Performance

Report

**1800 951 822**

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| Name of service: | Craigcare Mornington |
| Service address: | 688 Nepean Highway MOUNT MARTHA VIC 3934 |
| Commission ID: | 4437 |
| Approved provider: | Glenn-Craig Villages Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 September 2023 |
| Performance report date: | 12 October 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 Craigcare Mornington (**the service**) has been prepared by D. Fekonja, 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 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service uses a clinical risk register that identifies areas of risk and a complex and chronic care needs report to oversee and monitor consumers' care requirements. Staff identified high risk areas are falls management, nutrition and hydration, behaviour support, catheter care and pressure injury prevention. Documentation reflected robust processes to manage high impact risks and support both staff and consumers in minimisation strategies. Consumers and/or their representatives confirmed that high risk care needs such as catheter care are well managed.

There are processes in place for consumers experiencing changed behaviours which include behaviour charting, sleep charts, pain charts and screening for infection and/or delirium. A medical practitioner is consulted, and the service may seek professional services from Dementia Support Australia (DSA) or the aged persons mental health team. The representative and/or alternate decision maker is notified and consulted at each point in this process. Staff stated behaviour charting helps them to identify triggers to minimise or eliminate them to avert the behaviour or de-escalate in a timely manner.

Based on the information included in the assessment contact report I find the service compliant with this Requirement.

# 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 |

Findings

Consumers and/or their representatives are satisfied the services they receive are safe and effective and support them to optimise independence, health, well-being and quality of life. The staff know the consumers’ preferences and choices and this enables them to support consumers to be independent and do the things they enjoy. Consumers have been supported to bring things from home, such as sporting equipment and musical instruments, to help support them to continue living their everyday life. An assessment checklist is completed with the consumer on entry which helps to identify their needs, goals and preferences. The leisure and lifestyle plan is updated monthly when the consumer is ‘resident of the day’ (ROD) to ensure their goals and preferences remain current.

The service has a dignity of risk policy which provides a framework for meeting the lifestyle needs and preferences of consumers. Consumers who wish to undertake that pose a risk will be assessed by the appropriate person and a ‘dignity of risk’ form is completed and a review conducted every 3 months. The service partners with community groups and specialist organisations to provide support to consumers to participate in activities they enjoy.

Based on the information provided in the assessment contact report, I find the service compliant with this Requirement.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers and/or their representatives are satisfied that the service’s environment is clean and well-maintained and consumers can move freely both indoors and in the garden and communal areas. There is adequate clearance and access for consumers who use mobility devices.

Consumers and their representatives are satisfied with the cleanliness of their rooms and across the service. Cleaning is performed on a regular basis and there is also a maintenance schedule to ensure that beds, mobility aids, lighting, and carpets are regularly inspected. Consumer’s rooms are checked in line with the monthly resident of the day process. Ad hoc incidents that require attention are reported through the maintenance and cleaning folders or directly to maintenance staff.

Dining tables, armchairs, carpets and flooring were observed to be in good clean condition and free of marks.

Based on the information provided in the assessment contact report, I find the service compliant with this Requirement.

# 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 |

Findings

Consumers are satisfied that there is sufficient staff to respond to their requests for assistance and are treated with dignity and respect by staff. One consumer said they receive their personal hygiene care as per their preferences.

Staff were satisfied there is sufficient staff across the service and where there is unplanned or planned leave these shifts are filled. Staff are notified of vacant shifts to be filled by short message service (SMS). Activities will continue to be held even where there is a lifestyle staff absence as other staff will assist with the activities to ensure they go head, as staff view the activities as important for consumers.

Management at the service meet every morning to discuss and adjust the roster to ensure there are no vacant shifts and evaluate the mix of staff depending on the requirements of the consumers at the time. There is ongoing recruitment occurring and there have been recent staffing increases.

Based on the information provided in the assessment contact report, I find the service compliant with this Requirement.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)