Performance

Report

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| Name of service: | Melva McDonald Lodge |
| Service address: | 11 Mavis Street ROOTY HILL NSW 2766 |
| Commission ID: | 1077 |
| Approved provider: | Anglican Community Services |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 13 January 2023 |
| Performance report date: | 28 February 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 Melva McDonald Lodge (**the service**) has been prepared by M. Nassif, 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 provider’s response to the Assessment Team’s report received 13 February 2023.

# 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 stated they are treated with respect and dignity. Care planning documents evidenced that preferences and requirements were identified for each consumer. Staff were observed to be respectful towards consumers.

Staff described the cultural, religious, and personal preferences of consumers. Care planning documents recorded consumers’ emotional, spiritual, and cultural needs and preferences. Consumers said they felt safe and care and services were culturally appropriate.

Consumers confirmed that they are supported to exercise and maintain connections and relationships with others. Staff explained how consumers are given a choice by respecting what they want to do and understanding their background, likes and dislikes.

Care planning documents described how consumers are supported to take risks to live the life they wish. Management described the process for assessing risk, including assessments of risk-taking activities in consultation with the consumer, their representative and health professionals. Consumers described their confidence in management to allow and support them to engage in risk-associated activities if they choose.

Consumers said they receive current information and are kept informed of changes. Staff explained how they make sure consumers make informed choices by repeating questions and confirming their understanding. Information that enables consumers to exercise choice, such as activities calendar and a menu, was displayed around the service.

Consumers said their privacy is respected, and their personal information is kept confidential. Staff said all consumers personal information is secured electronically and is password protected by staff.

**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**

The service had a process of identifying health risks for the consumer through risk assessments. Care planning documents included risk assessment and effective interventions. Staff described risks to consumers and were aware of strategies to manage those risks. However, the Site Audit report identified 2 consumers who did not have pain assessments undertaken for chronic wounds. This has been considered under Requirement 3(3)(a) where it is relevant.

Staff stated that the assessment process identifies consumer needs, goals, and preferences. Consumers and representatives expressed they have been provided with the opportunity to discuss current care needs, goals and preferences, including advance care planning and end of life planning. Care planning documents included current needs, goals, and preferences of consumers along with advance care directives.

Consumers and representatives said they are involved in assessments and planning of care. Care planning documents contained information on who the consumer preferred to involve in decision making and the planning of care and services. Care planning documents also demonstrated assessment and planning included other organisations and providers of care and services.

Care planning documents contained information on the outcomes of consumer assessments and planning. Consumers and representatives said they had access to care plans and described the communication from the service as timely, efficient, and informative.

Consumers and representatives stated the service regularly reviewed consumers’ health and well-being and also conducted reviews based on any changes to consumer need. This was demonstrated in care planning documents. Management said the service reviews assessment and care planning every 4 months or when there is a change in the consumer’s health. However, the Site Audit report identified some consumers who’s care needs were not monitored appropriately. This has been considered under Requirement 3(3)(a) where it is relevant.

**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**

The Assessment Team recommended Requirement 3(3)(a) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 3(3)(a), the Site Audit Report identified there was inadequate monitoring, follow up and ineffective intervention related to pain management, weight loss and behaviour management plans. The deficiencies identified included:

* For consumer A who complained of pain, staff could not describe how to monitor the effectiveness of pain management following administration of medication. The documentation reviewed did not support the practice of regular pain monitoring to assessment the effectiveness of pain management including review by the physiotherapist or medical officer. Management acknowledged there was lack of pain monitoring.
* Consumer A also requires their blood glucose levels to be checked 4 times a day however on some days was only checked 3 times a day. This did not have any known impacts on the consumer and all recorded entries were within range.
* For consumer B, pain monitoring, assessment and management was not conducted regularly according to the service’s pain management and behaviour management policy. The consumer’s pain management care plan provided they are on regular and as needed pain relieving medication and weekly massages however charts evidenced that this did not occur.
* Consumer B lost significant weight. Staff were not able to explain how the consumer’s poor intake was communicated and escalated to the clinical team. A referral to a speech pathologist was not made, consistent with the service’s procedures, and a re-referral to a dietitian was made and classified as non-urgent.
* Consumer B’s behaviour management plan was incomplete and did not identify behaviours, triggers or interventions. Staff were unable to explain how to identify triggers for the consumer’s behaviour. The consumer’s representative stated pain might be a trigger for behaviours and were not aware of any pain assessment or management offered to the consumer to manage behavioural episodes. Staff did not attend any pain assessment to rule out pain as a trigger for consumers’ behaviour and offered only activities.

