Performance

Report

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| Name of service: | Performance report date: |
| P M Aged Care | 15 August 2022 |
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| Approved provider: | Activity date: |
| Panaghia Myrtidiotissa Limited | 18 July 2022 to 20 July 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 P M Aged Care (**the service**) has been considered by Denise McDonald, 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 assessment, the site assessment 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 29 July 2022

# 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 | **Non-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.

* Ensure all staff hold current police certificates through effective organisation wide governance systems relating to regulatory compliance.

# 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

Overall, consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose.

Consumers gave positive feedback and provided examples of how the service supported them to exercise choice, maintain their independence and live the best life they could. Consumers said their backgrounds and individual identities were valued and consumers from culturally diverse backgrounds said their culture was respected, and they could express their cultural identity and interests. Staff demonstrated an understanding of consumers’ personal circumstances and life journey including their diverse backgrounds.

The service supported consumers to make decisions, exercise choice, make and maintain relationships of their choice. Care planning documentation confirmed consumers could maintain their independence, exercise choice and take informed risks. The service had appropriate policies and processes to identify, assess and mitigate risks associated with consumers’ choices.

Information provided to consumers was current, accurate and timely, and communicated in a clear and easy to understand way. Activity calendars, menus and other information was displayed throughout the service, in most consumers’ rooms and on the noticeboards. Staff advised they tailor their communication methods to the consumer depending on their needs.

Consumers confirmed their privacy was respected and their dignity maintained when receiving personal care. Staff were observed knocking on doors and waiting before entering consumers’ rooms. Consumer information was stored on a password protected electronic system which had individual staff logins.

# 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 representatives considered they were partners in the ongoing assessment and planning of their care and services. They confirmed they were involved in assessment and planning on an ongoing basis, through case conferences and regular reviews, and they had access to their care and services plan.

Consumers and representatives confirmed the service seeks input from others who contribute to their care. This can include their medical officer, family members and allied health professionals.

Care plans showed they were developed and reviewed regularly (3-monthly) in consultation with the consumer and/or their representative. They were updated when changes in care needs or preferences occurred and they were available to the consumer.

Information about the consumer’s condition, needs and preferences was consistently documented. Communication in relation to the consumer’s current or changed needs was occurring effectively within the organisation and, with those having shared responsibility for care.

Appropriate and timely referrals for reassessment were made to other service providers such as; medical officers, physiotherapists, occupational therapists, speech pathologists, dieticians, geriatricians and dementia services. Care plans consistently reflected the consumer’s individual goals, strategies and preferences and progress notes were consistently updated when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

# 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 the personal and clinical care they received was safe and right for them. Policies and procedures were in place to ensure care delivery was best practice and tailored to optimise the health and well-being of consumers.

Care documentation and clinical data showed care was both safe and effective. High impact and high prevalence risks were effectively identified and managed by the service, with individualised strategies documented and implemented. Care plans consistently reflected the consumer’s individual needs, goals and preferences and progress notes recorded any changes. Consumers expressed confidence in the end-of life care at the service and felt they would be supported to be as free as possible from pain and to have those important to them present.

Documentation showed information about the consumer’s current condition, needs and preferences is consistently recorded and communicated within the organisation and to others outside the organisation with responsibility for care. Changes or deterioration in condition were identified and responded to appropriately and the care plan was updated in consultation with the consumer and/or representative.

The service had implemented policies supporting standard and transmission-based precautions to prevent and control infection. Staff had received training in infection control strategies and were observed adopting infection control measures. Staff described how they managed infection-related risks in their work.

Clinical policies promoted appropriate antibiotic prescribing and use, to support optimal care and reduce the risk of increasing resistance to antibiotics. Staff were trained and knowledgeable in good antibiotic stewardship and risks associated with antimicrobial resistance.

# 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 and representatives felt the service provided the necessary supports to promote their well-being, independence and quality of life.

