Performance

Report

**1800 951 822**

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| Name of service: | Mertome Aged Care |
| Service address: | 30 Winifred Road BAYSWATER WA 6053 |
| Commission ID: | 7355 |
| Approved provider: | Fresh Fields Management (NSW) No 2 Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 May 2023 to 25 May 2023 |
| Performance report date: | 2 August 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 Mertome Aged Care (**the service**) has been prepared by T Wilson, 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 30 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 | **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

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

Consumers and representatives confirmed staff are always respectful, use their preferred names and provide care and services as per consumers’ choice and cultural preferences. There is a suite of policies in relation to treating consumers with dignity and respect and providing culturally safe care. Staff confirmed they have received training in these areas. The Assessment Team observed staff to be kind and respectful when interacting with consumers. The service has an organisational Reconciliation Plan and employs an Aboriginal Health Coordinator to attend to the cultural needs of consumers who identify as Aboriginal and Torres Strait Islanders.

Consumers and representatives confirmed they are given choice about how and when care is provided, and confirmed their choices are respected. Care planning documents identify consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships. Staff said they support consumers to make decisions about and who is involved in their care.

Consumers confirmed the service supports them to take risks and do the things they want to do. Staff demonstrated they are aware of the risks taken by consumers, and support consumer’s wishes to take risks to live the way they choose. Risk registers record the risks which align with the risk policy and staff are educated about risk in mandatory training.

Consumers confirmed information is available to them to help make choices about personal and clinical care, food options and lifestyle activities. Staff could describe the way information is provided to consumers including discussions, newsletters, calendars, notice boards and meetings. The Assessment Team observed Information displayed through the service.

Consumers and representatives said staff respect their privacy and confidentiality is maintained within the service. Staff were able to describe ways they ensure privacy is respected. The service has policies and procedures for staff to follow in relation to privacy and confidentiality of consumer information.

# 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 five Requirements have been found Compliant.

Consumers and representatives confirmed individual risks were identified during the assessment process and discussion was undertaken to mitigate the risks. Consumers care plans sampled had risks recorded and assessed with monitoring through charting. Staff were knowledgeable of assessment processes and confirmed care plans are informed by assessments and charting. A range of validated clinical risk assessment tools are used to inform care. Individualised management strategies to minimise impact of risks were documented in care plans.

The service has policies and procedures to guide staff on the care planning process, including end-of-life wishes and advance care directives. Clinical staff were aware of the need to discuss advance care planning with consumers and representatives on admission and at care plan reviews. Staff confirmed that the current goals and needs of consumers are recorded in care plans and provided examples of when goals have recently been updated.

Representatives and consumers confirmed they are Involved in care planning and informed regularly of all updated changes to consumers’ health and care needs. Consumer files showed consumers, representatives, Medical officers and Allied health professionals are involved in consumers’ care. Clinical staff said they consult consumers and their representatives during reviews and changes to assessment and care plans which was confirmed in sampled care documentation. Care staff confirmed they are informed of changes to consumers’ needs and services after a review is completed through handover and have access to care plans. Paper based care plans are available in every consumer’s room. The service has policies and procedures to assist in effective communication with consumers, representatives and staff.

Care files confirmed care plans are reviewed 6 monthly, annually and when circumstances had changed, or when incidents occurred. Staff could describe the care plan review process including frequency of care plan reviews. Clinical staff advised when a change to a consumer’s health status is identified they will assess the consumer, document any changes required in the care plan and communicate to staff at handover.

# 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 seven Requirements have been found Compliant.

The Assessment Team recommended (3)b as not met. However, I have come to a different view to that of the Assessment Team and include my reasons for this below.

The recommendation of not met was made by the Assessment Team as strategies listed prior to the administration of as required psychotropic medications were generic and they did not assess whether inadequate pain management was a contributing factors. Three consumers were sampled and whilst they have the correct restraint documentation in place, and staff record the behaviours displayed, they only record generic interventions prior to the administration. In relation to pain, for one consumer pain charting was only completed 10 times yet as required medication was given on 29 occasions.

The provider responded on the 30 June 2023 where they stated they felt confident they were managing and responding to the care needs of the consumers mentioned, along with all other consumers in accordance with their documented care plans and behaviour support plans. They also provided documentation from other providers of care to demonstrate they have received external advice on management of the consumers and an explain what was occurring with each consumer mentioned.

I considered the information provided by both the Assessment Team and the provider and I consider the provider is effectively managing the high impact high prevalence risks associated with each consumer.

The Assessment Team stated the strategies recorded were generic prior to the administration of as required medications. Evidence provided in their report stated that staff were aware of the strategies in the consumer behaviour support plans and could describe what consumers liked and what they did not like. The Assessment Team reported the behaviour support plans for all three consumers were comprehensive and included behaviours portrayed, goals of care relating to behaviours, personalised strategies as well as interventions from specialist services. The provider stated the recorded information did match what was in the care planning information, but I was not provided what they did contain. I am unable to determine if the strategies recorded were a generic version of what was actually recorded in the care plan.

