Performance

Report

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| Name of service: | Performance report date: |
| Melaleuca Court Nursing Home | 12 October 2022 |
| Commission ID: | Activity type: |
| 6512 | Site audit |
| Approved provider: | Activity date: |
| Yorke and Northern Local Health Network Incorporated | 31 August 2022 to 2 September 2022 |

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 Court Nursing Home (**the service**) has been considered by K.Spurrell, 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.
* 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 they are treated with dignity and respect, and staff value their identity, culture, and diversity. Staff demonstrated they are familiar with consumers’ backgrounds, and described how they treat consumers with respect, including knocking at the door before entering, approaching them in a kind and caring way, and calling them by their preferred names.

Staff were able to identify consumers with diverse backgrounds and were able to provide information relevant to ensuring each consumer receives the care aligned with their care plan. Care planning documentation reflected consumers’ background and culture and included cultural activities each consumer wished to maintain.

Consumers and representatives said they are supported to make choices about their care, can decide when family and friends should be involved in their care, and communicate their decisions to maintain relationships of choice. Care planning documentation identified the consumers’ individual choices and demonstrated how the service supports them. The service has policies and procedures in place to support consumer choice and decision making. Care planning documentation demonstrated risk assessments are completed in consultation with a medical officer and consumer or representative.

Consumers and representatives said they receive current, accurate and timely information from the service, and they are notified when there are any changes. The service could demonstrate that information provided to consumers is up to date and clear. The Assessment Team observed the service’s consumer newsletter, menu, and monthly activity program calendar which are available to consumers and easy to understand.

Staff could describe how they keep consumer information private when providing care, all staff computers are password protected. The Assessment Team reviewed the service’s privacy policy which outlines how personal information is collected, used, disclosed, and accessed.

# 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

Care planning was individualised and included the identification and management of specific risks to each consumer’s health and well-being, such as falls, pain, skin integrity and continence management.

The service demonstrated assessment and planning identified and addressed the consumer’s current needs, goals, and preferences, including advance care planning if the consumer wishes. Consumers and representatives said they felt staff involve them in the assessment and planning of consumers care through conversations with clinical staff or management and said they had discussed their end of life wishes with the service. Staff said they understand what is important to consumers through regular conversation, care plan reviews and daily observations.

Consumers confirmed they are involved in assessment and planning, and they are able to include the people important to them in planning on an ongoing basis. Care documentation for consumers included progress notes and case conference documents evidenced involvement and input from the consumer and representative, Medical Officers, and allied health specialists in the consumers’ care assessment and planning. Staff could describe processes for making referrals to allied health professionals and could recall recent situations that required input from external organisations.

Consumers and representatives said information is provided to them in a timely manner and confirmed they are offered a copy of the care plan. Management advised the outcomes of assessments are documented in case conference records and in care plans for the consumer in the Electronic Care Management System.

Care planning documentation showed evidence of review on both a regular basis and when circumstances change, or incidents occur. Staff and management interviewed confirmed care plans are reviewed every three months or when health or care needs change and described how incidents may generate a reassessment or review of consumer’s needs.

# 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 said they feel their personal and clinical care needs are met and gave positive feedback about the service. Care planning documentation for consumers reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management could describe consumers’ individual needs, and preferences.

The service was able to demonstrate risks for each consumer including falls, swallowing, behaviours, and pain are effectively managed through regular monitoring and the implementation of suitable risk mitigation strategies for individual consumers. Staff could accurately identify consumers considered to be at high risk and demonstrated an understanding of risk prevention strategies in place.

The service demonstrated consumers who are nearing the end of life have their dignity preserved and care is provided in accordance with their needs and preferences. Consumers sampled who wish to, had their advanced care plan and end of life wishes section of their care plan completed by themselves or a representative. Consumers and representatives sampled said they felt confident the service would maintain their end of life wishes and support them to be as free as possible from pain. Staff described the way care delivery changes for consumers nearing end of life and practice ways to maximise a consumer’s comfort.

The service demonstrated changes in a consumer’s capacity or condition is recognised and responded to in a timely manner, care planning documentation and progress notes reflect the identification of, and response to deterioration or changes in condition.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers' condition, a review of care planning documentation demonstrated progress notes, and care and service plans provide adequate information to support effective and safe sharing of the consumer's information and support care.

Care planning documentation evidence a clear referral process to other health care providers. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service was able to demonstrate preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak.

# 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 are supported to participate in activities they like, and they are provided with appropriate support to optimise their independence and quality of life. Lifestyle staff explained how consumers’ preferences and needs are collected and communicated, such as leisure likes and dislikes, personal interests, spiritual needs, and what options are in place for consumers who choose not to participate in activities.

