Performance

Report

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| Name of service: | MannaCare - Doncaster Melaleuca Lodge |
| Service address: | 383 Manningham Road DONCASTER VIC 3108 |
| Commission ID: | 3533 |
| Approved provider: | MannaCare Inc. |
| Activity type: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 5 June 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 MannaCare - Doncaster Melaleuca Lodge (**the service**) has been prepared by D Utting, 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

# 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

Consumers and representatives were satisfied staff and management treated them with respect and dignity, and their culture and diversity was valued. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of individual choices and preferences. Care planning documentation included information about consumers’ past and present interests and preferences.

Consumers and representatives were satisfied the service provides care and services that are culturally safe. Staff provided examples of how they support consumers’ individual needs. The Assessment Team observed a cultural care kit containing information about different cultures, such as cultural awareness, common phrases, days of cultural significance and culinary traditions.

Consumers and representatives were satisfied they are supported to exercise their own choice, independence, and decision-making about how the care and services are delivered to meet their needs. Staff described how they support consumers to maintain relationships with family and friends by encouraging and assisting the consumers in making connections with people important to them. Staff were aware of individual consumers’ key relationships.

Consumers and representatives said that consumers are supported to undertake activities with associated risks so they can live the life they wish. Staff explained the steps to mitigate the risks for consumers who engage in activities that may pose some risk. The Assessment Team review of care planning documentation showed that for the consumers sampled, consumer’s risks were identified, discussion of risks had occurred with the consumer, their nominated representative, and others such as the consumer’s medical practitioner, physiotherapist, or occupational therapist.

Consumers and representatives confirmed they were informed of how to make choices and how they are supported to understand that information. Staff interviewed were able to describe different ways in which information is provided to consumers in line with their needs and preferences. Updated information, such as the daily menu and lifestyle program schedule, were observed and displayed in the service.

The service demonstrated that each consumer's privacy is respected and personal information is kept confidential. Consumers said their privacy is respected by staff. Staff described the practical ways they respect the personal privacy of consumers at the service and the Assessment Team observed staff practices protecting consumer privacy.

# 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

Consumers and representatives were satisfied with the assessment and care planning process, and risks were considered and informed safe and effective consumer care. Risk assessments and management processes considered and mitigated identified risks through individualised interventions. Clinical staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care and utilised risk assessment tools for guidance.

Care planning documentation reflected the goals of care, needs and preferences of each consumer under all domains of care. Advance care planning is completed as part of the initial assessment process and reviewed at the monthly care review. Care planning documentation evidenced medical practitioner consultation with consumers and their representatives to complete the consumer’s advanced care plan. Staff demonstrated knowledge of the needs and preferences of the sampled consumers.

Consumers said they are offered a copy of their care plan as part of the care planning review process. The 3-monthly care review evidenced consultation with the consumer and representative. Care planning documentation evidenced assessment and planning outcomes communicated to the consumer and their representatives.

Consumers and representatives said the clinical staff regularly discuss their care needs with them, and any changes are addressed in a timely manner. Consumers care planning documentation reflected regular review and where circumstances changed, such as consumer deterioration or incidents such as infections, wounds and falls. Clinical management described how and when consumer care plans are reviewed. Allied health providers confirmed they are involved in care reviews when circumstances change and regularly review care interventions in line with the service’s process.

# 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

Consumers and representatives expressed satisfaction with the personal and clinical care they receive. Staff interviews and documentation reflect that best practice principles are implemented and followed in relation to skin integrity, pain, changed behaviours and restrictive practices to optimise health and well-being. Consumer’s behaviour support plans were observed to be individualised and included non-pharmacological strategies be trialled prior to administering medication.

Consumers and representatives said they were satisfied with the management of risks. Review of care planning documentation demonstrated that consumers’ high impact and high prevalence risks are identified, investigated, and managed with strategies developed to minimise risks. The service has a range of clinical policies and procedures to guide staff practice in areas such as falls management, pressure injury, nutrition and hydration and diabetes.

The service demonstrated that consumers on an end-of life pathway had their dignity preserved and that care was provided in accordance with their needs and preferences. Care planning documentation recorded the use of external palliative care providers as available. The service has procedures and practices standards to inform staff practice in relation to ‘palliative care’.

