Performance

Report

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| Name: | MannaCare - Cassia House |
| Commission ID: | 4374 |
| Address: | 371 Manningham Rd, DONCASTER, Victoria, 3108 |
| Activity type: | Site Audit |
| Activity date: | 30 April 2024 to 2 May 2024 |
| Performance report date: | 30 May 2024 |
| Service included in this assessment: | Provider: 101 MannaCare Inc.  Service: 2893 MannaCare - Cassia House |

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 MannaCare - Cassia House (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Site Audit report.

# Assessment summary

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| 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

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| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers described feeling valued as individuals, and said staff treated them with dignity and respect. Care and service plans documentation detailed consumers’ culture, background and diversity was captured. Staff were able to identify the background of consumers, and outlined how they provided respectful care considerate of identity and cultural needs.

Consumers and representatives confirmed consumers’ cultural backgrounds were recognised, and staff were aware of their cultural needs. Staff explained how cultural needs, including communication needs, life history, and cultural celebrations, were identified through assessment and planning processes and recorded within care and services plans. Management explained available cultural training for staff.

Consumers and representatives advised consumers received supports to exercise choice and independence, and they had the ability to make their own decisions and maintain personal relationships. Staff advised they supported consumers to make their own decisions, and outlined actions and activities to support informed decision making and maintaining relationships of importance. Care planning documentation identified the individuals that consumers chose to have involved in the decision making of their care and services.

Care planning documentation demonstrated risks were identified by the use of assessments, and the strategies to mitigate risks had been discussed with consumers and their representatives. Consumers confirmed they were supported to engage in their chosen activities which contained an element of risk and were engaged in development of strategies to minimise harm. Staff described the processes in place to support consumers to understand the benefits and harm when making decisions regarding their risk-taking activities.

Consumers and representatives advised they were provided with current information to enable decision making relating to daily living and care. Consumer and relative meeting minutes evidenced consumers and their representatives were provided with up to date information about changes to the service environment, upcoming activities and menus. The activities schedule and information regarding upcoming events were observed to be displayed within the rooms of consumers and communal areas.

Consumers confirmed their personal privacy was respected, for example, staff knocked on their door and awaited their response prior to entering. Policies and procedures to guide staff practice to protect the privacy of consumers and ensure the confidentiality of consumers’ personal information were in place. Staff advised the electronic care management system was kept password protected to maintain confidentiality when not in use.

# Standard 2

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| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described the initial and ongoing assessment process and how it informed the development of consumer’s care and services plan. Care planning documentation identified risks to consumer health and well-being were identified through assessments using validated tools, and individualised care and mitigating strategies developed. Management explained they had self-identified improvements in assessment of consumers ability to use security features at the front door, with potential failure to recognise environmental restraint for those unable to independently enter the code and had commenced reassessment processes.

Consumers confirmed they were consulted on their needs and preferences, and had opportunity to discuss advance care planning and end of life wishes. Staff described how they assessed and gathered information relating to the consumer’s needs and preferences for care and services, captured within care planning documentation. Advance care directives were readily accessible in paper and electronic documentation, and key needs and preferences highlighted within written handover processes.

Consumers and representatives considered they were partnered and involved in the assessment and planning process, and could provide their input into the review of consumers’ care and services. Care planning documentation evidenced regular input from consumers and their representatives. Staff confirmed the assessment and planning process occurred in partnership with consumers, medical officers, allied health professionals, and other specialist providers involved in the consumer’s care.

Consumers and representatives confirmed they were offered a copy of the consumer’s care and service plan. Staff advised care planning outcomes were regularly communicated to consumers and representatives, and they were offered a copy of the consumer’s care and service plan. Care and service plans were available to staff electronically and could be provided as a physical copy to consumers and their representatives.

Consumers and representatives confirmed they were involved in regular care and service plan reviews, and changes in the consumer’s condition led to a reassessment of their care. Staff explained processes to evaluate effectiveness of care and services through scheduled routine reviews and following incidents or change in consumer condition. Care planning documentation evidenced use of monitoring processes, progress notes, and incident reports to prompt evaluation of care and services between scheduled care plan reviews.

# Standard 3

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| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives advised consumers received safe and effective care which was tailored to the consumer’s needs. Staff demonstrated an understanding personal and clinical needs and management strategies for consumers, describing monitoring and evaluation processes to ensure strategies remained safe and effective. Management explained provision of personal and clinical care of best practice was supported through training, tools, guidelines, and protocols.

Representatives provided positive feedback with the interventions in place to manage the high impact risks associated with the care of consumers. Care planning documentation evidenced risk assessments were conducted to inform the effective management of key risks to consumers. Management identified key risks for consumers described the strategies in place to mitigate these risks in alignment with policies and procedures.

Staff explained how care strategies changed for consumers nearing end of life, Care planning documentation for a late consumer evidenced they received palliative care in alignment with their advance care directives. An advance care planning and end of life policy to promote the recognition of consumers’ end of life care goals and to ensure their comfort was maximised and their dignity preserved during the provision of end of life care.