Staff advised how they support consumers with their emotional and spiritual wellbeing, including reassuring consumers and spend one-to-one time with them when consumers feel unhappy, offering chaplain and church services, and assisting consumers to keep in touch with family and friends. Consumers said they are supported to participate within and outside the service environment, keep in touch with people that are important to them and do things of interest to them.

Staff described ways in which they share information and are kept informed of consumers’ condition, needs and preferences changes with each other. Care plans reviewed provided adequate information to support safe and effective care delivery for daily living support.

Consumers said they are supported by other organisations and support services. Staff described the external organisation and specific consumer that were involved in each referral.

Consumers and representatives said they are satisfied with the quality and quantity of food provided at the service, and there are multiple options to choose from for each meal. The chef explained how consumers’ feedback and preferences are reflected in the menu. Staff said they have access to equipment when they need it, and equipment is always kept clean and well maintained.

# 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 confirmed they find the service environment welcoming and easy to navigate, and said they have a sense of belonging at the service. Staff could describe aspects of the service environment optimising consumers’ sense of belonging, independence, and interaction.

Consumers and representatives said the service is clean and well maintained. Staff said consumers can move freely both indoors and outdoors, and they assist consumers with limited mobility get to where they want to go.

Cleaning staff said they are on 7-day rosters and there are always two cleaners on site, staff explained that consumers’ rooms are spot cleaned every day and fully cleaned every week. The Assessment Team reviewed the service’s maintenance log, which records details of issues and affected area, and all requests on the log have been actioned in a timely manner, with date and details of action recorded.

Consumers and representatives said equipment is kept clean and safe for use. The Assessment Team reviewed the preventative maintenance calendar including mechanical, fire, plumbing and electrical maintenance schedules each month, and there are no overdue tasks.

**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 feel safe and supported to provide feedback or raise concerns with staff and management. Management and staff described processes in place to encourage and support feedback and complaints and understand the operation of the service’s complaint handling system.

Management said they encourage consumers and representatives to provide feedback through verbal communication to staff, feedback forms, consumer meetings, the care consultation process, consumer surveys, and external complaints. Consumers and representatives said they are aware of ways of raising complaints.

Consumers and representatives said their concerns are addressed and resolved after raising complaints, and when incidents occur, they are notified, and actions are taken. Staff demonstrated an understanding of open disclosure and described how they would apologise to consumers and representatives in case of an incident.

Staff were able to describe improvements made based on consumer feedback and complaints. Management described how feedback and complaints data are used to improve the care and services provided to consumers.

**Standard 7**

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

The service was able to demonstrate there was adequate staffing levels and mixes to meet the needs of the consumers. Most consumers and representatives interviewed said they feel that there are enough staff at the service. Management advised unplanned absences are covered, and how the service ensures they have enough staff rostered.

Consumers and their representative’s said staff are kind, caring and gentle when providing care. Staff were observed interacting with consumers in a kind and respectful way and greeting consumers by their preferred name and demonstrated they are familiar with each consumer's individual needs and identity. The service has a range of policies and procedures to guide staff practice, and which outline how care and services are to be delivered in a person-centred approach.

Position descriptions provided include key competencies and qualifications that are either desired or essential for each role, and staff are required to have relevant qualifications. Consumers and representatives said staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management said there is annual mandatory training and an online training portal which includes mandatory and non-mandatory trainings. All mandatory trainings are monitored centrally and followed up every month by management at the service if overdue.

The service demonstrated performance of staff is regularly assessed, monitored, and reviewed as per the service’s policy. Staff described how their performance is reviewed through 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

The service was able to demonstrate established processes to support consumers to engage in the development, delivery and evaluation of care and services. Consumers and representatives are engaged through a variety of ways including care plan review and consultation with consumers and representatives 3-monthly or as required, consumer meetings, a consumer newsletter and a clear feedback management system and process which utilises an external complaints box.

Management described the organisational structure and hierarchy and how it supports accountability over the care and services delivered. Management described the different levels of governance throughout the service and the Northern Local Health Network which it sits within. Management described how the service reports to and is overseen by Northern Local Health Network management, Board, and various committees. Management described how they communicate information to staff and how information is communicated upwards to the governing body via various channels but predominately the monthly quality and performance report.

Management described processes and mechanisms implemented for effective organisational wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service provided policies and procedures supporting the management of risk in response to incidents and the service demonstrated the implementation of these policies and procedures. Staff and management interviewed could provide examples of high impact or high prevalence risk and how they are managed within the service.

The service provided policies and procedures on antimicrobial stewardship and infections, an open disclosure policy directive and procedures aligned to best practice on the minimisation and use of restrictive practice.

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)