Whilst there may have been a lack of pain charting for one consumer the fact that they had received 29 doses of as required pain medication in a six week period demonstrates the consumers pain was considered although charting may have not been completed. Observation of the consumer of the Site Audit showed on all but one occasion they showed no pain. On the one occasion where the consumer did exhibit some signs of pain additional information was not included that would lead me to think that the pain was not treated once staff were aware. Another consumer was allergic to a pain medication patch, but other measures were put in place to ensure their pain was managed. It was also noted that management had recognised that staff had difficulty in determining if pain was a contributing factor to behaviours and had conducted training on the abbey pain scale with staff.

Representatives interviewed were all satisfied with the care consumers were receiving, including the management of medications and pain along with all three providing informed consent for chemical restrictive practice.

It is for these reasons I find Requirement (3)b Compliant.

Consumers and representatives confirmed they receive safe and effective personal and clinical care that is right for them. Staff interviewed provided examples how they provide safe and effective care and how care and services for each consumer is tailored to their needs. There are policies and procedures to guide staff in providing safe and effective personal and clinical care. Care planning information provided staff with personal care for each consumers personal and clinical needs.

Staff described how they maximise comfort and preserve dignity during end of life as corroborated in progress notes from care files. Specialist palliative care services are engaged to provide staff with information on who to provide each consumer with personalised care. Care files confirmed that the sampled consumers has their end of life goals recognised.

Care documentation confirmed staff monitors changes in consumers condition and deterioration effectively with appropriate action taken in a timely manner. Staff could describe how they monitor and respond to changes in consumers conditions and the steps they take when this occurs.

Consumers and representatives confirmed they are kept up to date regarding changes in condition. Staff confirmed they are informed of any changes to consumers’ condition and needs through their handover processes, alerts on their electronic management systems, progress notes and daily huddle meetings. Documentation contains detail information for staff to enable them to provide quality care.

Documents showed referrals are completed to internal and external health professionals and specialists in a timely manner. Staff confirm the referral process and how they ensure they are completed in a timely manner. Care documentation showed how the outcome of referral is incorporated into care planning, so consumers receive the care they require.

Consumers and representatives confirmed they as satisfied with infection control which was also found in staff knowledge and practices observed. Staff confirmed they have undertaken training in infection control and anti-microbial principles and the organisation demonstrated policies and procedures to guide staff practice with all infection control related issues. The service has an outbreak management plan in place to be used in the event of an 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

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

Consumers and representatives confirmed they supported with the provision of mobility and adaptive equipment to enhance their wellbeing and quality of life. Care plans reviewed reflected consumers goals, needs, preferences and the supports consumers require to achieve their goals. Staff could describe consumer’s needs and how they can assist them to maintain their independence and wellbeing. Appropriate equipment is supplies to consumers who were observed using the equipment.

Consumers felt their emotional and spiritual well-being was supported by staff confirming they have good relationships with them enabling them to seek emotional support. Staff described how they provide emotional and spiritual support to consumers when they needed it. Religious services are held to promote spiritual wellbeing and external psychological services can be provided for those who require it.

Consumers confirmed they are supported to participate in the community both within and outside of the service and to maintain social connections and do things that interest them. Staff stated they are aware of consumers who have friendships and support and encourage consumers to be socially active.

Consumers and representatives confirmed they do not have to repeat information about their preferences and recall signing consent to share their information. Review of documentation showed staff are capturing, documenting and communicating information about consumers condition, needs and preferences. Regular meetings and handover inform staff about consumers changed needs.

Consumers and representatives confirmed the service completes referrals to other services if required in a timely manner. Staff were able to describe how they support the referral process for consumers and documentation confirmed consumers are referred appropriately and in a timely manner. Review of care planning documentation and progress notes showed a variety of referrals submitted recently to a variety of external providers in a timely manner.

Consumers and representatives confirmed they are satisfied with the variety and quantity of food being provided at the service and if they did not like what was being offered alternatives are available for them. Care planning documentation showed the service included the consumers’ specific dietary requirements for food and fluids, likes, dislikes for specific foods and allergies. Surveys are undertaken to determine food satisfaction along with meeting that discuss food satisfaction. An initiative has been formed by the Chief Operating Officer which is a food focus taskforce with an aim to improve consumers satisfaction with food.

