Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Michael Lee Centre | 17 June 2022 |
| Commission ID: | Activity type: |
| 7223 | Site audit |
| Approved provider: | Activity date: |
| Meath Care (Inc) | 2 to 4 May 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 Michael Lee Centre (**the service**) has been considered by Alice Redden, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the site audit, dated 2 to 4 May 2022; 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 31 May 2022.

# Assessment summary

|  |  |
| --- | --- |
| 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

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

## Findings

Consumers and their representatives interviewed confirmed consumers are treated with dignity and respect, staff value each consumer’s unique background, identity and culture and consumer’s privacy is respected. Consumers and their representatives confirmed they are provided sufficient and appropriate information to support consumer choice. Consumers confirmed their independence is supported and they are able to make decisions about their care and representatives confirmed they are involved in decision making where required.

Staff interviewed described how they support consumer choices, independence and relationships and provided specific examples in line with individual consumer’s preferences. Staff were observed treating consumers with dignity and respect, including consumer’s privacy and treating consumer information confidentially. Staff confirmed how they support consumers to live their best life, including strategies used where risk is involved.

The Service has policies and procedures, assessment tools and staff training which guide and support staff in ensuring consumers are treated with dignity and respect, their identity, culture and diversity valued and their independence, choice and decision making supported. The Service has processes to ensure consumers live their best life including identifying, assessing and mitigating risks to support consumers to live the life they choose. Information is clearly provided to consumers and their representatives to support consumer choice and decision making.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

Consumers and their representatives interviewed confirmed they are involved in the assessment and planning of consumer’s care through conversations with staff, case conferences and care plan reviews. Representatives confirmed they are informed of changes and incidents and involved in reviews of assessments and plans. However, one consumer’s representative was not always satisfied with the communication and consultation from the service following an incident.

Consumers assessments, care plans and files viewed showed assessments are completed, including those to identify risks, and are used to develop care plans specific to consumers current needs and preferences. Consumer care plans viewed showed updates occur in assessments and planning when changes or incidents occur impacting on the consumer’s needs or when end of life planning is required. Staff confirmed they have access to the consumers files, assessments and care plans and handovers are utilised to communicate changes in consumer needs. Staff confirmed processes they use to communicate changes or needs of consumers to others involved in the assessment and planning of consumers needs including medical officers and allied health professionals.

The Service has procedures in place to guide the assessment and planning of consumer’s needs, including assessment tools, regular care plan reviews, consultation and referral processes. Registered nurses, medical officers and other health professionals are involved and responsible for the assessment and planning of consumers clinical care needs.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumers and their representatives interviewed confirmed consumers receive safe and quality personal care and clinical care which meets the consumer needs. However, one representative thought more could be done to manage the consumer’s risks associated with dementia. Consumers interviewed confirmed staff respond to their incidents and medical concerns promptly and appropriately and they have access to medical officers and other health professionals where required.

Consumers clinical care files viewed confirmed personal care and clinical care is delivered in line with the consumers assessed needs and where changes or incidents occur appropriate clinical care is provided including referral to specialists and medical officers. Where restrictive practices are in place, including the use of chemical restraint, consumer’s files viewed showed appropriate alternative strategies and consents are in place. Consumers files viewed with complex clinical needs, risks and deterioration, including pain, wounds, recent falls, behaviours associated with dementia and catheters, show clinical needs are monitored, records and incidents are used to inform assessments and develop strategies to effectively manage the clinical needs.

Staff interviewed confirmed processes for personal and clinical care delivery and provided examples of how they assist and manage specific consumers personal care and clinical care in line with their individual needs. Staff confirmed they are supported and have access to registered nurses on site at all times and they communicate any changes in consumer condition to the registered nurses. Staff interviewed, and observations confirmed, the service has infection control and antibiotic management policies and procedures and staff practice is in line with procedures.

# Standard 4

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

## Findings

Consumers and their representatives interviewed confirmed consumers receive safe and effective services and supports for daily living which optimise the consumers independence, wellbeing and quality of life. Consumers interviewed confirmed they are supported to attend activities of interest to them, engage in social relationships and activities both within and outside the service community and are provided the emotional, spiritual and psychological supports they need when they require them. Consumers interviewed confirmed they receive a variety of meals of an acceptable quality which meet their needs. Consumers confirm referrals and access to other supports are available and occur when needed.

