Performance

Report

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| Name of service: | Mutkin Residential Aged Care |
| Service address: | 87 Back Beach Road YARRABAH QLD 4871 |
| Commission ID: | 5239 |
| Approved provider: | Mutkin Residential and Community Care Indigenous Corporation |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 21 March 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 Mutkin Residential Aged Care (**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.
* 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 said they are treated with dignity and respect and feel accepted and valued. The service has predominately Indigenous consumers from the local Indigenous community and staff explained how they respect and promote cultural awareness in their everyday practice Training records evidenced how the organisation supports the staff to meet this requirement and policies and procedures have an inclusive, consumer centred approach to delivering care and services.

Consumers said staff understand their needs and preferences and know what to do to ensure they feel respected, valued, and safe. Staff described how they adapt the way care and services are offered so they are culturally safe for each consumer. Staff were observed speaking to consumers using culturally appropriate language.

Consumers and representatives said the service supports them to make decisions affecting their health and well-being and they can change these decisions at any time. Staff were observed to help consumers make day-to-day choices and help with access to support the consumer needs such as deciding on activities they choose, care planning choices, and meal selection.

Consumers said staff understand what is important to them, aren’t judgmental about choices they make, and they are supported to understand the benefits and possible harm prior to making decisions which allows them to take risks in day-to-day life. Staff described how the organisation supports consumers to have choice and control, including when that choice involves risk. The service conducts a risk assessment with each consumer who wants to take risks and all decisions regarding risk were documented in the care planning documentation.

Consumers said they get information in a way they can understand and, if necessary, some staff are able to speak in language. Consumers said they are involved in meetings and are encouraged to ask questions about their care. Staff described how information is communicated to ensure it’s easy to understand and accessible to consumers including strategies to communicate information to consumers with poor cognition, or those who need visual aids or hearing assistance.

Consumers said the service protects the privacy and confidentiality of their information and care and services are undertaken in a way that respects their privacy. Staff confirmed family are very important to consumers and they are careful not to breech anyone’s privacy and ensure they do not discuss another consumer whilst caring for another. Consumers said the service respects their personal space and privacy when their friends, partners or significant others visit. Consumer information was observed to be securely stored in the electronic care management system and required a password to access.

# 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

Consumers said they are involved in assessments and planning for their care. Staff reported that outcomes of assessment are documented in care plans and discussed with the consumer and their representatives; staff identified high impact, high prevalence risks at the service such as changed behaviours and weight gain/loss. Policies and procedures supporting assessment and planning for consumers were in place at the service to guide staff practice.

Consumers and representatives confirmed they’ve been given the opportunity to discuss their current care needs, goals and preferences, including advance care or end of life planning if they wished to. Care planning documentation reflected what is important to consumers and advance care plans were in place for those consumers who had consented to provide the information. Staff demonstrated a comprehensive knowledge of what was important to consumers in relation to how their personal and clinical care is delivered.

Consumers and representatives said they are actively involved in the assessment, planning and review of their care and services. Staff understood their role in partnering with consumers and/or their representatives to assess, plan and review care and services. Care planning documentation evidenced integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers and representatives confirmed they know about the outcomes of assessment and planning and copies of care plans are readily available. Care planning documentation reflected the consumers’ needs including for nutrition and hydration, pain management, behaviour management and palliative care pathways and is readily available and accessible to staff and other providers of care. Staff said assessment outcomes are communicated through partnering in care conferences and care plans and progress notes, these could be easily accessed via the electronic care management system.

Staff explained the process of conducting ongoing assessments and developing care plans which reflect the most up-to-date assessments and reviews of consumer needs, goals, or preferences. Care planning documentation evidenced frequently updated consumer’s needs, goals and preferences including for mobility, nutrition, pain, behaviour management, sleep, and communication. Consumers said they and their representatives are involved in developing and reviewing the care and services.

# 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

Consumers and representatives said consumers receive safe personal and clinical care, which is right for them, is tailored to their individual needs and they can access medical and health professionals when they need them. Care planning documentation reflected treatment regimens, medication charts and monitoring records which reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service has policies, procedures and work instructions for key areas of care.

Staff demonstrated knowledge of those consumers who chose to take risks such as smoking and accurately described strategies for managing risk. Care planning documentation evidenced that risks for consumers had been identified and interventions implemented to mitigate the risk; risk assessments and best practice assessment tools were evident in care plans to reduce high impact, high prevalence risks, including for falls, pain, weight, and behaviour charts. Consumers described how the service supports them to take risks.