Care and lifestyle plans included information about consumers’ relationships, personal goals, preferred activities, as well as their emotional, spiritual, cultural, social and community needs. Staff described how they supported consumers when they were feeling low or experiencing an emotionally difficult event. Consumers and representatives said the service provided the supports and services needed to assist them participate in the community, have relationships, and do things of interest to them.

Consumers felt information about their daily living choices and preferences was effectively communicated and staff who provided daily support understood their needs. Appropriate and timely referrals were made to other individuals, organisations and providers of care and support services. Consumers were satisfied how the service worked with other organisations and support services to supplement the lifestyle program offered within the service.

Meals provided to consumers were varied and of suitable quality and quantity. Overall, consumers advised they enjoyed the meals and the meal service, however one consumer advised at times the meat was tough. Care planning documentation reflected any dietary needs or preferences, and this aligned with consumer and staff feedback. Staff were seen assisting consumers to enjoy the dining experience. Documentation and observations showed the service had appropriate food handling practices to ensure safe food storage, preparation, and delivery.

Equipment used for activities of daily living was clean, suitable, and well-maintained. Hazard reports, audits, and maintenance logbooks showed the service monitors and maintains equipment to ensure it is safe, suitable, clean, and well maintained.

# 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 said they felt safe and comfortable. Consumers and representatives said they always felt welcome and at home within the service environment.

The environment was easy to navigate and was optimised to support independence, mobility, social interaction and lifestyles. Consumer rooms were personalised with furniture, photographs and bed covers. The activity area, dining room, kitchen and clinical offices were located in one main building. Consumers said the equipment and furnishings suited their individual requirements. Consumers moved freely throughout the service and were seen interacting with staff, visitors and fellow consumers. There were covered, well maintained garden areas which were easy for consumers to access and enjoy.

The service was observed to be clean, tidy and safe for consumers to access. Furniture and equipment was clean, fit for purpose and arranged to support consumers with varying needs.

The service reviewed the living environment daily with regular monthly reviews inviting consumers and staff to identify any concerns or issues. Staff confirmed they can readily provide feedback on the living environment and the status of furnishings and equipment. Lifting equipment was regularly maintained and cleaned between use. Disinfectant wipes were available where equipment was shared. The call bell system was observed to be operating effectively.

Maintenance documentation evidenced there was timely and effective planned, periodic and ad hoc maintenance in response to requests.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

Consumers and representatives felt encouraged and supported to give feedback and make complaints, and appropriate action was taken. ‎Consumers and representatives understood how to give feedback or make a complaint and said they felt comfortable and confident to raise concerns directly with staff or management but were aware of other avenues for providing feedback. Most consumers were aware of external complaint avenues and the advocacy supports available to them, if they needed. They confirmed management addressed and resolved complaints, or issues arising from an incident.

Consumers were made aware of internal and external mechanisms to raise and resolve complaints. While most consumers spoke English, staff could explain the advocacy and language services available to them and how they supported consumers from diverse backgrounds, or those having difficulty communicating.

‎‎Management explained the different ways consumers were supported to make a complaint and provide feedback. Pamphlets and information on display in the dining and activity areas included brochures for complaints, open disclosure, language interpreter services and advocacy services. The service's feedback form was accessible to all consumers. Staff were encouraged to assist consumers access information and complete feedback forms.‎ ‎‎

The service took appropriate and timely action in response to complaints. Consumers and representatives who accessed the complaints process confirmed action was taken and an open disclosure process used. Staff were aware of the service’s complaints management policy and open disclosure policy, which were used to guide complaint resolution.

Feedback and complaints were used to improve the quality of care and services. The organisation had appropriate policies and procedures to guide continuous improvements based on feedback and complaints. The compliments and complaints master register showed all documented complaints were investigated and recommended actions entered on the continuous improvement plan. All items appeared to have been actioned in accordance with the service's improvement procedures.Standard 7

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| 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 considered they received quality care and services when they needed from people who were knowledgeable, capable and caring.

