Performance

Report

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| Name of service: | MercyCare Maddington |
| Service address: | 185 Maddington Road MADDINGTON WA 6109 |
| Commission ID: | 7270 |
| Approved provider: | Mercy Human Services Limited |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 4 May 2023 |
| Performance report date: | 23 June 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 MercyCare Maddington (**the service**) has been prepared by A. Kasyan, 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 1 June 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Standard 4 Requirement 4(3)(f)** Ensure meals are of suitable quality and meeting consumers’ preferences, specifically in relation to temperature of the meals.
* **Standard 7 Requirement 7(3)(a)** Ensure staffing levels are sufficient to meet consumers’ needs and preferences, including in relation to provision of lifestyle supports and individualised interventions.

# 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

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers and/or consumer representatives interviewed confirmed consumers are treated with dignity and respect, and their identities are valued. They said that consumers’ culture and preferences are respected, and their feedback helps to inform culturally safe care. Consumers and representatives reported they receive current, accurate, and timely information, including updates on general and COVID-19-related issues. They felt consumers’ privacy was respected, and information was kept confidential.

Staff were able to describe how they ensure each consumer is treated with respect and dignity, and consumers’ cultural needs and preferences are met. They could explain the consumer’s cultural, religious, and personal preferences and how they inform their care needs, such as respecting activity choices. They also reported making consumers feel welcome by asking them questions based on their ‘key to me’ profile and using sensory techniques to modify their communication style, such as lip reading when supporting consumers with hearing or vision impairments.

Staff were knowledgeable of the service’s privacy processes and confirmed all consumers’ personal information is kept confidential. Staff were observed to be providing care and assistance to consumers in a dignified manner by ensuring bedroom doors were closed when attending to personal care needs and knocking and waiting for a response before entering. Staff were seen interacting with consumers respectfully and ensuring dignity during meal services by speaking kindly and not rushing meals when providing meal assistance.

The Assessment Team observed all staff treating consumers and representatives with kindness and respect. They observed paper-based care files securely stored and the nursing stations and computers being locked when not in use.

Care planning documentation reflected consumers’ cultural needs and preferences. Care plans reviewed documented consumers’ lifestyle choices, how they are supported to maintain those choices, and their independence. Documentation also specified who they wish to be involved in their care and assist them to make decisions. The service keeps representatives informed on assessments, care, and incidents relating to consumers.

The service provides staff with policies and procedures about supporting consumers to exercise their choice to take risks and make informed decisions that evaluate both the benefit and risk of their chosen activity. Risk assessments are undertaken and include discussions with consumers and their families about mitigating the risks to ensure safety. Staff interviewed demonstrated their knowledge of consumers’ activities that may pose a risk to their safety and explain how the risks were being mitigated.

The service has comprehensive policies and procedures to guide staff practice in relation to this Standard, and staff confirmed they have had relevant training.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers’ and representatives’ feedback indicated consumers have a say in the direction of their care and services, staff regularly communicate with them, they have been offered or have received a copy of their care plan and they are involved in the review of the care plan on a regular basis.

Documentation showed the service utilises risk assessment tools to inform care planning, including assessments in relation to falls, nutrition, and pressure injuries. Staff interviews demonstrated understanding of the service's care planning process, with assessments informing the delivery of safe and effective care. Staff provided examples of risks considered during consumer assessment and planning, including risks of falls, skin and pressure injury, psychotropic medication usage, complex health conditions, such as diabetes and Parkinson’s disease, sensory and mobility impairments. Staff were able to describe, and care planning documentation reviewed showed, the service addresses these risks during the assessment and planning process through implementation of specific interventions.

The Assessment Team observed consumers have an advance care plan in place, and admission assessments are conducted to initiate a conversation regarding advance care directives and end of life planning. Clinical staff described various opportunities to discuss end of life planning with consumers and their representatives, including during changes in care needs, routine care plan reviews and care conferences. Clinical and care staff were able to explain how they involve consumers in the assessment, planning and review of care and services. All sampled consumers’ care planning documentation showed evidence of annual case conferences and the participation of external service providers and allied health services.

