Performance

Report

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| Name: | Cumberland Manor |
| Commission ID: | 4297 |
| Address: | 25-27 Wiltshire Street, SUNSHINE NORTH, Victoria, 3020 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 August 2024 |
| Performance report date: | 19 September 2024 |
| Service included in this assessment: | Provider: 3233 Primary Caring Pty Ltd  Service: 2818 Cumberland Manor |

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 Cumberland Manor (**the service**) has been prepared by L Glass, 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 (performance assessment) – 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 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements assessed |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

Most consumers and representatives are satisfied the service identifies, and care planning documents reflect, each consumer’s goals, needs and preferences for care, including end-of-life wishes, which are considered during assessment and care planning. Staff demonstrated care planning documentation is consistent with the consumer’s needs, goals and preferences for care. The service has policies and procedures to guide staff through all assessment and care planning stages, including end-of-life care. The organisation’s palliative care and end-of-life policies are readily available to guide staff in safe and effective advanced/palliative/end-of-life care.

However, the Assessment Team identified preferences regarding COVID-19 and influenza vaccinations are not recorded consistently in the clinical documentation. Management responded by committing to record the information in clinical documentation aligning with the service’s vaccination policy.

Consumers’ choice to refuse vaccination is revisited periodically by clinical and infection prevention and control (IPC) staff. Staff said education and discussion with consumers and representatives are conducted to revisit consent and to understand the reasons for vaccine hesitancy.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Consumers expressed feeling safe at the service and living in an inclusive environment where they receive quality care and services. The organisation has policies, procedures and work instructions that support and guide management and staff to provide a safe and inclusive culture for consumers, including providing COVID-19 and influenza vaccinations. Management and staff confirmed the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services. All eligible consumers are encouraged to receive annual influenza and COVID-19 vaccines according to current public health guidelines. Vaccination clinics are provided regularly by medical practitioners to facilitate easy access for consumers. The service has discussed consent or refusal for COVID-19 and influenza vaccination and antiviral treatment with consumers and representatives. Education, additional information and counselling has been provided to consumers, representatives and staff to address any concerns raised.

The Assessment Team reviewed COVID-19 vaccination documentation and determined it reflects dates when vaccinations were provided, authorised consent and tracking to identify when vaccinations are next due. The vaccination policy, including age-related COVID-19 recommendations, is reviewed annually or when significant changes in public health guidelines or vaccination protocols occur. Information on antiviral medication and COVID-19 and influenza outbreak information, including how to arrange vaccinations, was observed in different languages throughout the service.

The Board is informed of quality indicator data, feedback, and compliance issues. The clinical governance committee has oversight for clinical care, where consumer risks, and needs and preferences for COVID-19 and influenza vaccines and antiviral treatments, are discussed. The quality and risk team reports consumer and clinical incidents, Serious Incident Response Scheme (SIRS) items, hazards, and vaccinations, and audits the results monthly. Reports are forwarded to the Board quarterly. Consumers’ clinical data is benchmarked against the national quality indicators.

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)