The Assessment team brought forward feedback from consumers and representatives where they stated consumers’ care was not effectively managed by the service, in relation to unexplained weight loss, pain management, effective skin integrity management and behaviour management. Staff were unable to identify individual consumers’ risks and triggers for the risks.

The Approved Provider’s response detailed comprehensive corrective actions undertaken, commenced or planned in relation to the deficiencies identified and provided clarifying information in support of compliance:

* In relation to consumer A’s pain, the response provided evidence that:
  + pain assessment occurred daily, sometimes multiple times a day,
  + on most occasions when pain relief medication was provided the effectiveness was noted, and
  + consumer A’s pain was regularly reviewed by a medical officer.
* In relation to consumer A’s blood glucose level not being checked in line with their care plan, the response acknowledged that the level was not checked before bedtime and was only checked when they received insulin which changed from 4 to 3 times a day. Consumer B was recently reviewed by a medical officer and now only requires their BGL to be checked 3 times a day.
* In relation to consumer B’s pain, the response provided evidence that pain assessment occurred daily, sometimes multiple times a day, and the consumer has not experienced any pain. The response also clarifies that the consumer receives weekly massages through a physiotherapy exercise program.
* In relation to consumer B’s weight loss, the response clarified that a dietitian review was requested earlier however was cancelled as the dietitian could not attend. The response also clarified that consumer B did not require review by a speech pathologist as per their care plan and the service’s procedure. The response does not address how staff communicate consumer B's poor food intake with clinical team however confirmed clinical team are aware of the poor intake and all necessary interventions are in place in relation to weight loss.
* The behaviour management plan for consumer B was completed post Site Audit as it was waiting consultation with the consumer’s representative. The response evidenced that the plan now identifies behaviours, triggers and interventions to manage behaviours. The plan considers pain as a trigger and the response evidenced appropriate action is taken to manage challenging behaviour, however it is noted that effectiveness of strategies used is not always assessed and documented. Staff have also received training in behaviour management and identifying triggers.
* The response highlighted a tool available to staff, and training staff had received in relation to the tool, to watch and respond to changes in consumers, including pain, weight loss and poor food intake. The respond also outlined all staff had attended training in relation to pain management and assessment.

Feedback from consumers and representatives outlined in the Site Audit report reflected they were happy with the care and services provided and felt it was safe and right for consumers. The Site Audit report did not evidence significant impacts on consumers and no further named consumer example was brought forward in the Site Audit report. Therefore, the evidence presented under this Requirement is insufficient alone to support each consumer does not get safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Based on the evidence before me, I find Requirement 3(3)(a) compliant.

I am satisfied the remaining 6 Requirements in Quality Standard 3 are compliant.

Care planning documents demonstrated high impact or high prevalence risks are identified and effectively managed by the service. Staff and management described risks and related management for individual consumers.

Care planning documents showed current advance care plans and end-of-life care plans in place for consumers. Consumers described they had advance care directives, which included their end-of-life care preferences. Staff described end-of-life care for consumers to maximise comfort and preserve dignity through regular nursing interventions such as repositioning and pain management.

Staff described processes for identifying deterioration in consumers condition including reporting responsibilities for escalation. Care planning documentation showed the system for recognising the changes in deteriorating consumers and how to respond to those changes.

Consumers and representatives said the service communicated effectively within the organisation and with others who are responsible for other care and services for consumers. Management and staff described how information is shared when changes occur through handover process and consumer’s condition, needs and preferences were documented in care planning documents.

Staff explained how input from the external service providers was obtained. Care planning documents evidenced timely referrals to health practitioners, specialised allied health, or other services. Consumer and representative reported the service enabled appropriate referrals when needed.

Observations confirmed staff practiced best practice infection control and prevention techniques, including hand hygiene. Staff understood the precautions necessary to prevent and control infection and the system that helps in minimising the need for antibiotics.

**Standard 4**

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

**Findings**

Consumers and representatives said the services and supports provided meet consumers’ needs, goals, and preferences to assist in maintaining their independence and quality of life. Consumers were observed engaging in a variety of group and independent activities. Staff demonstrated knowledge of consumers’ needs and preferred activities.

Consumers described services and supports available to promote emotional, spiritual, and psychological well-being. Staff provided examples of supports for consumers’ emotional and psychological well-being. Care planning documents recorded consumers’ individual emotional support strategies and how these were implemented.

Consumers said they are supported by the service to participate in their community within and outside the service environment. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain relationships. Consumers were observed receiving social supports and participating in social interactions of their choice.