Care planning documentation showed outcomes of assessment and care planning are communicated to consumers and representatives in a timely and appropriate way. Representatives advised they receive timely updates from staff through phone calls, face-to-face, or formal meetings.

Staff described processes for regular review of care and services, as well as a review when circumstances change, such as following incidents, deterioration in health, or when a consumer transfers to and from hospital. All sampled care plans reviewed were noted to be reviewed and evaluated for effectiveness regularly and when incidents impacted the needs, goals, and preferences of consumers.

# 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers and/or consumer representatives expressed satisfaction with the provision of personal and clinical care, including assistance with skin, continence, diabetes, catheter and pain management. They confirmed that consumers receive tailored personal care which optimises their health and well-being and their care is consistent. They reported they felt that staff are well-informed about consumers’ care needs and when there are changes in the care and services. They also expressed their satisfaction with access to relevant health providers, such as a medical officer, dietician, speech pathologist, external service provider specialising in providing advice and support for people living with dementia and palliative care service provider.

Staff interviewed were able to demonstrate an understanding of consumers' care needs and what they do to support them in line with their care plans. Staff interviewed could describe their role in recognising and escalating changes in consumers' physical and mental health and their responsibility in communicating any changes in a consumer's condition based on observations. Clinical staff were able to describe how they ensure effective communication of consumer needs through comprehensively documented progress notes, care plans and handover process.

Care planning documents reflected the identification of, and response to, deterioration or changes in a consumer's condition and delivery of personal and clinical care in line with their care plans and policies and procedures. Care planning documentation was noted to contain adequate information to support the effective and safe sharing of consumers’ care information.

Staff were able to describe how they provide person-centred end of life care in line with the consumer’s wishes and preferences and how they refer consumers to an external palliative care consultancy group to provide additional support where required.

Consumer files, progress notes, internal and external referral requests, and care planning documentation included input from other services and care providers, such as Residential Care Line, Metropolitan Palliative Care Consultancy Service, Dementia Services Australia, Older Adult Mental Health, Speech pathologists, Podiatrists, Dental service, Optometrists, and other medical specialists.

Documentation showed the service monitors, analyses and reports on infections and antimicrobial usage monthly. Consumer care files evidenced appropriate assessments by staff and reviews by medical officers, supporting appropriate antimicrobial prescription. The service undertakes spot checks of hand hygiene techniques.

# 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Non-compliant, one of the seven Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirements 4(3)(a), 4(3)(c) and 4(3)(f) in this Standard as Not Met.

Based on the Assessment Team’s report and the provider’s response I find Requirement 4(3)(f) Non-compliant. However, in relation to Requirements 4(3)(a) and 4(3)(c) in this Standard, I have come to a different finding to the Assessment Team and have found these Requirements Compliant. I have provided reasons for my findings in the respective Requirements below.

**Requirement 4(3)(a)**

The Assessment Team recommended the requirement as Not Met because services and supports for daily living did not support one consumer’s independence, well-being and quality of life. The Assessment Team provided the following findings and evidence to support their recommendation of Not Met in this Requirement:

* One consumer was found to be asleep on their bed, and unengaged on most occasions over the 3-day Site Audit. The consumer’s activity chart reflects minimal attendance and participation in the activities of the consumer’s interest listed in the care plan based on the consumer’s past interests which is music and sport. The consumer was referred to and assessed by an external service provider who provided recommendation in relation to meaningful and person-centred activities to enhance their mental health, including exercise program and one to one therapy. However, activity participation records showed these are not frequently implemented and the consumer reported there is nothing much to do for them.

The provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* The consumer is quite new to the service and attends activities as per their choice which is demonstrated in activity charts. If the consumer chooses to rest in their room, staff will offer to turn television on a music channel that supports the consumer’s musical interests.
* The consumer’s representative reports satisfaction with the services and thankful for the involvement in the consumer’s care. Staff routinely involve the consumer in meaningful activities such as pushing laundry trolleys or clearing items from dining tables.
* The consumer had a one-day admission in hospital earlier this year due to violet and aggressive behaviours and delusional ideations and had another admission a month later for ongoing aggressive behaviours on a background of worsening dementia. Throughout admission, the consumer received ongoing input from Liaison Psychiatry service and was commenced on medication to manage behavioural and psychological symptoms of dementia.
* Mental health specialist reviewed the consumer on day one of the site audit and documented seeing improvements in the consumer’s mood with staff reporting the consumer is more sociable, more outgoing and accepting of care since starting on medication commenced during the consumer’s last hospital admission.
* In addition to the ongoing review by mental health professionals, the consumer was referred to a psychologist due to a diagnosis of depression and was awaiting review.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of Not Met and find the service Compliant with this Requirement. I find the service provides consumers with services and supports of daily living that are safe and effective and optimise their independence, health, well-being and quality of life.

I accept the Assessment Team’s observation of one consumer not being engaged in any activities on three days of the site audit with no documented evidence of frequent one to one support as recommended by an external service provider who reviewed the consumer soon after their entry into the service.

However, documentation in the provider’s response, including progress notes, hospital discharge letters, activities participation records showed the service was tracking the consumer’s progress in relation to social interactions, emotional state and engagement in recreational activities since the consumer’s entry into the service. I have considered the consumer’s health and well-being have improved as evidenced by mental health professional records in progress notes that the consumer’s social engagement has improved since entry into the service and the consumer had become more outgoing.

In addition, I have considered the provider’s response showing the consumer was supported and participated in up to 14 group and individual activities per month. I have also considered impact on frequency of the activities due to prolonged hospital stay.

Additionally, I have considered totality of evidence presented in the Assessment Team’s report across different Standards, including consumers’ feedback and the Assessment Team’s observations relevant to this Requirement that shows activities of daily living are safe, meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. For example:

Lifestyle staff spoke about the importance to maintain consumer independence and how they use information from assessment and planning process to plan and improve the lifestyle services they deliver. Documented profiles of consumers displayed the things that consumers enjoyed doing and consumers were observed to be supported to do this.

Consumers are referred to an occupational therapist for assessment and recommendations of specialised equipment including mobility and seating equipment to enhance consumer independence and quality of life and consumers were observed using this equipment.

Consumer files reflect that the consumer and others they want to involve, are involved in deciding how services and supports and supports are delivered.

Accordingly, I find Requirement 4(3)(a) is Compliant.

**Requirement 4(3)(c)**

The Assessment Team found the service was not able to demonstrate each consumer was supported to do things of interest to them because, while some activities were observed to take place during the Site Audit, not all programmed activities took place. Most consumers were observed seated unengaged in front of the television, or at tables. Lifestyle staff advised staffing levels impacted on their capacity to provide the lifestyle program as developed and their capacity to offer one to one interaction. The Assessment Team provided the following information and evidence to support their recommendation of Not Met in this Requirement:

* Often consumers seated at tables had magazines placed in front of them, however, many consumers were observed not to engaging with these. At other times most consumers were found seated in front of the television, some were able to watch the content, other consumers were observed not to be engaged with the programs.
* Review of the activity program and observations of the activities provided to consumers over the 3 days of the Site Audit confirmed not all activities were able to proceed.
* Two consumers’ activity charts did not reflect the consumers were provided with activities listed in their care plans, including one-to-one sessions.

The provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* While reading magazines and watching television may not be considered a quality activity for consumers, many consumers have always enjoyed these activities prior to entering the service which continued to be delivered at the service.
* COVID-19 has impacted some activities with either sickness of staff or entertainers. The service strives to reschedule events in short notice when required to ensure meaningful activities remain available to all consumers.
* Many consumers enjoy just being in the company of others and while it can be interpreted that they are disengaged, they are enjoying the activity happening around them.
* Volunteers assist with the consumers in a number of one-on-one activities.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of Not Met and find the service Compliant with this Requirement.

While I acknowledge the Assessment Team observed consumers sitting in front of the television and at tables and were observed not engaging, I also considered the provider’s response that reading magazines and watching television was something the consumers have always enjoyed prior to entering the service.

