Performance

Report

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| Name of service: | Performance report date: |
| Mornington Bay Care Community | 4 July 2022 |
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| DPG Services Pty Ltd | 25 May 2022 to 27 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 Mornington Bay Care Community (**the service**) has been considered by Kathryn Spurrell, 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; 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 17 June 2022.
* 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 | **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.

* Requirement 7 (3)(a) – The Approved Provider ensures 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 Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.

# Standard 1

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

## Findings

Consumers and representatives interviewed by the Assessment Team said staff treat them with respect, know them as individuals and know what is important to them. Staff demonstrated respect and kindness and showed genuine familiarity with consumers’ backgrounds and identity.

Consumers felt supported to exercise choice and independence and gave examples of how the service supports consumers to be independent, take risks, exercise choice and make decisions about care and services provided.

Consumers said information provided to them is accurate and timely and allows them to make decisions that promote their independence. Staff described how they assist consumers to exercise choice about care provided, lifestyle activities, meals, and personal relationships. Care planning documents demonstrated timely completion of risk assessments for consumers.

Consumers and representatives cofirmed that consumer privacy and dignity is respected by staff. Consumers felt their confidential information is respected. Staff interviewed gave examples of how they respected consumers' privacy when providing care and descrbied how the service maintained consumer privacy and confidentiality of personal information.

# Standard 2

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

## Findings

Consumers and their representatives confirmed they are involved with assessment and care planning, on entry to the service and then during periodic reviews. Staff described how they use assessment and planning processes to inform safe care delivery, through identifying consumers’ needs, goals and individual risks.

Care planning documents demonstrated involvement and directives from health professionals external to the service. Consumers and representatives said staff appriopriately explained information regarding care and confirmed they have access to care planning documents. Consumers expressed satisfaction with their involvement in the assessment and care planning process.

Care planning documents reflected regular reviews occur, at least every three months and following any change of circumstances or condition of the consumer. The service reviews clinical indicators and monitors trends to identify areas of risk and strategies for improvement.

# Standard 3

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

## Findings

Consumers and representatives considered that consumers receive personal and clinical care that was safe and tailored to meet their needs. Staff described consumers’ individual care requirements and used this knowledge to deliver personal and clinical care aligned to meet consumer needs.

Staff demonstrated a shared understanding of risks involved with consumers condition and used strategies to maximise well-being and comfort. The service demonstrated it adequately managed high prevalence risks including falls and infection. Consumers expressed confidence in how the service assessed, communicated, and managed risks and felt supported to maintain their dignity in relation to participating in risk taking activities.

Staff described the specific strategies the service had in place to manage risks to consumers’ health and comfort. Care plans reviewed showed consumers received effective care for skin integrity, pain, and behaviour management.

Care documents highlighted that the service records advance care planning and end of life care preferences. Staff received training in palliative care and end of life support.

Consumers and representatives confirmed changes in a consumer’s condition were responded to in a timely manner. Care staff stated they escalated changes in consumers’ behaviour or condition to registered staff in a timely manner.

The service demonstrated it used effective records management processes. Consumer care planning documents showed input from exernal allied health professionals. Consumers and their representatives said they were satisfied with the care they received from external providers.

The organisation had policies and guidelines for key areas of care including, nutrition, skin integrity, pressure injuries, medication safety and falls management. Monitoring processes were employed by the service to ensure consumers were provided with safe and effective care included clinical management meetings and review of clinical indicators.

Infection control training had been provided to all staff and included handwashing competencies, donning and doffing of personal protective equipment and the minimisation of infection related risks for consumers.

# Standard 4

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

## Findings

Consumers described the ways the service supports them to participate in their communities and maintain their social and personal relationships both within and outside the service environment.

Consumers and representatives described ways staff provided emotional and spiritual support to consumers, which included the orgnisation of cultural celebration days and facilitating consumers to attend religious and spiritual events. Staff assisted consumers to maintain personal connections by arranging telephone and video calls with people that are important to them such as representatives, family and friends.

Consumers and representatives stated that consumer's condition, needs and preferences are effectively communicated within the organisation and to external health professionals. Staff were updated with changes about consumers’ lifestyle needs and preferences through shift handover discussions. The lifestyle staff co-ordinator described how the service collaborates with external service providers to supplement the lifestyle activities offered within the service.

Care documentation showed allied health professionals had been consulted in formulating the design of care services for consumers and the service demonstrated timely referrals to external providers.

Most consumers and representatives reported they are satisfied with the meals offered at the service. Consumers said meals at the service are suitable quality and quantity and match with the consumers’ preferences and dietary requirements. Consumers and staff said the service offers a range of dietary requirements to meet consumers’ tastes. A review of documentation and various observations made by the Assessment Team demonstrated the service has relevant practices to ensure safe food storage, preparation, and delivery.

A range of lifestyle equipment is provided by the service for consumer use to promote their well-being. Consumers and staff reported this equipment is readily available, in good working order, clean and meets safety requirements. The service had processes in place that ensures equipment is well maintained and repaired when required.

A review of the service’s hazard reports, audits, maintenance logbooks and meeting minutes demonstrated the service monitored equipment regularly.

## Standard 5

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

## Findings

Consumers felt they belonged in the service and felt safe, at home and comfortable in the service environment. Consumers felt they could easily navigate the service layout, including outdoor areas. Consumers considered that the service was well maintained, and the equipment, furniture and fittings within the service were clean, safe, and suitable to their needs and preferences.

The service environment was observed to be welcoming and easy to navigate with communal indoor and outdoor areas accessed by well-maintained pathways, consumers were observed mobilising around the service easily. Cleaning staff were observed to be attending to the service, and the service environment, furniture, fittings and equipment were generally clean, well maintained and appropriate for consumer needs.

