

**Performance Report**

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| Name: | Melaleuca Aged Care |
| Commission ID: | 3069 |
| Address: | 1 Watchorn Road, COWES, Victoria, 3922 |
| Activity type: | Site Audit |
| Activity date: | 12 November 2024 to 14 November 2024 |
| Performance report date: | 12 December 2024 |
| Service included in this assessment: | Provider: 1537 Phillip Island Homes for the Aged Association Inc Service: 1828 Melaleuca Aged Care |

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 Melaleuca Aged Care (**the service**) has been prepared by Nicola Eastwood, 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, older people/representatives and others.
* the provider’s response to the assessment team’s report received 6 December 2024.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives expressed satisfaction with the way consumers are treated. They described how staff make them feel respected and valued. Care planning documentation included information about consumer backgrounds and preferences and were consistent with consumers care needs. Staff demonstrated how culturally safe care is provided to consumers individually and the Assessment Team report included examples of strategies to support engagement in activities of cultural importance.

Staff described how they encourage independence and best support consumer decisions by ensuring consumers can exercise choice. Consumers and representatives were satisfied their choices and preferences relating to risks are respected and management demonstrated processes to support consumer independence and choice. The Assessment Team report included information related to how the service enables consumers to access the community independently and continue with activities and choices which may contain elements of risk.

Staff described how they communicate with consumers in a way that is easy understood, and processes are in place to communicate with consumers who are living with cognitive impairment or with communication challenges. The service utilises communication aids such as large whiteboards, emailed updates on events, menus and meetings.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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 are satisfied staff plan care that is safe and meets consumer health and well-being needs. Care documentation reflected risks to consumer health and wellbeing are identified, enabling planning for effective care. The service has clinical policies to guide staff in the priority of assessments on admission and when consumer needs change.

Clinical staff review advance care directives (ACDs) with consumers to ensure these reflect current goals and preferences related to end-of-life care. Care documentation reflected assessed and planned care to meet current consumer needs and preferences. The Assessment Team report included examples of documented wishes enabling consumers to live the way they choose respecting individual wishes.

Staff described how they collaborate with consumers and representatives, as well as other service and care providers to plan consumer care. Consumers and representatives were satisfied with the communication they receive when discussing with consumer assessment and planning. Staff explained as part of the monthly Resident of the Day (ROD) process, clinical staff will contact either the consumer or their representative with a summary of the monthly clinical and care events. Care documentation demonstrated that staff review assessments and care plans including monitoring such as pain, or responsive or changes in behaviours.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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 representative confirmed they were satisfied with the personal and clinical care provided. Consumers indicated the care is tailored to consumer needs and staff take their time to provide care. Care documentation demonstrated prior assessments in consultation with consumers and representatives, with care plans reflecting individualised instructions and strategies where required. The service identifies, monitors and regularly reviews consumers subject to chemical and environmental restrictive practices. There was evidence of appropriate assessment and completion of behaviour support planning.

Care documentation demonstrated wound care was regularly reviewed and adequately managed with involvement of wound specialist advice when required. Pain is assessed, monitored and managed including post falls, other incidents and responsive behaviours.

High impact and high prevalence risks to consumers were identified and documented with preventative or harm minimisation strategies implemented following incidents. Incident data showed falls and responsive behaviours as the most common high prevalence or high impact risks in the service. Clinical data and incidents are reviewed monthly by management, reporting to organisational management and presenting at monthly staff meetings.

End of life care is facilitated through consultation with consumers and their representatives, general practitioner and in-reach services. The service has a palliative care policy and external resources to support and guide staff to recognise and provide end of life care. Consumers and representatives said they were confident the service responds to changes in consumer conditions in a timely manner. Care documentation reflected that staff take appropriate action in response to changes or deterioration in consumer health and wellbeing. The Assessment Team report provided examples of where staff had identified deterioration and acted accordingly ensuring all documentation regarding consumer wishes accompanied consumers when transferred to hospital.