Consumers confirmed they felt safe when using equipment and equipment was easily accessible and suitable for their needs. Staff confirmed they have completed the necessary training to assist consumers with their equipment and there is enough equipment available for them to use. Equipment used for activities of daily living was observed to be safe, suitable, 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

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

Consumers confirmed the service is homely and easy to navigate and they can personalise their room and bring items of furniture from home. Representatives stated they feel welcome at the service and can bring in their pets to visit the consumers. There is a service cat who was observed to be roaming the facility interacting with consumers. There are personalised doors to aid those with cognitive impairment and signs for a consumers in their language so they can navigate around the service.

Consumers and representatives confirmed they found the service to be comfortable and clean and they can move freely both indoors and outdoors. Staff advised they do have a daily checklist to guide them on what tasks to be completed and documentation review confirmed the daily checklist duties are being signed off daily. Consumers were observed sitting outside talking to other consumers, visitors, and watering garden beds.

Consumers confirmed the furniture fixtures and fittings are safe and clean and suitable for their use. Staff could describe how to report maintenance issues to ensure they are rectified. Observations of consumer equipment demonstrated equipment is clean, well maintained and appeared in good working order. Preventative and reactive maintenance logs are kept ensuring maintenance is maintained and equipment is safe.

# 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 four Requirements have been found Compliant.

Consumers and representatives confirmed they were able to and felt supported to provide feedback about care and services, including complaints. Staff confirmed they have received training on complaints and feedback and described ways they support consumers to do this. Documentation and observations confirmed feedback is encouraged and supported by the service.

Whilst consumers and staff could not describe the advocacy and other services available to them, the service displays information regarding accessing advocates and language services throughout the building which is readily available to consumers, visitors, and staff. A review of documentation shows that Advocare visited the service in November 2022 to provide information for consumers and representatives along with conducting a training session for staff.

Consumers confirmed they are satisfied with the management of complaints and confirmed the service uses open disclosure principles when things go wrong. Staff of various disciplines said they use open disclosure principles in their everyday practice and receive training in open disclosure annually. Documentation shows the service follows organisational procedures and takes appropriate actions to resolve all complaints.

Management could describe the process for monitoring complaints and feedback and how this data is used for continuous improvement to improve the care and services for all consumers. Complaints and feedback is analysed monthly with information displayed on the notice boards to show the analysis undertaken and what the service is doing to address issues raised.

# 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

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

Consumers and representatives confirmed there are sufficient staff to address their needs and staff said they have time to complete all of their duties. Management could demonstrate they system they use to ensure that there are sufficient staff to provide quality care and services and documentation shows that staff are replaced when there are absences.

Consumers confirmed staff treat them with kindness and said they are always caring and respectful. Staff provided examples from their daily practice of respectful care and service delivery. Observation of interactions between staff and consumers showed staff were kind and considerate and they assisted consumers in a dignified way.

Consumers and representatives stated they felt safe and are confident staff knew what they are doing. Staff confirmed they attend regular training to improve their knowledge and to enable them to effectively perform their roles. There are systems to ensure staff are competent with the qualifications and knowledge required processes to ensure gaps identified are addressed.

Consumers and representatives confirmed they are satisfied with the skills and knowledge of the staff. Staff and said they are supported and provided training to be able to complete their roles. Documentation reviewed confirmed an effective recruitment process was in place including checking of police clearances and reference checks.

Consumers confirmed they are satisfied with the performance of staff providing care and services. Staff members and documentation review confirmed staff have had a performance review in the last twelve months. There are polices to support the management of staff performance and schedules to ensures appraisals are completed on time.

# 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 five Requirements have been found Compliant.

Consumers and representatives confirmed they are engaged in the development and delivery of care and services through various means such as focus groups, meetings and surveys. Documentation showed consumers are actively engaging with the service and making suggestions about care and services they receive including contributing to changes in meals.

Consumers and representatives confirmed they felt safe and expressed overall they were satisfied with the quality of care and services. Regular meetings are held to ensure the organisation is aware of what is occurring in the service so they can implement improvements to care and services to ensure they maintain the quality required.

Effective organisational wide governance systems were demonstrated which includes information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff are satisfied with access to information and governance ensures they have the required registrations and clearances. The service has an effective continuous improvement system which uses data from feedback, complaints, clinical audits, clinical indicators, and incident reports to identify areas of improvement. Regulatory obligations are provided to the service via the organisation systems to disseminate to staff. Policies and procedures are updated by the organisation.

There are effective risk management systems were in place, including management of high impact or high prevalence risks, identification and response to abuse and neglect, management and prevention of incidents and supporting consumers to live the best life they can. Embedded assessment, review and reporting processes of care needs and incident data ensures the analysis of quality indicators of care and incident and mandatory reporting data is completed.

Clinical care is governed by an overarching clinical governance framework underpinned by a suite of polices including antimicrobial stewardship, minimising the use of restraint and open disclosure. Consumers confirmed they are receiving quality clinical care that is appropriate for their care needs. Staff stated they have received training on clinical governance and use the training in 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-1)