Staff said it is the consumers choice to discuss end of life planning and they are aware of cultural sensitivities regarding death and dying which are respected. Management advised that the service intends to include advance care planning directives as part of the admission process. Care planning documentation reflected end of life care planning for those consumers who chose to have one in place. For the consumer who was palliating in the service, their advance care planning documents evidence their end-of-life planning and preferences.

Representatives confirmed they are contacted by the service whenever there are changes to their consumer’s condition. Care planning documentation and progress notes evidenced that staff response to the deterioration or changes in their condition and a flowchart for early identification of deteriorating health in consumers was observed. Staff explained how the clinical team respond to changes in a consumers’ condition such as an escalation in behaviours.

Consumers and representatives said they were satisfied with their care plans and consumer preferences are documented. Staff described how information is shared when changes occur through staff meetings, handover, and updated progress notes; staff confirmed that for consumers receiving government disability support, their care plans are shared with the external support workers who also participate in care planning discussions. Care planning documentation was specific for each consumer’s needs including dietary preferences, behaviour management and mobility considerations, and personal care preferences.

Consumers and representative said they have access to medical officers and other allied health providers when required. Care planning documentation evidenced of a referral process to allied and specialist health care providers. Staff described the process for referring consumers to allied other health professionals and how this informs care and services provided for consumers.

Consumers said the service is kept clean, and they see staff using personal protective equipment and practicing safe hand hygiene techniques like hand washing and sanitising. Staff described infection control practices and processes in line with antimicrobial stewardship best practice. Management described how they monitor and benchmark antibiotic usage against national standards and typically only commence antibiotics following a confirmed pathology result. The service has documented policies and procedures to support the minimisation of infection related risks.

# 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 the service supports them to do the things they want to do and provides supports for daily living that improves their independence, health, well-being, and quality of life. Care planning documentation reflected needs and preferences of consumers and staff described how they access these records to assist consumers to stay well and healthy. Management described how the recruitment of Aboriginal and Torres Strait Islander staff is key to providing culturally appropriate care for consumers.

Consumers said they feel connected and engaged in meaningful activities that are satisfying to them; they can acknowledge and observe sacred, cultural, and religious practices and celebrate days that are meaningful to their culture or religion; the service supports and promotes their spiritual, emotional, and psychological well-being. Staff gave examples of supporting cultural awareness in their everyday practice and how they recognise diversity to provide services that are meaningful to the consumer. Care planning documentation contained information about the consumers emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they are supported to maintain personal relationships and can take part in community and social activities that they choose. Staff described how they work with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections.

Consumers said they have consented to information being shared with others to ensure continuity of services, the service coordinates their services and supports well with other organisations. Staff described how accurate, up-to-date, and relevant information is shared with others as consumers move between care settings, such as between the service and acute care. The service has an effective electronic care management system to manage information.

The service has established links with individuals, organisations, or providers, to ensure consumers have access to a range of service and supports. Care planning documentation evidenced the service collaborates with other individuals, organisations, or providers to support the diverse needs of consumers. Staff identified individuals, organisations, or providers where consumers can be referred to and were familiar with the referral process.

Consumers said they can choose from suitable and healthy meals, snacks, and drinks, they can take part in planning their menu and are satisfied that they receive a variety of well proportioned, quality meals. The consumer dining experience was observed to be comfortable and not rushed and consumers were receiving appropriate assistance in a dignified manner. Staff demonstrated they were aware of consumers’ nutrition and hydration needs and preferences and how to support independence including for meal size, dietary or cultural needs and supports needed to enjoy food or drinks.

Consumers said they feel safe when they are using equipment and know how to report any concerns they have about the safety of equipment. Staff described how the service has trained them to safely use the equipment, and knew their role in sharing responsibility for safety, cleanliness, and maintenance of equipment. Management described how the service plans and follows maintenance and cleaning routines for equipment.

# 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 and representatives confirmed the service is welcoming and is easy to navigate. Staff described aspects of the service environment that make consumers feel welcome and which optimises their independence, interaction, and function. The service was observed to be welcoming, clean and well-maintained with spacious courtyards and under covered seating areas with well-maintained outdoor furniture was observed.

Consumers and representatives said the service is cleaned and well maintained. Cleaning staff described how cleaning is carried out to a schedule and maintenance staff explained the preventative maintenance schedule and the process for arranging any repairs to the building or equipment. The reactive maintenance schedule demonstrated that all preventative maintenance was completed in line with the schedule.

Consumers and representatives said the equipment and furniture at the service is safe, well-maintained, and suitable for their needs. Staff described how equipment used for moving and manual handling of consumers is cleaned and maintained between uses. Furniture, fittings, and equipment were observed to be safe, clean, well-maintained and suitable for the use and needs of the consumers.