The service demonstrated the workforce was planned and the number and mix of staff was sufficient to deliver safe and quality care and services. Although staff were busy in the morning peak periods, both consumers and staff said it did not affect the delivery and management of safe and quality care. Call bell data showed calls for assistance were generally responded to in under 5 minutes. Vacant shifts were adequately filled and documentation confirmed the service had sufficient numbers and allocated different types of staff to each shift.

Consumers said staff were kind, caring, and respectful and knew what they were doing. Consumers felt staff were adequately trained and equipped to meet their needs. Interactions between staff and consumers were observed to be kind, caring and respectful.

The service demonstrated the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Documentation confirmed staff had appropriate qualifications, knowledge, and experience to perform their roles. Staff were satisfied they had sufficient orientation and ongoing training and confirmed they had regular performance appraisals.

Management monitored staff performance through performance appraisals after probation and on an annual and biannual basis, dependent on role. They offered performance management plans to staff, if required. If staff make a mistake, they investigated the incident, spoke to the person/s involved, offered further training and self-reflection and monitored. Standard 8

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| Organisational governance | | Non-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. | Non-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

I have found Requirement 8(3)(c) is Non-compliant as the service did not demonstrate effective organisation wide governance systems relating to regulatory compliance with police checks. Evidence identified in the assessment report included:

* The service’s governance and regulatory compliance policy stated staff, contractors or volunteers coming into unsupervised contact with consumers must have a current (less than 3 years old) police check certificate. Management would maintain a police certificate register and alert individual staff when their police certificate was due for renewal.
* The service’s employee police check register uses a traffic light system to advise management of the status of staff police checks.
* The assessment team identified one staff member working on site had an expired criminal history check (expiry date 2 July 2022) and was noted as ‘application pending’ (amber).
* The general manager said the register monitors the expiry date and sends alerts when to reapply ahead of the expiry date. The status shows as green, amber and red alerts and in this instance did not show the expired police check as a red alert.
* The alert system had been set up to allow one month warning however this may not allow sufficient time for the renewal process and will be changed to 3 months.

The provider responded to the Site Audit Report and clarified the employee had held a valid police certificate and was notified by the administration officer one month prior to expiry 02/07/2022. The employee applied for the police check which came through as valid on 21/07/2022.

This was an isolated case and the service has now included actions on the continuous improvement plan to ensure reminders about expiring police checks commence 3 months before and that administrative staff follow up with staff.

The red alert will show when staff member’s police check is older than 3 years and they will not be permitted to work until the check has been renewed and the system shows green.

While I understand the recent transition to new administrative arrangements for police checks involved challenges, there was evidence the service’s system for ensuring regulatory compliance with criminal history checks had failed. I therefore find the service non-compliant with Requirement 8(3)(c).

I find the remaining 4 Requirements of Quality Standard 8 are Compliant as:

Consumers and representatives considered the organisation was well run and they felt like partners in improving the delivery of care and services through a variety of consultative mechanisms. Consumers and their representatives said the service communicates with them regularly to keep them informed and consult them in relation to the care and services provided.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board routinely engaged with management through meetings and regular communications. The Board satisfied itself the Quality Standards were being met across the service through receiving quality reports and updates from the management team. Board members also visited the service and talked directly to staff and consumers. The Board is included in all email updates to consumers, their families, and staff.

Aside from the identified issue with the expired staff police check, the organisation had effective and appropriate governance systems for; information management, continuous improvement, financial and workforce governance and other aspects of regulatory compliance.

The service had a documented risk management framework, which included policies for managing high impact and high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. The service identified the main high-impact, high-prevalence risks to consumers as falls, weight loss and behaviours. These were monitored through monthly clinical audits and recording incidents.

The organisation’s clinical governance systems ensured the quality and safety of clinical care and promoted antimicrobial stewardship. The clinical governance framework included policies addressing; antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were trained and demonstrated practical knowledge about these policies and procedures.

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)