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:** 14 January 2021 to 15 January 2021

**Date of Performance Report:** 2 March 2021

# 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, the service demonstrated they have effective management of high impact or high prevalence risks associated with the care of each consumer. The service also demonstrates the capacity to minimise infection related risks.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that the service demonstrated they have effective management of high impact or high prevalence risks associated with the care of each consumer. Care planning documents and staff interviews generally demonstrated the service identifies and manages the high impact and high prevalent risks associated with their care. This includes consumer risks of falls, pain, pressure injuries, diabetes management, and behaviour management. The service refers consumers to their medical officer or specialists for clinical review and recommendation, to assist in managing these risks associated with their care. Management demonstrated organisational processes to monitor, analyse and respond to high impact and high prevalence risks for consumers.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### 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 Assessment Team found that the service demonstrates minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. The service demonstrated ongoing implementation, monitoring and review of strategies to minimise infection related risks at the service. The service uses standard and transmission-based precautions to prevent and control infection and demonstrated safe antibiotic use. The service has an outbreak management plan and has implemented a range of strategies in the prevention and management of a potential COVID-19 outbreak or other possible infectious illnesses. This has included additional educational opportunities for staff in relation to infection control and prevention.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, the service demonstrated they have effective risk management systems and practices.

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

**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.*

The Assessment Team found that the service has effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can. The organisation has risk management strategies which provide service level as well as organisational oversight in key areas. This includes ensuring staff have the knowledge to provide support to consumers to continue to live their life doing the things they want to do to the best of their ability. The organisation also has systems in place to ensure neglect or abuse of consumers is identified and responded to appropriately.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# 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.