Performance

Report

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| mecwacare O’Mara House | 15 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 O'Mara House (**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 3 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 said staff treat them with dignity, kindness and respected their individual life histories. Consumers advised their care preferences were met, such as having same specific gender staff provide care, where possible. Consumers said they were supported to take risks of their choice including leaving the service independently and accessing the community. Consumers stated staff respected their privacy by keeping their personal information confidential and always knocking before they enter a consumer’s room.

Staff acknowledged consumers’ backgrounds and culture, giving examples of described how they influenced care delivery. Staff described how they assisted consumers to understand risks and make decisions by providing information about benefits and possible harm so consumers made informed choices. Staff described how they supported consumers to be independent, encouraged relationships and delivered care in line with consumers’ preferences. Staff described how they presented information to consumers with varied language and communication needs, including use of hand gestures and speaking slowly.

Care planning documents included details of consumers’ identity, history and cultural practices, including sexual identity, religious and spiritual needs. Care planning documents contained risk assessments including mitigation strategies and details of consumers preferences regarding care delivery and lifestyle activities.

The service had a policy regarding the protection of personal information which outlined the services commitment to protecting information collected and how all staff, including volunteers must comply with the policy. Staff were observed to be kind and respectful of consumers’ privacy by knocking on doors before entering and closing doors when providing care. Confidential information was secured through a password protected electronic care management system, and the nurses’ station was locked.

# 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

Consumers and representatives said they participated in the assessment and planning process, which included regular reviews, and they considered the service conducted this process effectively. Consumers and representatives said outcomes of assessment and planning were effectively communicated to them and they had access to care plans when they wanted. Consumers said assessment and planning identified and addressed their preferences and end of life wishes.

Staff described how assessment and planning were used to inform delivery of safe and effective care. Staff said consumer’s care, risks and needs were reflected in the consumer’s care plans. Staff said care planning was reviewed every two months or when changes or incidents occurred. Care plan reviews involved the consumer and representatives, medical officers and other health professionals, and the results of assessments were documented. Staff said the service had advance care and end of life discussions with consumers and representatives upon admission and when a consumer’s condition deteriorated communication with family and medical officers and other staff became more frequent.

Care planning documents evidenced assessment and planning, and demonstrated the consideration of risks to the consumer’s health and well-being and included information such as mobility assessments and falls prevention strategies. Advance care plans described the goals and wishes of the consumers including whether the consumer wanted to be resuscitated or not.

Consumer care planning documentation identified the consumer and/or representative had been involved in the assessment process and confirmed representatives were contacted following incidents. Care planning documentation was comprehensive and included information pertaining to areas such as pain management, skin integrity, specialised nursing care, communication, behaviour support, medication, mobility, falls prevention, oral and dental care. Care planning documentation showed evidence of regular planned review, and reviews when consumer’s condition changed or incidents occurred, such as a return from hospital or after a fall.

The service had a policy which identified the information and assessments to be collected prior to and after entry. The checklists for assessment of care were observed to be completed within the consumers first 28 days in the service and all the assessments, such as pain charting, to be completed. The service had palliative care and end of life care policies and procedures based on the best practice approach to palliative care.

# 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 consumers received personal and clinical care, which was safe, met their individual needs and promoted independence. Representatives advised risks such as swallowing difficulties and falls risk were managed well by the service. Consumers said any change in condition was responded to quickly and representatives said relevant health professionals including medical officers, physiotherapists, skin specialists and podiatrists were accessed when required*.* Consumers described ways the service acted to minimise infection related disease, by wearing PPE and regular cleaning.

Staff said they received training which promoted delivery of best practice care consistent with service policies. Staff described high impact and high prevalence risks at the service, identifying falls as the highest risk and how strategies of installing bed sensors and sensor mats, the wearing of hip protectors, and removing obstacles were used to reduce the incidence of falls. Staff described how they managed individual consumer risks and applied relevant mitigation strategies when delivering care and how handover documentation identified each consumer’s high impact or high prevalence risks.