Consumers and representatives said the service recognises and responds to changes in the consumers condition and responds in a timely way. The service was able to demonstrate that changes in a consumer’s capacity or condition are recognised and responded to. Clinical staff explained how changes to a consumer’s health status are discussed during handovers and staff meetings, trigger a medical practitioner review and hospital transfer if needed. Care staff explained how they report any concerns about a consumer to the registered nurse.

Consumers and representatives said that consumer needs and preferences are effectively communicated. Care documentation showed consumer conditions, needs and preferences are communicated, and information exchange occurs with others who share responsibility for care. Staff described communication mechanisms and showed knowledge of the needs and preferences of each consumer.

Consumers and representatives expressed satisfaction with access and referral to their medical practitioner, wound consultants and other health professionals as needed. Care planning documentation reviewed reflected timely and appropriate referrals to individuals, organisations, and other care and service providers. The Assessment Team reviewed policies and procedures that guide referral processes.

The service demonstrated preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak and used best practice antibiotic practices. Consumers and representatives interviewed said they were satisfied with the service’s cleanliness, management of COVID-19 precautions and other infection control practices. The Assessment Team observed staff following all infection control procedures, and the COVID-19 screening procedure in place at the service was strictly adhered to. The service has an appointed infection prevention and control lead who has completed the required training.

# 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

Consumers and representatives were satisfied consumers get safe and effective services and supports for daily living. Care planning documents reflected consumers’ choices and detailed information, services, and support needed to optimise their independence, health, well-being and quality of life. The activities program is designed from a range of sources including, consumer and representative consultations, information from ‘residents’ meetings’, activity evaluation forms, clinical staff, and care planning documents. Lifestyle staff explained how they individualise activities for each consumer by gathering lifestyle preferences on admission, reviewing care plans every three months and when consumers’ needs change, offering activities, observing their interactions, and reviewing their participation.

Consumers and representatives were satisfied the consumers’ emotional, spiritual, and psychological well-being is supported. Staff describe how consumers are supported emotionally, spiritually, and psychologically and have access to a pastoral carer. The service provides regular church services for a number of denominations as well as individual communion, as required. The service has a volunteer program which complements the lifestyle program. Care planning documentation included information on consumers’ individual emotional, spiritual, and psychological needs.

Consumers and representatives were satisfied the services and supports enable them to participate in the community, have relationships and do things of interest to them. Staff described how they support consumers to do the things that are important to them. The service demonstrated that information about consumers’ needs and preferences is communicated within the organisation and with others where the responsibility for care is shared.

Consumers and representatives described how they can access other organisations and services. Staff identified other available supports and services, including council library service and voluntary and allied health services and described the referral process.

Consumers and representatives expressed satisfaction with the choice of quality and quantity of meals. Staff were knowledgeable about individual consumers’ preferences and dietary requirements. Staff were observed to be assisting, encouraging, and offering choices with meals during the site audit. Food focus meetings are held to enable discussion about the menu and provide feedback on the dining experience. Care planning documentation reflected sampled consumers’ dietary needs, preferences, and allergies.

Consumers and representatives were satisfied the equipment was suitable and well-maintained. Staff were satisfied they had access to enough equipment. The Assessment Team observed equipment to be clean and well-maintained.

# 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

Consumers said they feel welcome and comfortable at the service and are encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The service was observed by the Assessment Team to be welcoming and provided comfortable furnished communal areas.

Consumers said they feel safe at service. Consumer provided positive feedback the buildings and gardens are maintained. Consumers were observed sitting in the courtyards reading, taking morning tea, and engaging with their visitors.

Consumers said the furniture, fittings, and equipment are well maintained and cleaned regularly, and when they need something repaired or cleaned, staff are responsive to their requests. The service has a system in place for staff to log maintenance requests. A review of the maintenance register demonstrated that requests are logged, reviewed and actioned in a timely manner.