Staff described how they share information about consumers within the service and with other individuals or organisations who provide consumer care. The service holds a daily meeting with senior staff to review incidents and discuss clinical care needs. Consumers and representatives were satisfied with the referral and access to their general practitioners, physiotherapist, podiatrist and other specialist providers. Management and staff described the service’s referral processes, provided examples of referrals made and how they update assessments and care plans following provider reviews.

The service has an Infection Prevention and Control (IPC) lead staff member and an outbreak management plan for respiratory and gastrointestinal infections. Staff described in detail the management of urinary catheters, the preventative strategies of a urinary tract infection (UTI), hand washing and sanitising, and situations for wearing of Personal Protective Equipment (PPE) is required.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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

Most consumers and representatives said they enjoyed the activities on offer in the service. Group and individual activities are available and here are raised garden beds in the courtyard with vegetables growing. Consumers also have access to a kiosk on site and visiting hairdressers. Group activities for the day are displayed on a large whiteboard near the main lounge area of the service. The group activities are based on consumer feedback which lifestyle staff seek out through either individual consumer interactions or monthly resident and relative meetings they hold.

Lifestyle care plans include information on emotional, spiritual, and psychological needs which are individualised. Staff demonstrated knowledge of consumer emotional and spiritual needs and described how they support individual consumers. A church service occurs weekly run by local churches on a rotating basis in the service. The service seeks community engagement with activities that connect consumers in the service to the community such as bus outings, local cafes and visiting groups of small children.

Care planning documentation contained information related to consumer interests and family relationships. Assessments include questions regarding whether the consumer wishes to discuss intimate relationships documenting preferences and additional consideration of privacy.

Communication to external providers is documented in consumer progress notes, as well as communication diaries for regular providers. Staff explained how they communicate with other organisations to arrange community volunteers for consumers including follow up telephone calls and progress meetings. Staff describe how they engage and refer to others such as dementia support specialist and local community organisations, businesses, and churches.

Food is freshly cooked on site and is served directly to consumers. The menu is reviewed and approved by a dietician and substitute options included which are reviewed according to feedback. Feedback from consumers is sought through catering staff interactions consumers at mealtimes and at resident and relative meetings. Dietary information is regularly reviewed and updated as changes occur. Assessments and care planning documents reflected consumer’s dietary needs, dislikes, allergies, and preferences.

Shared equipment is cleaned between uses with sanitising wipes kept with each piece of equipment. The service has a maintenance schedule and equipment in the service was observed to be clean and well maintained.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# Standard 5

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| Organisation’s service environment |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.
 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service is welcoming, easy to navigate and they are supported to personalise their rooms. Staff described how they ensure the service feels welcoming for consumers and their visitors. Management explained they consider the locations and accessibility of consumer rooms with wheelchairs and other mobility equipment to allow wayfinding and easy movement throughout the service.

Staff explained how consumers are supported to move freely throughout the indoor and outdoor areas of the service. Care documentation reflected that environmental restraints are used as a last resort and only restrict consumers from leaving the service but not from accessing the outdoor areas.

Maintenance staff described the preventative and reactive maintenance processes and the schedule for servicing of equipment. A review of the reactive maintenance register reflected most maintenance requests were closed and consumers confirmed maintenance requests are managed efficiently. Preventative maintenance schedules demonstrated all equipment tagging and testing and shared equipment servicing was up to date.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 understand how to give feedback and feel comfortable doing so. Staff described how they support consumers to provide feedback and escalate feedback that is given directly to them. Management explained how they review and action all feedback and complaints. Consumer and staff meeting minutes demonstrated discussion of feedback and complaints received.

The service has brochures and factsheets available to consumers, staff and representatives with information on how to contact the Aged Care Quality and Safety Commission (ACQSC) and advocacy services. Consumer meeting minutes showed a representative from Elder Rights Advocacy attended providing information about the services they offer.

