Performance

Report

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| Name of service: | MiCare Avondrust Lodge |
| Service address: | 1105 Frankston-Dandenong Road CARRUM DOWNS VIC 3201 |
| Commission ID: | 3167 |
| Approved provider: | MiCare Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 September 2022 to 28 September 2022 |
| Performance report date: | 28 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for MiCare Avondrust Lodge (**the service**) has been prepared by K. Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said they are treated with dignity and respect, and staff valued their identity, culture, and diversity. The Assessment Team observed each consumer has their preferred name displayed on their room door, and staff described how they treat consumers with respect by acknowledging their choices and using their preferred name when engaging with them. Care planning documentation reflects what is important to these consumers to maintain their identity and dignity.

Staff identified consumers from culturally diverse backgrounds and provided information relevant to ensuring each consumer receives the care aligned with their care plan. Care documentation reflected the consumers' cultural needs and preferences captured during admission, with more information added over time.

All Consumers said the service supports them to exercise choice and independence and decision making about how the care and services are delivered to meet their needs, information was documented to identify consumers’ individual choices for when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers described how the service supports them to take risks, which was supported by care documentation, which included a dignity of risk form, demonstrating consultation, description of the risk, risk mitigation strategies and how the staff support the consumer in their choice.

Consumers confirmed they receive up-to-date information about activities, meals and other events happening in the service. The service demonstrated information surrounding care and services provided to each consumer is current, accurate and timely and communicated in a way easy to understand and enables them to make informed choices.

Consumers stated their privacy is always respected and they are confident their personal information is kept confidential. Staff described how they maintain consumers’ privacy when providing one on one care. Staff described consumers’ information is stored in appropriate locked areas and each computer is locked after use and individual passwords are provided to staff members.

# 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 identify 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 demonstrated assessments are completed to inform and support the delivery of safe and effective care, including consideration of individual consumer risks. Consumer care files were reviewed, and documentation identified individual risks such as falls, pressure injury development, weight loss, and behaviours with appropriate strategies listed.

Consumers and representatives said the service regularly demonstrates their awareness and support of the needs and preferences of consumers and confirmed the service has discussed and documented their preferences for their end-of-life care if they wish. Staff described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation.

Consumers and representatives confirmed they provide input into the assessment and care planning process, through formalised conversations and regular feedback. Staff reported ongoing communication with consumers and representatives to ensure consultation and partnership. Care documentation reflected the inclusion of multiple health disciplines and services into consumer assessment and planning such as dietitians, speech pathologists, Medical Officers, and physiotherapists.

Staff confirmed they have easy access to consumer care planning documents via several computer terminals throughout the service. Staff identified handovers and the electronic care management system messaging platform as frequently used options for communicating outcomes of assessments and reviews. Care documentation of all consumers contained entries reflecting communication with consumers and representatives and a copy of the care plan is offered and readily available.

Care documentation showed the service completes 3-monthly consumer care plan reviews and evaluation, and staff follow a schedule to ensure they are completed in a timely manner.

# 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

The service has a suite of systems and process to guide falls, pain, skin integrity and psychotropic medication use. Staff reported they access senior staff to receive support and guidance in relation to best practice care and processes, or as care needs change. Consumer care documentation reflects consumers are receiving individualised care, safe, effective, and tailored to their specific needs and preferences.

High impact or high prevalence risks are managed effectively, consumers are assessed and supported through falls prevention, medication management, nutrition and hydration, pain management, weight management and wound care policies. Care documentation demonstrated consistent assessments and planning to address individual consumer's high impact and high prevalence risks.

Care documentation confirmed staff responded in a timely manner, involved representatives regularly and consumers received effective palliative care with symptoms well controlled.

The service manages and escalates any change or deterioration in a consumer's health or wellbeing. The service has a procedure and practice standard to guide staff response if a consumers health condition deteriorates. The service utilises several avenues to identify changes, including handover, progress notes, scheduled reviews, incident reports and clinical charting.

Staff reported information relating to consumer’s conditions, needs and preferences are documented in the electronic care management system and communicated via handover, system messaging and verbal communication. Staff were observed to attend shift handover prior to the start of their shift to ensure information regarding consumers is consistently shared and understood.

Staff discussed the various referral options available dependent on the consumer's care needs. Care documentation reflected referrals to a range of services and providers and demonstrated timely and appropriate referrals to medical and other health professionals.

The organisation has a range of policies and procedures which underpin their infection, prevention, and control processes, including a COVID-19 Outbreak management plan. Throughout the Site Audit staff were observed following required protocols. There was evidence of ongoing staff training in infection control, personal protective equipment, minimisation of the use of antibiotics, and hand hygiene. Staff were observed to be consistently wearing their personal protective equipment.

# Standard 4

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

Findings

Consumers said they receive safe and effective services and support needed to meet their needs, goals, and preferences. Staff explained how they partner with the consumer or their representative to conduct a lifestyle assessment upon admission which collects the consumer’s individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural, or spiritual needs and traditions. Care plans for consumers are individualised to their personal preferences and staff explained what is important to them and what they like to do.

Consumers said they enjoy the lifestyle activities as it helps them to socialise and get to know other consumers. Consumers also said the lifestyle team develop programs to enhance lifestyle within and outside the facility and help them to nurture their emotional, spiritual, and psychological well-being.