# 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

Consumers and representatives said they are comfortable providing feedback and making complaints. Staff described how they assist consumers and or representatives in raising concerns. The Assessment Team observed information regarding how to make a complaint located at reception and at the nurse’s station. Documentation, including resident and representative meeting minutes, and the services’ newsletter, demonstrated the service encourages and supports feedback. The Assessment Team sighted the consumer handbook informing consumers about the complaints process and reviewed the services’ feedback and complaints management policy.

Consumers and representatives are made aware of and have access to advocates, language services and other methods to raise and resolve a complaint. Staff described other methods of raising and resolving complaints and the availability of language services. The Assessment Team observed information displayed throughout the service regarding advocates and other methods of raising a complaint.

Consumers and representatives who had provided feedback or raised a complaint were satisfied with the resolutions. Management and staff described using open disclosure principles in the handling of complaints. Documentation demonstrated how the service actions complaints and that appropriate action was taken when complaints were made.

Consumers and representatives were satisfied that their feedback and concerns had been addressed. Management described how feedback and complaints result in improvements. Documentation reviewed demonstrated complaints were reviewed and used to improve the service.

# 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

Consumers and representatives were satisfied there is enough staff at the service to meet their needs. Staff said the workforce was able to provide safe and quality care and services. Clinical staff said staffing levels were adequate and they are supported by a floating staff member on the afternoon shift. Care staff said they have enough staff and only occasionally use agency staff. The Assessment Team observed sufficient staffing throughout the visit. A review of documentation evidenced low use of agency staff and shift replacement where there was unplanned leave.

Consumers and representatives said staff are kind, respectful and caring. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Staff were consistently seen to offer choices and assist consumers in maintaining independence. The service has a choice, independence, and dignity of choice policy to help guide practice.

Consumers and representatives said staff perform their roles effectively and are confident staff are skilled to meet their care needs. Management said all staff are required to complete mandatory training as well as regular refresher training. The training is monitored and followed up by management via the services e-learning platform. Position descriptions specify roles and responsibilities for particular roles, and staff must have relevant qualifications and registrations.

Clinical and care staff said the service provides mandatory and additional training to support them in providing quality care and support their professional development. Management described the required annual mandatory and non-mandatory training and the process to implement training if gaps are discovered, or incidents occur. Training is monitored and recorded by management. The Assessment Team reviewed education documentation which identified that most staff have completed their mandatory training, and the service has rolled out the Code of Conduct training.

The service demonstrated that performance reviews are conducted annually for all staff and after an initial probation period for new staff. The performance review schedule demonstrated all performance reviews are currently up to date. All staff were able to describe the performance review process.

# 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

Consumers and representatives are engaged in the development, delivery, and evaluation of services. All consumers said they are confident to provide feedback to staff and management about their care and services. Management outlined how they seek feedback from consumers and representatives via direct feedback, feedback forms, resident meetings, and focus groups.

Consumers and representatives said they feel safe and are living in an inclusive environment providing quality care and services. Staff felt they could freely express concerns. Management described the board structure that governs the delivery of quality care and services across the organisation.

Management and staff described processes and mechanisms in place for an effective organisation-wide governance system relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Staff described how they can readily access the information they require in relation to the consumer’s needs, goals, and preferences via the consumer’s care plans. Policies and procedures, staff education, human resource-related information and organisational communications are accessible through the services intranet and in folders in the nurses’ stations.

The Assessment Team reviewed the services plan for continuous improvement, which identified areas for improvements at the service. The plan contained feedback from consumer, representative and staff feedback, and other information gathered from observations, incidents, complaints, and internal audits. Management described the reporting requirements relating to reportable and non-reportable events, and appropriate registers were observed to be maintained. Clinical and care staff effectively demonstrated their knowledge of the serious incident response scheme (SIRS) and correctly outlined their responsibilities based on their position.

The service has a risk management system and practices to monitor and assess high-impact or high-prevalence risks, identifying and responding to abuse and neglect of consumers. The service is identifying and reporting risk and supports consumers to take risks. Staff and management provided examples of the high impact and high prevalence risks and described how they are managed within the service.

The organisation’s clinical governance framework includes policies and practices for antimicrobial stewardship, minimising the use of restraint and open disclosure, Staff have received training in clinical governance and were able to explain the principles and provide examples of practice in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)