Consumers and representatives felt that information about their daily living choices and preferences is communicated to staff and to other services who provide care and support to them. Observations of handovers evidenced current information about consumers’ condition, needs and preferences were communicated effectively. This was consistent with staff feedback and care planning documents.

Care planning documents evidenced that the organisation collaborated with other providers of care and services to support the diverse needs of consumers. Staff identified the providers where they can make referrals to and provided examples.

Consumers said meals provided are varied and of suitable quality and quantity. Staff described how they meet consumers’ dietary needs and preferences. The service demonstrated consumers were able to input into the menu.

Consumers said that they felt safe using the provided equipment and that equipment was suitable for their needs. Equipment provided was observed to be clean and well maintained. Staff were aware of reporting procedures for maintenance issues.

**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**

The service environment was observed to be welcoming and safe with appropriate signage to assist consumers with navigating around the service environment. Consumers reported they can personalise their room and said the service is welcoming and easy to navigate.

Consumers said staff ensure that the service and their rooms are clean, safe, and well-maintained. Consumers were observed moving freely through various sections of the service and going outside for walks in the gardens.

Consumers and representatives said the equipment used at the service is clean, well-maintained, and suitable for assisting in providing care. Review of maintenance records confirmed that maintenance is attended to as scheduled. Staff reported that the maintenance team attends promptly to any repairs or maintenance requests sent to them.

**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 are encouraged to provide feedback and make complaints. Feedback forms and suggestion boxes were located throughout the service with complaints being a standard agenda item for consumer meetings. The service had processes and systems in place to enable consumers to raise any concerns they have regarding their care and services.

Consumers and representatives stated they were aware of and have access to advocates. Information about external advocacy and language services and complaints mechanisms was observed displayed throughout the service. Staff described how they assist consumers provide feedback and complaints if they are unable to use the feedback channels.

Consumers and representatives said management promptly addressed and resolved their concerns when raised or if an incident occurred and provided an apology. Staff demonstrated a shared understanding of the principles of open disclosure. The service’s feedback and complaints register demonstrated that an open disclosure process is applied, and appropriate feedback is provided when something goes wrong.

Consumers and representatives said feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management described how trending and analysing feedback and complaints have resulted in care and service improvements.

**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, representatives and staff reported staff shortages contributing to additional wait times however consumers and representatives did not report significant impacts on care delivery and said consumer care needs are still being met. Staff rosters demonstrated there were no unfilled shifts and management described communication tools available to them for a quick replacement of staff if required.

Consumers and representatives reported that staff engaged with consumers in a respectful, kind, and caring manner. Staff interactions with consumers were observed to be kind, caring, and respectful. Staff demonstrated an understanding of consumers’ needs and preferences.

Consumers felt staff were competent and skilled enough to meet their care needs. Staff said they received ongoing and high-level training regularly. Management described the onboarding process included a suite of competencies and training for the staff.

Consumers said the staff are equipped with the knowledge and skills required for their position and did not identify any areas for additional training. The service had documents outlining core competencies, roles, responsibilities, and qualifications required by staff. Staff said they receive excellent training and support to perform their role and can access additional training provided.

The service had a suite of documented policies and procedures to guide the monitoring of staff performance and the performance management of staff when issues are identified in performance. Staff confirmed that their performance is monitored through annual performance appraisals, competency checks, and mandatory training.

**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 said they felt the service was well run with an approachable and supportive management team. Documentation demonstrated consumers and representatives are actively engaged in the development, delivery and evaluation of care and services through resident and relative meetings, surveys and face to face discussions.

Management and documentation demonstrated the governing body (the Board) is involved in the delivery of care and services via clinical governance framework which involves regular communication between the service management and the Board.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management described how budget or expenditure is flexible to support changing needs of consumers.

While the Assessment Team brought forward examples where risks for 2 consumers was not effectively managed, this does not show absence of effective risk management systems and practices. Rather the evidence shows there are deficits in managing risks to those individual consumers. I have considered this evidence under Requirements 3(3)(a) where it is relevant. The service had a risk management framework to monitor and assess the high impact or high prevalence risks associated with care of consumers. Staff described how they use the service’s policies, procedures and practices to minimise risk to consumers including falls, infection prevention and reporting of serious incidents.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated a shared understanding of restrictive practices, including the need to obtain consent, prior to using any form of restraint and monitoring restraint when in use. Staff also demonstrated a shared understanding of antimicrobial stewardship and the principles of open disclosure.

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)