The service has an electronic feedback and complaint register; however, it was identified that not all feedback and complaints are being captured within the register. Management acknowledged this and demonstrated planned improvement initiatives to address this.

Management explained that they provide timely feedback to the governing body to make decisions on improvement actions. Documentation reviewed evidenced how information is used from complaints to make improvements to ensure safe and quality care and services. Monthly Board reports demonstrate how information regarding feedback and complaints are escalated to the Board for resolution consideration and oversight.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

The Assessment Team recommended that Requirement’s 7(3)(d) and 7(3)(e) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 7(3)(d)

The service did not demonstrate that the workforce undertakes ongoing mandatory training and other professional development. Staff described how they have access to an online training platform which has a range of training packages however had not completed recent training. Training records showed low completion rates for annual mandatory and other training. Completion rates for manual and handling and fire training were under 70%. Other online training included restrictive practices, Serious Incident Response Scheme (SIRS) and dementia and responding to changes with annual training completion rates under 34%.

The Approved Provider submitted a response and supporting evidence confirming immediate actions taken after the attendance of the Assessment Team. Mandatory training has been delivered with a plan to ensure ongoing online training compliance and to address the issues staff have experienced accessing the online training portal. I note that current reporting indicates 61% completion of online learning and encourage the service to ensure that this improves with the additional recruitment and oversight specific to quality and education. As a result, I consider Requirement 7(3)(d) compliant.

Requirement 7(3)(e)

The service did not demonstrate that each member of the workforce has regular performance monitoring and reviews. While consumers and representatives expressed satisfaction with how the workforce perform their roles, 49% of staff had overdue performance appraisals by up to 12 months.

The Approved Provider response also reflected completion of overdue appraisals as well as training for senior staff members to assist with these tasks. In support of the response the Approved Provider submitted evidence of completed staff appraisals as well as scheduled appraisals. As a result, I consider Requirement 7(3)(e) compliant.

Compliance with remaining Requirements

Consumers and representatives were satisfied with the staffing and timeliness of care and services. Clinical and care staff confirmed there were enough staff to meet consumer’s needs and preferences. Management described how they allocate staff to support continuity of care and respond to workforce shortages. Consumers and representatives confirmed staff treat them with kindness and are respectful of their identity, culture, diversity and choices. Feedback forms reflected positive feedback about staff and organisation policies and procedures include reference to identity, culture, diversity and respect.

The workforce is skilled, qualified and have the knowledge they need to undertake their role. Position descriptions and duty lists are regularly reviewed by management to ensure they align with qualifications and competencies. Management discussed and demonstrated how they check qualifications and undertake reference checks prior to staff’s commencement.

# 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**

The service conducts consumer surveys and regularly seeks feedback from consumers verbally and through meeting forums. Management and staff described how the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and its involvement in this delivery. The organisation has a governance structure in place that supports accountability over care and services delivered. Meeting agendas, minutes and governance reports demonstrate regular reporting of key performance indicators, clinical incidents and feedback and complaints to the Board.

The Board provides support to the service to ensure the service is adhering to the aged care quality standards and the quality of care being delivered is consistent with best practice.

Staff confirmed information is available to them to provide effective care through the electronic management system, including care planning documentation, policies and procedures, human resources, and training material.

Opportunities for continuous improvement are identified through consumer, representative and staff feedback, surveys, incidents, and meetings. The service’s Plan for Continuous Improvement (PCI) reflected such improvement actions. The organisation has a financial delegation policy that outlines expenditure and responsibilities. The service has a financial accountant to oversees expenditure and reports to the Board monthly.

The organisation has a system that ensures workforce numbers and skills meets consumers’ needs and is delivering safe and effective care and services. The service demonstrated effective workforce equivalent to care minutes requirement with appropriate mix of skill and qualification. The organisation has regulatory compliance systems and processes in place to ensure its complying with all relevant regulatory requirements and legislation. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services PCI.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and a review of documentation. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an effective incident management system in place to report, investigate and manage incidents.

The organisation has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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)