce adaptation processes used across the service to ensure rosters are developed and filled to meet consumer needs.

Consumers and representatives said, and observations confirmed, staff engaged with consumers in a respectful, kind, and caring manner, and were gentle when providing care. Staff demonstrated an understanding of consumers’ needs and preferences, which aligned with their care planning documentation.

Consumers and representatives felt staff were skilled in their roles and capable to meet their care needs. Staff said they were supported by management in undertaking training on commencement and received ongoing training thereafter. Position descriptions were maintained which specified the competencies and capabilities for each role.

Staff described how they had regular mandatory training sessions and were confident they could access additional training if it was needed. Management stated all staff must meet the minimal qualification and registration requirements for their respective roles, and ensured staff had current criminal history checks completed.

The service had a suite of documented policies and procedures which guided the monitoring and management of staff performance. Management described how competency was assessed regularly and the service reviewed and analysed internal audit results and clinical data to monitor staff practice and competencies. Staff confirmed their performance was managed through educational competencies and annual performance appraisals.

# 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 interviewed said the service was well-run and confirmed they had ongoing input into how consumers’ care and services were delivered. The service had effective systems to engage consumers in the development, delivery, and evaluation of care and services, a monthly consumer experience survey was conducted, and results provided to the governing body.

Management described a range of strategies when describing how the governing body promoted a culture of safe and inclusive care and services, including monthly clinical reports to the governing body. The service had a clinical governance committee, who held regular meetings, and report incident trends, serious incidents, COVID-19 outbreaks, and quality improvements to the governing body.

The organisation had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The organisation tracked changes to aged care legislation and communicated any changes to staff through electronic mail, toolbox sessions, or daily staff meetings.

Staff described how they were supported by policies, procedures, and practices to minimise risk to consumers including falls, infection prevention, restrictive practices, and reporting of incidents. The service had a documented risk management framework, which included policies and procedures related to medication, falls, and wound management, incident management and serious incident reporting.

The service had a clinical governance framework which included policies related to antimicrobial stewardship, restrictive practices, and open disclosure. Staff described strategies to minimise infection related risks and strategies to minimise the use of restrictive practices. The infection prevention and control lead demonstrated knowledge of antimicrobial stewardship.

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)