Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Cumberland Manor |
| Service address: | 25-27 Wiltshire Street SUNSHINE NORTH VIC 3020 |
| Commission ID: | 4297 |
| Approved provider: | Primary Caring Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 November 2022 to 25 November 2022 |
| Performance report date: | 11 January 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 Cumberland Manor (**the service**) has been prepared by G.Hope-Simpson, 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 Site Audit, the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said they were treated with dignity and respect, and staff valued their identity, culture and diversity. Staff respected and recognised consumers’ individual needs and choices including by respecting consumers who wanted to speak in their preferred language.

Consumers and representatives said the service recognised and respected their cultural backgrounds and provided care consistent with their cultural traditions and preferences. Staff described cultural, and personal preferences for consumers, including the family nature of the service and the many consumers from a multicultural background. Care planning documents reflected consumers’ backgrounds and included cultural activities of choice.

Consumers were supported to maintain significant relationships and exercise choice and independence, in relation to care and who should be involved in it. The service supported married consumers to maintain their relationship by sharing a room and spending time together. The service had a Choice and Decision-Making policy, to ensure consumers were supported to make decisions about their care and services.

Consumers said they were supported to take risks which enabled them to live their best lives. Staff were aware of consumers who wished to partake in risk activities, as reflected in care planning documents. Care planning documentation mostly demonstrated the service supported consumers to make informed choices about their care and any accompanying risks.

The service provided information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Staff said information was provided in various forms of communication, and there were corresponding resources to support consumer with difficulty communicating, including the use of language or cue cards.

Consumers said their privacy and confidentiality was respected. Staff were observed knocking on consumers’ doors prior to entry and closing the door during provision of personal care. Although most consumers’ information was stored securely, the Assessment Team observed the nurse’s station occasionally was unattended with consumers information unprotected. Upon management receiving this feedback, they advised a keypad code to the nurse’s station would be installed.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| 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 |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Staff described the assessment and care planning process including initial and ongoing risk assessments, and how this informed the delivery of care and services. Care planning documents evidenced the service conducts assessment and planning, mostly taking into consideration risks to consumers.

Consumers and representatives said staff involved them in the assessment and planning of the consumer’s care, including advance care and end of life planning if the consumer wished. Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process and included the consumers’ end of life needs and preferences.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care and service plan when they wanted to and knew how to do so. Care planning documents were reviewed every 3 months, or earlier if any changes to a consumer’s condition was recognised or any incidents occurred.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers said they received tailored, and safe care that optimised their well-being. Staff were guided by policies and procedures to deliver personal and clinical care that was best practice. Restrictive practices were managed in line with legislative requirements, and skin integrity and pain management care were effectively delivered.

The service had policies and guidelines to effectively manage high impact and high prevalent risks associated with the care of each consumer. Strategies for consumers at risk were communicated and implemented by staff, and representatives were informed of circumstances such as falls. Clinical data showed the service monitored and analysed trends in weight loss, falls management, infections, diabetes and skin integrity.

Care planning documents of consumers who had received end of life care reflected appropriate pain management, monitoring and comfort care throughout their palliation periods and had care provided in line their advanced care directives.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff recognised and responded to deterioration or changes through a range of systems and processes, including handover, daily progress notes, incident reports, and feedback from consumers.

Consumers and representatives said staff worked together and effectively communicated consumers’ care needs and preferences. Care documentation, including care plan summaries and progress notes, provided comprehensive information to support effective and share sharing of consumers’ condition, preferences, and care needs.

The service had a network of approved individuals, organisations and/or providers they referred consumers to, including an in-house physiotherapist 4 days a week. Care planning documents reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers.

Consumers and representatives were satisfied with the service’s management of infection control practices especially during COVID-19. The service had 2 Infection Prevention Control Leads who monitored staff adherence to infection prevention control practices. Staff understood infection minimising strategies, including hand hygiene and outlined the service’s approach to minimising use of antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers expressed satisfaction with the services and supports provided for daily living which met their needs, goals, and preferences. Staff provided examples of what was important to consumers and what they liked to do which and explained the lifestyle assessment and planning process, including how the activity schedule was updated every month to meet the needs and preferences of the consumers.

Consumers felt supported to maintain social, emotional, and spiritual connections, which were important to them. Staff described additional support provided for consumers experiencing a change in mood, such as offering support and talking to consumers feeling low or making referrals to appropriate external services.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest, such as bus trips to the local community. Care planning documents showed consumers were involved in the community, pursued their interests, and maintained personal and social relationships.