The service had a preventative maintenance program which was managed through inhouse and outsourced providers, and maintenance log books which were used by staff to log ad hoc requests. Staff were aware of the process for recording maintenance issues and described how they would escalate to the maintenance officer directly if required, or by raising a request in a maintenance book, placed in several areas throughout the facility.

**Standard 6**

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

## Findings

The Assessment Team recommended the following requirements are not met:

* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for these requirements.

The Assessment Team identified several complaints made by consumers and representatives that were perceived as not being actioned by the service. This feedback related to the topics of food temperature; passive smoking; and staff availability to provide hygiene care to consumers.

In its response of 17 June 2022, the Approved Provider disagreed with the findings of the Assessment Team about its responsiveness to consumer and representatives’ feedback and complaints. The response provided clarifying evidence that detailed the action the service took including a timeline of dates in response to complaints from consumers. This evidence included explanation of management interventions and discussions with the consumers of concern, details in relation to complaint handling and investigation processes, explanation of interactions with facilities and building management to make building modifications to resolve passive smoking issues, action plan and review of the catering service to improve the temperature of the food and steps taken to meet consumer needs in relation to personal hygiene and grooming.

The Assessment Team also found that feedback and complaints were not being consistently reviewed by management and used to improve care and services. Their recommendation relied on feedback received from consumers in relation to individual issues raised which the Assessment team noted had not been included in its plan for continuous improvement (PCI).

In its response dated 17 June 2022, the Approved Provider gave some further context to the issues raised by the Assessment Team and noted that in most cases the feedback and complaints were newly raised, and solutions still being found. The Assessment Team did not provide any other relevant evidence to support the not met recommendation. Remaining evidence showed the service did use feedback and complaints for improvements and detailed the changes from the PCI that had resulted from feedback, including meal quality, food service, staffing, and workforce management.

I have considered the totality of evidence brought forward by the Assessment Team and the Approved Provider in its written response and I am satisfied the Approved Provider is meeting its obligations in relation to these requirements.

Regarding the remaining requirements, consumers and representatives said they are encouraged to provide feedback and feel comfortable to lodge complaints. They were aware of feedback forms, monthly consumer meetings, food focus groups and the opportunity to speak to staff about making a complaint and providing feedback.

The service had an open disclosure policy providing guidance about how staff were required to manage complaints. While interviewed staff didn’t know the meaning of the policy term ‘open disclosure’ they were able to articulate the importance of communication and transparency when a mistake was made.

**Standard 7**

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| Human resources | | Non-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. | 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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

Consumers, representatives, and staff provided examples of staff not having enough time to provide all the required care and services to consumers within an acceptable time period or to the standard expected.

One named consumer advised the Assessment Team, they had adapted their needs – for example the time they go to bed - to accommodate for the shortage of staff. Consumers and representatives provided feedback on long call bell response times and consistently described staff as ‘stretched’ and ‘rushed.’

The Assessment Team spoke with staff who confirmed a shortage of care workers within the service and described negative impacts to consumers that included, ‘rushing’ care routines, reduced opportunities for personal interactions, reduction in the time to provide hygiene care and an increase to the length of time consumers waiting for care assistance.

The Assessment Team’s review of the service’s staff rosters showed that within a four-week period, over 100 care worker shifts were unfilled.

The Approved Provider’s responded on 17 June 2022 and disagreed with the findings of the Assessment Team, asserting that while care workers are busy, it hasn’t impacted on the quality of care and services.

The service stated that 56 of the 100 unfilled shifts were shifts rostered to accommodate for sick leave and these unfilled shifts did not result in significant staff shortages during this time. Furthermore, it stated there were eight beds unoccupied for the ‘majority’ of the four-week period in question.

The Approved Provider noted additional challenges with COVID-19 outbreaks that has impacted its ability to establish consistent staff levels and reiterated the ongoing recruitment strategy in place, as identified by the Assessment Team at the time of the Site Audit.

While I acknowledge the challenges, the service has had recruiting additional staff, and the commenced and planned actions in relation to recruitment I have placed weight on the feedback from consumers, representatives and staff raised during the Site Audit and consider the changes being implemented will take time to demonstrate effectiveness.

I am satisfied that the remaining 4 requirements of Quality Standard 7 are compliant.

Consumers considered that staff were kind, helpful, dedicated, and professional in their interactions and Assessment Team observations showed most interactions between staff and consumers were kind, caring and respectful.

Consumers said that staff have the necessary skills and competency to deliver the care they need. The service had the relevant industry standard human resources frameworks in place, including position descriptions and core competencies for roles.

The service demonstrated it monitored staff performance through conducting regular performance appraisals. Staff confirmed they have participated in annual performance appraisals and received notification of when the next is due.

Staff capabilities are determined during the orientation process and additional training for new staff is provided, where necessary. Records showed that performance appraisals and staff training were up to date.

**Standard 8**

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

## Findings

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and supported in that engagement. Consumers were regularly involved in focus groups and consumer satisfaction surveys were available for consumers to provide feedback online or in person.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and took accountability for their delivery through meetings, monitoring and reporting. A review of the quarterly staff meeting minutes demonstrated communication improvements and the development of additional internal audits.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation had implemented effective risk and incident management systems and practices to identify, report, prevent and manage risks and incidents, including incidents that must be reported in accordance with the Serious Incident Reporting Scheme (SIRS). The Assessment Team reviewed the service’s SIRS policy and confirmed with management that staff have undertaken training on the SIRS.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff demonstrated a shared understanding of these frameworks and could identify the key components of the open disclosure policy. Management advised that an open disclosure process is applied following an adverse event, and as part of the service’s complaints management 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-2)