Consumers said they were happy with their participation in activities within and outside the service, keep in touch with people who are important to them and do the things of interest to them. Staff described how they support consumers to participate in their community or engage in activities of interest to them. Care planning documents contained information on individual consumers’ interests and identified the people important to them.

Staff said any changes to the condition, needs and preferences of consumers are communicated through handovers, emails and recorded in the service’s electronic system. Care planning documentation for consumers provided adequate information to support safe and effective care as it relates to services and supports for daily living.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation and progress notes show the collaboration with external organisations and providers to support the needs of the consumers.

Consumers stated they are happy with the variety, quality and quantity of food being provided at the service. Management said they conduct surveys regularly and hold monthly food focus meeting with the consumers to seek feedback.

Consumers said the equipment provided was clean and suitable for their needs, and they felt safe when using it. Staff explained the process of reporting faulty equipment where a manual maintenance register is kept. The Assessment Team observed equipment used for daily living activities was 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

Consumers said it was easy to get around the service and they felt comfortable within the facility. The service environment is welcoming; living, and dining areas have natural light and corridors are sufficiently lit. Each consumer’s room is personalised with items such as personalised furniture, photographs and artwork, and the chapel and corridors are decorated with paintings. Clear signage was visible throughout the service.

Consumers said they are free to move indoors and outdoors, and the service is safe, clean, well maintained, and comfortable. During the entry visit and throughout the visit, the Assessment Team observed all doors were kept unlocked and consumers were supported to move around as they wished. Cleaning staff described the cleaning programs and cleaning schedule. The maintenance officer described the process for reporting safety issues and said this worked effectively.

Furniture, fittings and equipment are safe, clean, well maintained, and suitable for the consumers. Consumer's said fittings in their room were working and fixed promptly as needed, the service conducts annual preventative through a schedule and reactive maintenance ensures items are repaired, serviced, or removed as required.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers felt supported to provide feedback and make complaints, said they know how to lodge a complaint, and staff support them in raising issues. The service has processes and systems in place for consumers to provide feedback about their care and services. It was observed feedback forms were in each household of the service, and there is a feedback collection box located in the foyer of the service.

Consumers and representatives stated they were aware of and had access to advocates and management said they could arrange for interpreter services if needed. Staff are trained on open disclosure, and brochures about open disclosure, consumer advocacy services and signage were displayed in the service.

Consumers and representatives stated when feedback is provided, the service responds appropriately and in a timely manner. They confirmed when things go wrong, the service apologises, acts promptly to resolve issues and communicates well. A review of the feedback register showed the actioning of feedback is organised, and open disclosure is used. Staff stated the service actioned feedback promptly when issues were raised at staff meetings and by consumers at meetings and food-focus groups.

Consumers and representatives stated feedback and complaints had been used to improve the care and services they receive. The service demonstrated feedback and complaints are trended, analysed, and used to improve the quality of care and services, management stated that ‘Elder meetings’, staff meetings, and reviews of the continuous improvement register are some of the ways the service is ensuring feedback and complaints are reviewed to improve the quality of care and services

# 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

Consumers, representatives, and staff said the service had enough staff to meet the care needs of consumers. Management said they are supported by a strong and committed workforce and a strong partnership with a preferred agency. The service demonstrated it was providing quality and effective care to consumers using a well-considered roster and with a workforce suitable for the consumer group.

All consumers and representatives said the staff were kind, caring and respectful. Staff members were observed interacting respectfully and patiently with consumers when providing care and assisting with meals. Care documentation showed consumers’ cultural and religious preferences are recorded and accommodated.

Members of the workforce have the qualifications and knowledge they need to effectively perform their roles. Consumers and representatives said they feel staff are competent in providing care and know what they are doing. Management demonstrated how qualifications and checks for staff are verified and stored by the human resources team. Care staff and clinical staff said they were provided with access to policies, instructions, resources, and guidance material to support them in their role and meet their responsibilities to provide care to consumers.

Staff confirmed they received mandatory and ongoing training via an effective online system and other on-site face-to-face training programs. Staff have comprehensive onboarding training and familiarisation with the service and with consumer needs.

The service demonstrated the performance of the workforce is regularly assessed, monitored, and reviewed. Staff confirmed annual performance appraisals were conducted and worked effectively to improve professional practice.

# 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

Consumers and representatives confirmed they could provide feedback to the service through resident meetings, food-focus groups, phone calls and emails to management, and feedback forms. A review of resident meeting minutes showed consumers were actively engaged in providing feedback on what mattered to them including food focus groups, staffing, visiting arrangements and activities.

The organisation has implemented systems and processes to monitor the performance of the service. A review of documentation showed the service has an appropriate policy framework to ensure a culture of safe and inclusive care is maintained.

The service was able to demonstrate effective organisation-wide governance systems which guide information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints. Management could describe how the Board maintained effective oversight through a structured organisational reporting and management framework.

The service demonstrated risk management systems had been implemented to assess high-impact or high-prevalence risks associated with the care of consumers. The service was able to present the provider's policies and procedures supporting the effective treatment of risks as part of an established risk management framework. Interviews with clinical staff and care plan reviews showed the service's risk management framework functioned effectively.

The service has a clinical governance framework and systems to ensure the quality and safety of clinical care and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

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)