Staff described how they delivered care for consumers nearing end of life, respecting the wishes in advance care and palliative care plans with the consumers family and friends present. Staff identified how they minimised the risk of infections as well as minimising the use of antibiotics, by only administering antibiotics if pathology results confirm they were required.

Care plans reflected how care was tailored to consumers’ needs, included strategies to minimise individuals’ risks. Care planning documents reflected consumers’ preferences, and demonstrated the service provided end of life care maximising consumers’ comfort. Care documentation reflected how staff assessed and responded to deterioration or changes in consumers’ condition. Prior to any referrals made, staff had a discussion and obtained consent from the consumer or representative.

Information regarding consumers’ changing needs and condition was documented and shared verbally, via handover notes and electronically, between staff and with the consumer’s medical officer and allied health professionals. The service has policies and procedures in place to support staff in making clinical referrals to health professionals outside the service. Consumers subject to restrictive practices had appropriate consent, assessments and behaviour support plans were in place.

The Assessment Team observed a handover meeting, during which key events from the previous shift were identified, changes in consumer’s conditions were noted and staff were given the opportunity to clarify information.

# 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 said they were supported in various ways which promoted their independence and well-being. Consumers described participating in a range of activities both within the service and in the community, including activities of individual interest suggested by consumers. Consumers said their emotional, spiritual and psychological wellbeing was supported consistent with their preferences, including assistance to contact family and friends or the service organising counselling services when their mood was low. Most consumers and representatives said the variety, quality and quantity of meals provided at the service met their needs, however some negative feedback was the meals were cold when received and the service was trialling different modes of delivery to improve satisfaction. Consumers and representatives said sufficient equipment was available and it was safe, clean and well maintained.

Staff demonstrated knowledge of what was important to consumers and described their preferred activities, which aligned with information in care planning documentation. Staff tailored activities to cater for consumers’ needs, preferences and ability. Activities were organised to match the consumers physical needs with exercise programs scheduled for the morning when consumers were more active. Staff said the service provided consumers with resources and/or equipment to engage in hobbies they enjoyed, bus trips to places of interest and visits to local services clubs were organised to promote consumers engagement with the community. Staff said the service liaises with social groups and individual entertainers who contribute to the lifestyle program and perform on Friday afternoons during happy hour.

Staff stated they could identify changes in consumers’ mood and provided support if a consumer was feeling low. Referrals were made to other services, such as online counselling as needed, and activities were supplemented by external volunteers and organisations. Staff described how they complied with consumers’ individual dietary needs and preferences and feedback about food was obtained through feedback forms, food surveys or consumer meetings. Staff said shared equipment was always available and was cleaned after every use.

Care planning documents included strategies to enhance communication, social connection and fulfil spiritual needs. Information about consumers’ condition, dietary and lifestyle activity preferences and additional support they receive was documented.

Consumers were observed engaging in a variety of group and independent activities, including an exercise activity.  Staff were observed engaging with consumers, providing emotional support, and participating in activities. Equipment used to support consumers to mobilise or engage in activities of daily living was observed to be safe, suitable, clean and well maintained. The preventative maintenance schedule demonstrated regular servicing of equipment relevant to services and supports for daily living, including mobility aids.

# 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 said the service environment felt safe and welcoming to them and their guests. Consumers, including those using mobility aids, said they felt comfortable and could navigate the service easily. Married consumers were supported and encouraged to maintain their relationship with connecting rooms. Most consumers were happy with the cleaning of their rooms and maintenance of the service, however some concerns about cleaning of rooms were raised, a deep clean was organised immediately and continued follow up with consumers and representatives to identify any future issues was planned in response.

Staff said consumers personalised their rooms with items of individual importance and were encouraged to participate in the activity program. Consumers were supported to independently navigate around the service which had features such as automatic doors linking indoor and outdoor spaces, handrails and sufficient lighting. Staff described cleaning and maintenance procedures, including preventative maintenance, how shared equipment was cleaned and where it was stored. Maintenance logs reflected equipment was cleaned, serviced and repaired, and maintenance regularly occurs.