Consumers and representatives said information about consumers’ condition, needs and preferences were communicated within the organisation, and with others where responsibility for care was shared. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover processes.

Care planning documents evidenced timely and appropriate referrals were made to individuals, other organisations and providers of other care and services to support consumers’ lifestyle and emotional needs. Lifestyle staff confirmed they used volunteer organisations to connect consumers to their community. Consumers confirmed they were supported by other organisations, support services and providers.

Most consumers expressed satisfaction with the quality and quantity of the food, and said the service accommodated their preferences. Hospitality staff confirmed they were kept informed of consumers’ dietary needs or preferences and confirmed the service had a 4-week rotating seasonal menu, which was reviewed by a dietitian.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers confirmed this to be the case. Staff interviewed said they have access to equipment when they need it and could describe how equipment is kept safe, clean and well-maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team observed, and consumers confirmed the service environment was welcoming and homely. Consumers were supported to feel at home in the service and maintained their independence and personal preferences for interaction. Staff described how the service optimised consumers’ sense of belonging and supported ease of navigation with environments that reflected dementia enabling principles of design.

Consumers and representatives said the service environment and their rooms were kept cleaned, well maintained, and staff supported consumers to move freely both indoors and outdoors. The Assessment Team observed consumers moving freely around all areas of the service, including outdoor spaces.

The service environment was safe, clean, and well maintained. The service had a preventative and reactive maintenance program that was overseen by management. The Assessment Team observed consumers using a range of equipment aids, including walking frames, and call bells operating effectively. Consumers said the furniture, fittings and equipment were clean and suitable for them.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said there were various avenues to submit feedback about care and services, they understood how to provide feedback or make a complaint and felt safe doing so. Staff described how consumers were encouraged and supported to provide feedback and make complaints. Feedback mechanisms, including paper-based feedback forms were observed throughout the service.

Most consumers and representatives said they were aware of and had access to advocates, language services and other methods for raising and resolving complaints. Management described, and observations confirmed, multilingual information on advocacy services and the Commission was available to consumers.

Staff were aware of the underlying principles of open disclosure and knew that it included acknowledging when things go wrong, apologising and using complaints as opportunities for improvement. Staff and management were able to describe the process that was followed when feedback or a complaint was received, and documentation concerning one complaint evidenced the correct process had been followed.

Feedback and complaints were reviewed and used to improve the quality of care and services and linked to the service’s continuous improvement plan. Management advised, and the Assessment Team reviewed in feedback register data, which showed no trends complaints, with concerns reflecting isolated issues.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Whilst some consumers and representatives said there was not enough staff, all said staff were meeting the needs of consumers. Management and staff described how they ensured there was enough staff to provide safe and quality care. For example: When unplanned leave occurs, the service called on staff from their pool of permanent and casual staff, then as a last resort, they would engage agency staff. Call bell data showed most calls were answered within 10 minutes.

Consumers said staff were kind, caring and respectful. Staff were observed being kind and respectful to consumers such as taking time to greet and interact with consumers and by using consumers’ preferred cultural titles.

Consumers and representatives felt staff were competent, and confident they were skilled to meet their care needs. Management described the process to ensure that staff are suitable for, and competent in their role through the recruitment process.

Consumers and representatives said staff were adequately trained and equipped to do their jobs. Management said there was annual mandatory training and online training resources for staff to perform their roles in relation to the Quality Standards. The Assessment Team however; found some staff were not able to clearly describe the types of restrictive practices. Management was informed of this feedback and updated the service’s restrictive practice policy to include definitions of the types of restrictive practices and included the topic on the next scheduled training day.

The performance of staff was regularly reviewed through performance appraisals, that majority of which were up to date at time of audit. Care staff confirmed they had completed performance appraisals, had opportunities to realise career goals and felt supported by senior staff at the service.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and their representatives were confident the service was well-run and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described how consumers and representatives were engaged through a variety of ways, including meetings, surveys, audits, care planning consultations, feedback forms, and directly with the service’s workforce.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audits results and monitoring of clinical indicators, consumer/representative and workforce feedback.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management confirmed the governing body was engaged with an external industry body to keep abreast of regulatory changes in aged care, and used the Commission’s website and federal Department of Health updates to guide the creation of policies and procedures.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. The service had a policy and procedure to support consumers’ dignity of risk and staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Although most staff used practice examples to demonstrate their understanding of these concepts, the Assessment Team found that some staff could not describe the types of restrictive practices, as outlined in Standard 7. Staff had, however, received training in restrictive practices, antimicrobial stewardship, and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)