I have considered totality of evidence presented in the Assessment Team’s report across different Standards, including consumers’ feedback and the Assessment Team’s observations relevant to this Requirement that shows the consumers are satisfied with supports enabling them to do things of interest and maintain social and personal relationships. Examples include:

* One of the sampled consumer’s profiles states the consumer enjoys listening to music and joining singalong activities. The Assessment Team observed the consumer was engaging in the singalong activity held in the communal area.
* One consumer was observed gardening, which is listed as the consumer’s preferred activity in the care plan. The consumer was observed being provided support by a staff member who spoke to the consumer in their native language while encouraging and assisting them to operate a garden house to water pot plants.
* Lifestyle and care staff were observed singing, dancing and talking with consumers during a singalong activity, and consumers were smiling, clapping, and singing interacting.

Accordingly, I find Requirement 4(3)(c) is Compliant.

**Requirement 4(3)(f)**

The Assessment Team recommended Requirement 4(3)(f) Not Met because whilst the meals were found varied and of suitable quantity, quality of food was not always suitable due to it being served cold. The Assessment Team provided the following evidence relevant to my finding in relation to this requirement:

* Three consumer representatives reported dissatisfaction with the quality of the food stating it was at times served cold.
* While the service was aware of this issue and have undertaken to implement service improvements, at the time of the Site Audit, the Assessment Team found concerns regarding the quality of the food to be unresolved.

The provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* Acknowledges there have been difficulties with maintaining food temperature due to the process in place where all food is plated individually in the kitchen, then moved to the homes for service.
* Food service and re-heating was discussed at the staff meeting held in February 2023. Following the staff meeting, it was identified by staff that there were issues with the temperature probes so new temperature probes were purchased and education was provided to staff with regards to food temperature and the correct use of the new probes.
* Feedback from consumers and their relatives at the Resident and Relative meeting held in February 2023 identified concerns relating to food temperatures remained.
* Staff meeting held in March 2023 included clear instruction for staff to ensure food temperature was managed effectively and confirmed hospitality staff were looking for possible alternative options to enhance the dining experience including the use of bain-maries in the wings.
* The required equipment arrived on site on the first day of the site audit.

After reviewing the evidence and information presented in the Assessment Team’s report and the provider’s response, I find Requirement 4(3)(f) Non-compliant.

I have found the provider demonstrates meals are of suitable quantity and variety. However, the provider was not able to demonstrate meals served to each consumer are of suitable quality, specifically in relation to its temperature and not meeting consumers’ preferences in relation to this.

I considered feedback from consumers representatives’ food is sometimes being served cold. I acknowledge the service was planning to implement improvements in relation to the issue. However, based on the provider’s response, a new process for maintaining a consistent temperature of the meals was not introduced at the time of Site Audit, despite consumers raising their concerns at Resident and Relatives Meetings from at least December 2022.

I acknowledge Bain Maries were implemented on 3 May 2023. However, I have considered consumers continued to express dissatisfaction with temperature of the meals, stating it was served ‘stone cold’ at the Resident and Relative meeting held on 23 May 2023 minutes of which were attached in the provider’s response.

Additionally, the provider’s response did not demonstrate the corrective action has ensured the quality of the meals, specifically that an improvement in the temperature of meals at the point of the service has achieved.

Accordingly, I find Requirement 4(3)(f) is Non-compliant.

**Requirements 4(3)(b), 4(3)(d), 4(3)(e)** and **4(3)(g)**

I am satisfied the remaining Requirements 4(3)(b), 4(3)(d), 4(3)(e), and 4(3)(g) are Compliant.

Consumers and/or consumer representatives advised consumers receive timely and appropriate supports that promote their emotional, spiritual and psychological needs. Representatives said they are kept informed about their relative’s condition and other developments in the service, via notices, staff contact, and resident and relative meetings.

The service provides pastoral care and religious services for consumers who require or prefer this service. The Assessment Team observed a priest entering the service to provide religious rites to a consumer who had passed away.