The service environment was observed to be clean and well maintained. There were several shared areas for consumers to spend time indoors or outdoors in the gardens and undercover areas. Pathways were be clear of trip hazards and consumers, using mobility aids, were observed freely accessing the outdoor areas. Furniture, fittings and equipment throughout the service were observed to be safe, clean and suitable for consumers. Call bells were observed to be working and within reach of the consumer's, the call bell system was being used and staff were seen responding to the calls.

# 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 felt safe and supported to give feedback, make complaints and where confident appropriate action would be taken. Consumers provided mixed feedback about their knowledge of, and access to, advocates and external services to raise complaints. The service advised they would promote these services to consumers and representatives and confirmed information sessions with an advocacy service had been scheduled. Consumers who had made a complaint or offered feedback in the past described how their concerns had been responded to quickly, an apology offered, and information used to improve services.

Staff described how they encouraged consumers to raise concerns and how they responded if they received any complaints or feedback from consumers. Staff described the advocacy and language services available to consumers. Staff demonstrated knowledge of the open disclosure framework and how it was applied to complaints, by offering an honest explanation, apologising, rectifying the issue, where possible, and using the information to prevent the issue from occurring again.

Feedback and complaints forms, advocacy, and language services information were observed throughout the service to assist consumers and staff with raising concerns and complaints, including to external bodies. Consumer meeting minutes indicated consumers were reminded it is safe for them to provide feedback and make complaints.

The service had a feedback and complaints policy to ensure consumers' felt safe, encouraged and supported to give feedback and make complaints and the service would engage in a process to address feedback and complaints and be sure appropriate action was taken.

# 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

Consumers, their representatives and staff provided mixed feedback regarding staffing levels, with some providing negative feedback regarding staff numbers, however, no adverse impact was brought forward as a result, and feedback from consumers indicated care was generally delivered to their preference. Consumers and representatives said staff interactions were caring, kind and gentle and staff were considered to be skilled, competent in their roles and trained appropriately.

Management provided evidence outlining how the workforce allocated was sufficient and skilled to provide safe care and services and confirmed staffing levels were constantly reviewed to meet consumer needs, were based on occupancy levels. Unplanned absences were usually filled by another staff member with the same skillset and the service did not use agency staff, however they were available if required. Call bell response times were audited monthly to identify trends, and data analysed and discussed at regular staff meetings and evidenced consumers were generally receiving timely care.

Staff described the service’s orientation and training processes and said they were relevant to their work and assisted in building skills. Annual mandatory training included manual handling, SIRS, fire safety, infection prevention and control including use of PPE and handwashing. Management advised complaints, performance reviews, observations and feedback informed future training needs.

The service had position descriptions for each role, which set out required qualifications and key competencies. Registration requirements were monitored. Staff competency was evaluated through annual appraisals, informal monitoring and review.

Staff were observed respecting consumers’ identity and culture, greeting consumer using their preferred names, and responding to consumer’s calls for assistance promptly and without rushing.

# 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 and evaluating the delivery of care and services. Consumers and representatives reported they were encouraged to contribute to changes and developments within the service through informal or formal feedback mechanisms including monthly consumer meetings incorporating discussions on food, leisure and lifestyle.

Management provided examples of improving window visits with family and friends during COVID-19 lockdowns and ongoing activities at the service to demonstrate how consumer feedback was directly acted upon. Staff stated the organisation had an independent internal audit team which regularly visits the service and described how outcomes of the audits were provided to the Board. The service reports risk indicators and all complaints to the Board who follow up on the service’s response ensuring the Board had active oversight of the organisation in relation to clinical governance and risk management.

The service demonstrated it had 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, including policies and procedures for management of on high impact and high prevalence risks, abuse and neglect, and how consumers were supported to live their best life. Staff could describe the practical application of these policies. The service had a clinical governance framework, an antimicrobial stewardship policy, a policy regarding the minimisation of the use of restraint and an open disclosure policy. Staff had been educated in these policies and were able to describe the relevance of these policies to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)