MannaCare - Cassia House

Performance Report

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**Commission ID:** 4374

**Provider name:** MannaCare Inc.

**Assessment Contact - Desk date:** 27 October 2021

**Date of Performance Report:** 23 November 2021

# Performance report prepared by

Loretta Glass, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(f) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The overall Quality Standard is not assessed as only one of six specific requirements has been assessed.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(f) Compliant

### *Each consumer’s privacy is respected and personal information is kept confidential.*

Consumers and their representatives indicated in various ways their personal privacy is respected and their personal information is kept confidential. Staff were able to describe ways they respect consumers’ personal privacy. The organisation has policies and procedures in relation to keeping personal information confidential and how gathered information is used. The service’s plan for continuous improvement demonstrates previous deficits have been addressed through:

* Education/training was provided on privacy and confidentiality via online learning
* Audits have been completed in relation to privacy and confidentiality
* Toolbox sessions have been completed on privacy policy, request for access of closed-circuit television (CCTV) footage procedure and an access to information form.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The overall Quality Standard is not assessed as only one of seven specific requirements has been assessed.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(g) Compliant

*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.*

The service was able to demonstrate improvements in relation to minimising infection related risks. The service provided evidence of visible signage, personal protective equipment (PPE) donning and doffing stations and increased hand sanitiser equipment available. Staff were able to describe their role in minimising infection transmission. The service has detailed and site specific COVID-19 outbreak management plan. The Assessment Team noted improvements in COVID-19 preparedness, infection control and staff practices related to PPE. For example:

* Refresher training in relation to infection control and outbreak management via an online portal has been provided
* Toolbox education to all staff in relation to donning and doffing of PPE and completion of the PPE competency tool
* Completion of infection control audits and random spot checks
* The service appointed an additional IPC lead from October 2021 to assist with ensuring adequate PPE stocks, providing on-going education to staff, review outbreak management plan and monitoring compliance of staff with PPE
* A PPE station is set up outside each unit and the staff room
* Extra sanitiser dispensers have been installed on each meal trolley for easy access by staff when delivering meals to rooms
* Effective communication is provided to all staff and family members such as weekly emails, memos, telephone calls and text messaging. Representatives and a consumer provided positive feedback on the updates they have received during the COVID-19 pandemic and the service’s evolving strategies that are aimed at reducing the risk of infection.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The overall Quality Standard is not assessed as only one of five specific requirements has been assessed.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The service demonstrated they maintain a risk framework. This includes an incident reporting system to identify, report and manage risks, high impact and high prevalence risk, and near miss incidents to ensure action is taken and consumers are supported to live the best life they can. Escalation of high impact risks is required by the organisation. For example:

* Staff education has been provided in relation to the serious incident response scheme (SIRS) responsibilities. This includes education about the organisation’s policies and procedures, identifying incidents that are high risk and high impact and the reporting responsibilities of every staff member whether they are a witness to an incident or an incident is reported to them
* Senior staff capability training has been completed about reporting SIRS incidents to external authorities
* Audits of staff knowledge, practice and responsibilities in relation to incidents have been completed
* There has been an upgrade to the incident management system to assist with the reporting and management process of SIRS
* Resources material have been made available to staff for their reference
* Communication has been provided to staff in relation to changes or updates in processes as required
* Representatives and one consumer said that communication from staff and management was very good including when an incident had occurred.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.