Care staff advised they are updated on a changing condition and needs and preferences of consumers by checking the care plan and at handover meetings. Care plans reviewed documented information about consumers’ life history, relationships of importance, needs and preferences for care, including dietary preferences and requirements, equipment to assist consumers to maintain their independence, activities of interest, and supports required to assist consumers to maintain their emotional, spiritual and psychological well-being.

Documentation showed consumers are referred to the psychologist, speech therapist, and the community visitors scheme when required and referrals are timely.

Equipment provided to consumers is assessed for suitability to their individual needs and preferences, and regular maintenance is performed to ensure safety and effectiveness. Observations of the equipment in use by consumers demonstrated that it was generally clean, well-maintained, and functioning effectively.

# 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

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumer feedback was positive overall, with most consumers and representatives feeling welcome, safe, and expressing a sense of belonging. They also confirmed they are satisfied with cleaning and maintenance services and they can access outdoor areas freely.

Observations of the service demonstrated a welcoming environment that optimises each consumer's sense of belonging, independence, interaction, and function. Consumer rooms were observed to be clean and personalised with various items, that are important to them, and consumers were observed to be moving freely throughout the service, including both indoor and outdoor areas.

Staff interviewed demonstrated their knowledge of how to report hazards, and a schedule for maintenance demonstrated preventative and reactive maintenance. They said shared equipment gets cleaned after every use and confirmed they regularly clean and wipe down handrails and door handles.

Documentation review confirmed that the organisation conducts audits of the environment, and cleaning staff confirmed they have cleaning schedules which include completing consumer room and communal area cleans. The service engages external contractors on an ongoing basis to provide regular maintenance such as, pest control, hot water system servicing, carpet cleaning, window cleaning, maintaining fire safety provisions and electrical testing and tagging.

# 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

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the service’s complaints and feedback mechanism. They said their feedback is taken seriously and is acted upon promptly.

Documentation, including complaints register and minutes of resident and relative meetings, demonstrated feedback and complaints are recorded from multiple avenues and the service is proactive in informing consumers of their rights and advocacy services.

However, one complaint related to smoking area was noted to be unresolved. The complaint was in relation to the poor air quality inside the service building resulting from passive smoke entering from two open doors directly in front of different wings, either side of the designated smoking area. Management agreed that they had not yet resolved all issues relating to the designated smoking area but were able to demonstrate appropriate actions are being taken to resolve the issue to the satisfaction of the complainant.

Staff and management were aware of the concept and principles of open disclosure, and documentation confirmed this was applied in practice when things went wrong.

Complaint data showed the service received complaints regarding food service. The complaints were related to the temperature of food being served. In response, the service drafted a plan for continuous improvement that will ensure food temperature is maintained during service, including but not limited to the use of Bain Maries.

# 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. | Non-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

This Quality Standard is assessed as Non-compliant, one of the five Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement 7(3)(a) as Not Met because they found the service was not able to demonstrate 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. The Assessment Team provided the following evidence relevant to my finding in relation to this requirement:

* Lifestyle staff said there are often occasions where activities and one-to-one supports cannot go ahead as they are short staffed. They advised they are often not able to deliver a structured activity program to support the cohort of consumers with cognitive impairment, some of whom experience changed behaviours.
* Review of the activity program and observations of the activities provided to consumers over the 3 days of the Site Audit confirmed not all activities were able to proceed.
* Lifestyle staff were observed undertaking other duties, including assisting in the kitchen. They said they were helping in the kitchen because the agency staff member working in the kitchen was not sure what to do.

The provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* In addition to the Lifestyle Coordinator there are therapy staff rostered each day. A Spiritual Care Practitioner is at the service two days a week, liaising with consumers and their families specifically focussing on spirituality two days a week.
* The last Quarterly Financial Report shows delivery above target minutes of care.
* Acknowledges, some planned activities were not able to go ahead. However, it was due to lack of interest by the consumers to participate in them and one person delivering activity being sick.
* Volunteers assist with one-to-one activities.
* Lifestyle staff member was providing guidance rather than physically assisting in the kitchen.

