Sir Leslie Morshead Manor

Performance Report

26 Archibald Street   
LYNEHAM ACT 2602  
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**Commission ID:** 2903

**Provider name:** Morshead Home for Veterans and Other Aged Persons Limited

**Assessment Contact - Site date:** 19 June 2020

**Date of Performance Report:** 24 July 2020

# Publication of report

This Performance Report **may 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(c) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’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 - Site; the Assessment Contact - Site 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 Contact - Site report received 13 July 2020.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(c) Compliant

*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.*

The service demonstrated they have developed and implemented an ongoing partnership with the consumer and others the consumer wishes to be involved in their care. The service uses a monthly special care day review to maintain open communication and ensure ongoing and timely care reviews including assessment and planning involving the consumer, and relevant others including health professionals.

For the consumers sampled, care planning documents and feedback reflect that the consumer and/ or their representative and others are involved in assessment and planning.

Staff were able to describe how they are involved in the assessment and care planning processes at the service and this aligns with feedback from consumers and representatives.

Based on the evidence above the approved provider does comply with this requirement as 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.

### Requirement 2(3)(d) Compliant

*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.*

The service demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and readily available. The service provided evidence that 100% of care plan reviews and case conferencing have been completed by the clinical team and reviewed monthly. While the service acknowledges the care plan can sometimes be difficult to read and understand, the service has implemented strategies to support consumers and representatives understanding. Most consumers interviewed knew of, or had a copy of, their care plan.

For the consumers sampled, feedback demonstrated staff explained relevant information about care and how to access the care plan when wanted. Staff were able to provide information about how the outcomes of care planning are communicated to the consumers sampled (and their representatives in line with the consumer’s wishes).

Based on the evidence above the approved provider does comply with this requirement as 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.

**STANDARD 4 NON-COMPLIANT  
Services and support for daily living**

**Consumer outcome:**

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

**Organisation statement:**

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

**Assessment of Standard 4**

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(c) Non-compliant**

*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.*

The service offers a variety of activities for consumers to participate in and uses focus meetings and surveys to gain consumer input into the activity schedule. However, consumer feedback and care documents reviewed demonstrate that services and supports do not assist consumers to do enough things of interest to them. While the Assessment Team has considered the impact of COVID-19 and the restrictions imposed on visitors into the service, services and supports within the service have not been adequate for consumers to keep interested and engaged. Activity staff confirmed that external services including volunteers to supplement the lifestyle activities offered within the service had been ceased to manage COVID-19. Most consumers mentioned that since the COVID-19 restrictions, activities had been limited. Two of the three consumer care plans reviewed showed limited activity participation over the past month and, for one consumer activities, being offered had decreased. Whilst activity staff interviewed were able to describe how they develop an activities schedule that is tailored to consumers and ensures a range of activities to meet the needs of consumers with varying levels of functional and cognitive ability, The Assessment Team observed most consumers in the high care area were chair-bound and not observed to be participating in meaningful and engaging activities.

In their response, the approved provider stated that they have reviewed and update the care plans for the three consumers sampled to ensure they reflected their interests. The approved provider has made an undertaking to hold a case conference for each consumer in the high care area to ensure their preferences for activities are documented and the Facility Manager will regularly review activities provided to ensure all consumers are being offered meaningful activities.

Based on the evidence above the approved provider does not comply with this requirement as they have not been able to demonstrate that 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.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

While the service has made improvements in the number of staff who have had a recent performance review, the service was unable to demonstrate that regular assessment, monitoring and review is undertaken for each member of the workforce. The service undertakes appropriate performance management when a staff member is identified through an incident or complaint, however processes for proactive monitoring and review were not demonstrated. The provider has developed a new performance review process that aims to facilitate regular assessment and review of all staff, however this new process has not been implemented in the service at the time of the Assessment. Each member of the workforce has not had a recent performance review.

In their response, the approved provider stated that each member of the workforce has now met with the management team to discuss their performance and there is a planned schedule to ensure all performance reviews are completed.

Based on the evidence above the approved provider does not comply with this requirement as they have not been able to demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# 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 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.*

The approved provider must ensure that all consumers are provided with the opportunity to do things of interest to them by offering meaningful activities that support each consumers interests, wishes and preferences.

**Requirement 7(3)(e)**

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The approved provider must ensure that each member of the workforce receives regular assessment, monitoring and review of their performance.