Staff interviewed provided examples of how consumer’s specific needs and preferences for lifestyle are identified, including through assessments and consumer feedback. Staff provided specific examples of how they support consumers with activities both group and individual including various exercises, therapies, church services and religious celebrations. Staff confirmed how they support consumers who require emotional support and how they communicate consumers’ needs and preferences in relation to lifestyle supports within the service.

The Service has policies and procedures, assessment processes and lifestyle staff to ensure consumers lifestyle, activity needs, social needs and emotional and spiritual needs are identified and services and supports are provided to cater for each consumer’s needs. A lifestyle program is planned based on consumer needs and preferences and specific activities are planned for consumers living with dementia or who require individual supports.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers and their representatives interviewed confirmed consumers felt safe and at home in the service environment and the environment was comfortable and clean. Consumers confirmed they can access various indoor and outdoor living areas and can personalise their rooms.

Observations confirmed the service environment is clean and well maintained and there are consumer rooms and communal living areas on both levels of the service, with elevator access between floors. There are areas which are secure with door codes for those living with dementia, however other doors are accessible and allow free access for consumers to all areas.

Staff interviewed confirmed processes for cleaning and maintaining the service including reporting issues when they occur. Maintenance staff confirmed the process for managing maintenance issues including internally and through use of contractors and all issues are logged and monitored. The environment and equipment are monitored and maintained for safety through a maintenance schedule, which showed all maintenance was currently up to date.

**Standard 6**

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

## Findings

Consumers and their representatives interviewed confirmed they have access to mechanisms and feel comfortable raising complaints and feedback. Consumers and their representatives confirmed they are satisfied feedback and complaints are actioned and used to improve services. Consumers and representatives confirmed they have access and are aware of external complaint mechanisms, advocacy services and interpreter services and use them when needed.

Staff interviewed provided examples of supporting consumers to raise feedback or complaints and provided examples of how they would escalate complaints from consumers to management. Management confirmed all complaints are recorded on a complaint register and monitored until resolved or used to identify areas for improvement.

The service has a policy and procedure to support consumer feedback and complaints processes including the use of open disclosure when things go wrong. Complaints records show feedback and complaints are recorded and actions are taken to resolve the complaints. The service maintains a continuous improvement plan to monitor feedback and complaints which lead to improvement actions.

**Standard 7**

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

## Findings

Consumers and their representatives interviewed were satisfied there was sufficient staff who were kind, caring and respectful and provide safe and quality care and services to consumers when they needed them. Consumers and their representatives interviewed were satisfied staff had the skills and knowledge to provide the care required and to meet consumer’s needs.

Staff interviewed confirmed they have sufficient time to get their jobs done and are provided training and information to perform their roles appropriately. Management confirmed staff performance is monitored through competencies, consumer feedback, review of training and observation of staff practice. Observations of staff interactions with consumers confirmed staff are kind caring and respectful. Staff confirmed orientation and review processes of their performance and support is provided from management to ensure they are equipped to perform their roles.

Staff records confirm recruitment processes are effective at ensuring staff have the skills, qualification and checks in place suitable for their roles and that mandatory training, additional training and competencies are completed by staff. There was evidence of ongoing monitoring of staff performance. Rosters viewed showed there is a planned approach to ensure there are sufficient staff to deliver care and services and vacant shifts are filled.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers and their representatives interviewed confirmed they are involved and engaged in the development, delivery and evaluation of care and services. The service has processes to ensure the engagement of consumers and their representatives including through care consultations, feedback mechanisms and meetings.

The service demonstrated effective governance systems which includes oversight by the Board who meet regularly and are provided a variety of reports to assist in the review and ongoing running of the service. The service has established and effective information systems, continuous improvement processes, feedback processes, workforce governance, regulatory compliance systems and financial governance. Monitoring of the systems effectiveness is undertaken and results in actions being taken to improve systems or address deficits.

The service has a risk management framework in place which is supported by policies and procedures to guide staff in managing risks, managing and preventing incidents, reporting serious incidents, identifying and responding to abuse and neglect and supporting consumers to live their best lives. Documentation and staff interviews confirmed staff identify, report and record incident appropriately and follow up actions including review and analysis of incident data occur.

The service has an effective clinical governance framework including policies and procedures to guide staff in the management of antimicrobial stewardship, the minimisation of the use of restraint and in the use of open disclosure when things go wrong. Staff and documentation confirmed they have had training and are aware of the policies and how to implement them.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)