After reviewing the evidence and information presented in the Assessment Team’s report and the provider’s response, I find Requirement 7(3)(a) Non-compliant. I found the service does not demonstrate the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services, specifically in relation to lifestyle services and supports, including provision of a range of group activities and individualised support.

In coming to my finding, I considered lifestyle staff feedback, observation by the Assessment Team, activity participation records and staff allocations three weeks prior to the Site Audit in the provider’s response.

I have considered lifestyle staff feedback stating they are not always able to deliver planned group and individual activities and supports due to being short staffed. This was corroborated through observations and consumer file review. I acknowledge the provider’s response stating that as a dementia specific home, they need to be flexible with their approach to activities which means not always to stick to the activity planner. However, whilst the provider included staff allocations in its response showing clinical, kitchen, laundry, domestic, maintenance and care staff, it did not include evidence of lifestyle staff allocations. I consider by not ensuring lifestyle team coverage in line with the master roster, the workforce is not able to deliver the planned group and individual activities and supports developed to meet costumers’ individual assessed needs and preferences.

**Requirements** **7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e)**

I am satisfied the remaining Requirements 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) are Compliant.

Consumers advised staff treat them kindly and show care. Representatives said they felt staff were competent and well qualified and expressed their confidence in staff skills to provide quality care.

Staff interviewed stated they had the resources to provide the right level of care to consumers. Staff confirmed they completed an induction and orientation process, including face-to-face training and buddy shifts with experienced staff, and confirmed they undergo yearly performance appraisals.

The service has clear minimum requirements for potential candidates. The induction processes were noted to be comprehensive, with clear position duties lists and orientation modules to introduce policies, procedures and other resources.

The service has mandatory units and competencies. Training records reviewed demonstrated high level of compliance with staff completing their mandatory units, including in relation to manual handling, dignity and respect, infection control, fire and emergency services and reporting incidents.

The service has a structured staff appraisal cycle and management provides direct feedback to staff following incidents, observations, or complaints. Staff receive feedback from management through both formal and informal channels which assist them with their professional development.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and their representatives confirmed they are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. They confirmed their satisfaction and that they are consulted and have a say in what happens daily at the service and this is reflected through the care and services consumers receive.

Management and staff could describe the various means in engaging consumers, such as resident and relative meetings, complaints and feedback mechanisms, and food forum meetings. The service could provide documented evidence to demonstrate that consumers are engaged and supported in providing input on service delivery.

The service has an electronic health records system that ensures all consumer information is accurately and securely stored, managed and shared among staff who have been trained on how to use this system effectively. There is a comprehensive quality improvement program that includes regular audits, reviews and assessments of all aspects of care delivery. Staff and representatives interviewed reported they are encouraged to identify areas for improvement.

The organisation has clear financial policies and procedures, including budgeting and accounting processes which are oversee by a finance team. There are clear policies and procedures related to workforce management, including training, performance, evaluation and staff development. Staff confirmed they received regular training and support to ensure that they are equipped with all skills needed to provide high quality care. Audits and assessments are conducted to ensure the service is meeting all regulatory requirements, and there is a clear process for receiving, investigating and responding to feedback and complaints from consumers, their families and staff.

Processes are in place to support the service to ensure staff are selected, trained and supported to meet the organisation’s values and job specifications of each role. The organisation subscribes to and participates actively with industry and peak professional bodies.

The service has a risk management framework in place that ensures current and emerging risks are identified and their potential consequences understood, so that appropriate and effective steps are taken to mitigate and manage the identified risks. Management and staff could describe the processes used in identifying and managing high impact or high prevalence risks, prevention of abuse and neglect, and incident management.

The organisation has a clinical governance framework in place that included policies, work instructions, and staff training requirements across areas, such as antimicrobial stewardship, medication administration, restrictive practices, and open disclosure. Staff receive regular training on these policies and procedures, and there is ongoing monitoring and review of clinical care practices. Documentation viewed demonstrated regular reporting and analysis of clinical outcomes data to identify areas for improvement and ensure the service provides safe and effective clinical care.

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-1)