Consumers and representatives advised staff were responsive to identifying and managing deterioration in the consumer’s condition. Care planning documentation evidenced deterioration or changes in consumers’ health was recognised, escalated, and managed in line with policies and procedures. Staff explained how they would recognise change in consumer condition, and clinical staff said they monitored documentation for signs of deterioration requiring follow up.

Consumers and representatives said consumer’s information was regularly and consistently communicated between themselves and staff. Staff advised information regarding the consumer’s condition and care needs were communicated during handovers, meetings and through the electronic care management systems. Management explained the daily communication process were supported through weekly staff meetings, attended by management, clinical and care staff, and Allied health representatives, where incidents, feedback, and consumer deterioration were reviewed.

Care planning documentation evidenced referrals to allied health professionals and specialist providers were made in response to changes to the consumer’s condition. Staff described how consumers were referred to various providers of care and services. Consumers and representatives reported referrals made were appropriate to consumer needs.

Consumers and representatives reported observing staff use of infection prevention measures, such as wearing personal protective equipment. Staff described the strategies to minimise the spread of infection, and ensure appropriate antibiotic use through collecting pathology when clinically indicated and waiting for results to commence medication. The Infection prevention and control lead’s role included competency assessments, audits, and monitoring practices during outbreaks to ensure staff actions minimised infection related risks.

# 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 |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers provided positive feedback regarding the supports provided for consumers to engage in daily living activities, and confirmed the supports met their needs, goals and preferences. Care planning documentation included needs, goals, and preferences for consumers with strategies to optimise independence and participation in events and daily living. Consumers and representatives confirmed staff provided emotional support and reassurance for consumers and offered services and support for spiritual wellbeing. Staff described how they identified consumers who were feeling low by observing their body language, level of engagement, or whether they were isolating themselves, and outlined the supports provided to consumers to maintain emotional well-being. Care planning documentation captured consumers’ emotional and spiritual needs and preferences aligned with consumer feedback.

Consumers described how they were supported to participate in activities within the internal and external community, and to maintain contact with people of importance to them. Consumers were observed to be engaged in group and social activities with other consumers and visitors. Staff advised they encouraged consumers to engage in interests with consideration of how activities promote social interactions between consumers, and supported consumers to maintain relationships by assisting consumers to call their family and friends.

Consumers and representatives confirmed consumers’ needs and preferences were effectively communicated between staff. Staff, including lifestyle and kitchen staff, advised information regarding the consumer’s condition, needs and preferences during handover meetings and could request further information from Registered Nurses if required. Care planning documentation contained sufficient detail to inform staff and others involved in consumer care with changes to needs, goals, and preferences.

Care planning documentation confirmed consumers were referred to external organisations and individuals to meet their needs in a timely manner. Staff provided examples of referrals to external services and supports for consumers, such as volunteers to meet cultural and language needs of consumers.

Consumers provided positive feedback regarding the quality of their meals and confirmed they were offered choices and meals were of suitable temperature and quantity. The kitchen was observed to be clean, and meal preparation were completed in adherence with relevant food and health safety practices. Staff confirmed they could access documented information regarding the consumer’s dietary needs and preferences, and would assist consumers with their meals when required. The rotating menu was created with dietitian input and considered consumer feedback, and additional food was available between meals if desired.

Consumers confirmed their mobility aids and activity equipment were kept clean and well maintained. Maintenance logs evidenced equipment was actively monitored and maintained for safety and cleanliness. Staff reported they had access to the appropriate supplies and equipment to support consumers’ needs.

# Standard 5

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| 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers described the service environment as welcoming, safe, and easy to understand. Management and staff advised they assisted consumers to feel at home within the service by supporting them to personalise their rooms with their belongings. The service environment was observed to be welcoming, with wide corridors and handrails fitted throughout the service to assist consumers to mobilise, and large signage to aid navigation.

Consumers and representatives confirmed consumers were able to move around freely through indoor and outdoor areas and expressed satisfaction with the cleanliness of their rooms and communal areas. Staff advised communal areas of the service were cleaned daily, and the rooms of consumers received a deep clean on a fortnightly basis, or more frequently if required. Staff described how they could lodge a maintenance request through the electronic system, which was regularly monitored and managed by priority.

Consumers confirmed their equipment, furniture and fittings were safe, clean, and well maintained. Staff described the preventative maintenance schedule to ensure equipment was suitable for consumer use and advised all shared equipment was sanitised after use to ensure equipment was safe and clean for consumers. Assessments were undertaken for suitability of equipment, documented within consumer care and services plans.

# Standard 6

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| 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives were comfortable to provide feedback and described how they could raise their complaints directly with management. Management advised consumers and representatives were encouraged to raise their complaints through feedback forms, emails, during meetings, or directly with staff. Staff were aware of actions to support consumers raise concerns and escalation processes. Feedback forms and suggestion boxes were accessible throughout the service.