# 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 and representatives said they feel encouraged, safe and supported to provide feedback and make complaints, and they can do so anonymously or with the assistance of staff. Staff described feedback avenues available for consumers such as raising an issue with them directly or by attending the consumer/representative meetings. Consumer meeting minutes and the complaints register demonstrated consumers and representatives are encouraged and supported to provide feedback and raise any issues or concerns.

Consumers and representatives said they were aware of other avenues for raising a complaint such as through an external advocacy organisation. Staff demonstrated an understanding of the advocacy services available for consumers and representatives and described how they assist consumers who have a cognitive impairment and difficulty communicating. The service had written materials, such as feedback forms, brochures and posters displayed throughout the service providing information on feedback and complaints processes including contact information for external assistance from advocacy groups.

Consumers and representatives said management promptly addresses and resolves their concerns following the making of a complaint, or when an incident has occurred and confirmed staff and management provide an apology when things go wrong. Staff confirmed that an open disclosure process is applied following an adverse event, and as part of the service’s complaints management and resolution process. The service has policies and procedures that guide staff though the complaints management and open disclosure process.

Consumers and representatives described the changes implemented at the service as a result of feedback and complaints. Management demonstrated how incident registers and the plan of continuous improvement captured feedback, complaints and incidents, these are recorded, actioned, resolved, and used to inform continuous improvement. Board meeting minutes and the staff minutes confirmed that feedback and complaints are reviewed, discussed and action items are reported on to the board and management.

# 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 and representatives staff respond to consumer requests for assistance, and they are satisfied with the quality of care provided. Staff confirmed they felt supported by management and said they are aware that management is committed to recruiting and training more staff suitable to needs of consumers at the service. Staff were visible throughout the service and were attending to calls for assistance promptly.

Consumers and representatives said staff engage with consumers in a respectful, kind and caring manner, and are gentle when providing care. Staff demonstrated personal knowledge and understanding of the individual characteristics of consumers, including their needs and preferences. The service has policies and procedures that emphasise the importance of a person-centred approach to the planning and delivery of care and services. Staff were observed to be friendly, kind and respectful in their interactions with consumers and their representatives.

Consumers and representatives said staff perform their duties effectively, and they are confident staff are trained appropriately and are skilled to meet their care needs. Management described how the service determines whether staff are competent and capable in their role through using position descriptions and a recruitment process which ensures professional registrations and qualifications are in order. The service tracks and monitors completion of the online mandatory training modules and competencies for all staff.

Consumers and representatives were confident in the abilities of staff in delivering care and services, and said staff are well trained and equipped to perform their roles. Staff described training, support, professional development, and supervision they received during orientation and on an ongoing basis. Management described how the analysis of incidents, clinical indicators and consumer/representative feedback and complaints identifies staff training needs. The service has processes and systems in place to ensure that new staff to the service are recruited, trained, equipped, and supported in their role and mandatory training is well tracked.

Management advised that staff performance is monitored through observations, competencies, such as manual handling, hand hygiene and medication, and through clinical data, and consumer/representative and staff feedback. The service has probationary and ongoing performance review systems and documented policies and procedures that guide the management of the workforce, the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance and the performance management of staff when issues are identified in performance.

# 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

Staff detailed the process by which consumers and/or representatives are engaged to partner in the development, delivery and evaluation of care and services. Consumers and representatives said they are included in the discussions and development of the service. The service has a number of strategies to involve consumers and their representatives in the development of the service delivery such as feedback forms, consumer surveys and consumer/representative meetings.

Consumers and representatives expressed feeling safe at the service and living in an inclusive environment with access to quality care and services. The service has a governance framework focussing on customer experience and policies and procedures include information on how the governing body promotes a culture of safe, inclusive and quality care and services. Board meeting minutes evidenced that discussion items included a governance update amongst other key areas of management.

The service has an effective governance system in place which guides information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Management explained the organisation demonstrate compliance through their risk management system and the plan for continuous improvement. The organisation utilises online systems including an electronic care management system and risk management system to allow the Board, management, and staff to have live access to information.

The service has an effective risk management system in place to identify and manage risks to the safety and wellbeing of consumers including policies on how high impact or high prevalence risks are managed. Management described how incidents are analysed, used to identify risks to consumers and inform improvement actions. Staff confirmed they had received education on risk and provided examples of the relevance to their work such as prevention of falls, infections, behaviours and minimisation of the use of restrictive practices.

The services’ clinical governance framework ensures the quality and safety of clinical care, and promotes antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process through accessible policies, procedures and guidelines. Management receives automatic notifications of all incidents and ensure correct process is followed. Open disclosure was evident in progress notes and incident reports included records of open disclosure.

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)