Consumers and representatives advised they were aware of external advocacy services, however, said they were comfortable to raise their issues directly with staff and management. Information regarding advocacy, language, and complaint services were available at reception and displayed on noticeboards throughout the service, and within newsletters. Staff demonstrated an understanding of the advocacy services available to consumers, and explained how they could provide consumers with further information if requested. Management explained they were coordinating education for staff and consumers on available supports.

Consumers and representatives confirmed their complaints were responded to appropriately, and staff acknowledged their complaints. The feedback register evidenced open disclosure practices were applied when dealing with complaints and feedback. Management advised all complaints were acknowledged and investigated, and consumers were provided with an apology when things went wrong.

Consumers and representatives confirmed their feedback and complaints were reviewed and have led to care and service improvements. The continuous improvement plan detailed records of complaints and included the improvements actions arising from the resolution of the complaint. Management advised continuous improvement actions were informed through various sources including, discussions with consumers, feedback forms, consumer meetings and audits.

# 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 |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers reported there were enough staff to provide them with quality care and services, and advised staff were not rushed when attending to their needs. Staff said there were sufficient staffing levels to ensure the needs of consumers were met, and vacant shifts due to unplanned leave were regularly filled. Staffing rosters for a fortnightly period evidenced a suitable number and mix of staff were available for each shift. Management described how the workforce was planned to ensure the appropriate number and mix of staff were available to meet consumer needs, including ensuring the service met the legislative staffing requirements.

Consumers and representatives confirmed staff interactions were kind, caring and gentle. Staff were observed to engage respectfully with consumers by using their preferred names and respecting their privacy. Management reported policies and training were in place to guide staff practice to ensure consumers’ identity and culture were respected.

Consumers and representatives confirmed staff were competent and qualified to perform their roles. Position descriptions outlined the necessary qualifications, skills, experience and training requirements for each role. Management advised staff competency was determined during the recruitment and onboarding process by ensuring new staff had the appropriate registrations in place for their respective roles and assessments undertaken within the probationary period.

Staff described the various training and education they received on a range of areas, including restrictive practices, incident management, infection control, antimicrobial stewardship and cultural safety to deliver the outcomes required by the Quality Standards. Management advised they delivered online and face-to-face training to staff in alignment with their Learning and Development policy and training calendar. Training records for Infection Prevention and Control leads evidenced they were provided with, and had completed infection prevention and control training.

Management advised staff performance was monitored and reviewed through performance appraisals which were completed after 6 months for probationary staff, and on an annual basis thereafter. Ongoing monitoring of performance was also undertaken through general observations of staff practice, feedback, and documentation, with processes to address mistakes to ensure improvements. Staff confirmed they were notified when their performance appraisal was due, and outlined the appraisal process. Personnel records evidenced staff performance appraisals were current, and up to date.

# Standard 8

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| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed the service was well run, and confirmed they could provide their input into the evaluation of care and services. Management and staff described the various mechanisms to engage consumers and representatives in the development and delivery of care and services, including consumer meetings, feedback forms, surveys and verbal feedback, and demonstrated actions to form a Consumer Advisory Body. Consumer and representative meeting minutes evidenced consumers were in attendance and consumers were encouraged to provide their feedback.

Management advised they had reciprocal communication with the governing body through monthly reporting processes and meetings, which ensured the governing body’s involvement in the delivery of care and services. The organisational chart outlined a clear reporting structure between staff, management and the governing body, and the responsibilities of the governing body to promote safe practice within the organisation. Meeting minutes demonstrated how the governing body, including subcommittees, maintained accountability and monitored performance.

Effective organisation wide governance systems, including a governance and reporting structure, were in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management explained the Quality Team monitors legislative and regulatory compliance, reporting changes and information through to the Board who then make changes and inform staff through policies, procedures, training, memoranda and meetings. Continuous improvement activities demonstrated opportunities for development were identified, documented, and escalated to the Board for oversight and responsibility for making changes to governance processes, including updating policies and procedures to ensure they were effective for purpose.

Management described the risk management systems to identify key risks to consumers, and confirmed high impact risks were identified through the analysis of clinical data and incidents. Staff described their roles and responsibilities to report incidents when falls, abuse or neglect and were identified. A review of the Serious Incident Response Scheme register evidenced all incidents were reported to management and the Commission within the required timeframe and improvements were implemented to manage the incident and prevent further similar incidents from occurring.

A clinical governance framework with supporting policies, procedures, and training was in place to guide staff clinical practice. Staff demonstrated an understanding of antimicrobial stewardship, including obtaining pathology results prior to use of antibiotics. The incident register evidenced open disclosure was practiced when responding to complaints, and staff provided transparent communication with consumers and representatives when an incident occurred. The service had self-identified improvements to their understanding and assessment of restrictive practices, with improvement activities developed still being undertaken during the Site Audit.

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