**Performance**

**Report**

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| Name: | Manning Support Services Inc |
| Commission ID: | 200716 |
| Address: | Suite 3, 57-61 Albert Street, TAREE, New South Wales, 2430 |
| Activity type: | Quality Audit |
| Activity date: | 11 March 2024 to 14 March 2024 |
| Performance report date: | 20 May 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7118 Manning Support Services Incorporated  
Service: 26495 Manning Support Services

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7608 Manning Support Services Inc  
Service: 24110 Manning Support Services Inc - Care Relationships and Carer Support  
Service: 24111 Manning Support Services Inc - Community and Home Support

**This performance report**

This performance report for Manning Support Services Inc (**the service**) has been prepared by M Nicholas, 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 Quality 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 for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Most consumers and representatives reported they feel respected and valued by staff and management. A review of documentation demonstrated staff receive training on consumer rights, dignity, choice, and cultural awareness. This was consistent with feedback from management and staff. Consumers are provided a copy of the Charter of Aged Care Rights when commencing with the service.

Staff demonstrated an understanding of consumer identify, cultural background and described how they provide culturally safe care. Consumers and representatives described how their preferences, background and culture informs the services they receive. The organisation has a diversity plan which details organisational learning and training. This was consistent with feedback from management and documentation reviewed.

Management described how the service supports consumers to take risks. Staff discussed how they support consumers to live their best lives by engaging other services and providing support and assistance. Feedback from consumers and representatives supported this approach. The service has a risk management checklist and staff described the support and assistance measures to ensure consumers are as safe as possible while living their best life.

A review of documentation demonstrated that information provided to consumers was easy to understand and provided in a timely manner. Consumers and representatives confirmed they receive information about the care and services available, have copies of their care plan, schedule of services, budget, and a monthly statement.

Consumers and representatives were satisfied that their privacy is respected, and their personal information is kept private by staff. Staff and management described how they ensure consumer information is protected when providing care and services. Training is provided to staff and management on privacy, confidentiality, and information handling.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Staff described the assessment and planning process including how consumers are supported to develop and maintain goal-orientated care plans. During the assessment process, risks are identified and discussed with mitigation strategies agreed upon and documented. This was supported by consumer and representative accounts describing individualised strategies for management of risks associated with reduced mobility, increased falls, and complex care conditions.

Consumers confirmed the services provided meet their care needs. Staff described how they are advised of consumer care needs and goals. The Assessment Team noted that communication with consumers regarding advance care planning is not consistently completed with case managers confirming that information regarding advance care and end of life planning is not provided to consumers. Management acknowledged this was an area identified for improvement.

Consumers and representatives confirmed they participate in assessments and are involved in the development of their care plan. Documentation reviewed demonstrated that assessments are undertaken in consultation with consumers, representatives, and other organisations. The service has policies and processes which describe how consumers and representatives are involved in the assessment and care planning process.

Consumers and representatives confirmed they are informed of available services and are provided a copy of their current care plan. Staff confirmed they have access to consumer care plans at the point of care with sufficient information provided to deliver care. The Assessment Team noted that care plans were available in most consumer files.

Staff described the frequency of reviewing consumer care plans and detailed factors which would trigger a review of consumer care needs. This was consistent with documentation reviewed and consumer feedback. The service has policies and procedures to guide staff in relation to consumer review and reassessment.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the care and services received and reported that staff demonstrate an understanding of their individual care needs and preferences. Management described how the service ensures clinical care provided aligns with best practice. Staff discussed how they provide individualised consumer care. A review of documentation reflected inclusion of individual preferences for consumers receiving personal care services, their preferred level of independence and directions for staff when providing care.

Staff demonstrated an understanding of processes to manage consumer risk and provided examples of where high impact and high prevalent risks were identified and individualised strategies implemented. A review of consumer documentation included risk assessments with strategies detailed to mitigate risks, where required. The service has policies and procedures relating to risk management and the incident management system includes consumer risk profiles.

Management discussed services available to support consumers on an end of life pathway in line with consumer and representative wishes. Staff demonstrated an awareness of how services may change for consumers nearing the end of life including alteration to delivery of care and additional social support. The service has policies regarding advance care directives and end of life planning.

Consumers and representatives were confident that staff would identify and escalate any changes to their health and well-being. Staff described the escalation process if they identify changes to consumer condition which was supported by the services policies and procedures to identify and manage consumer deterioration.

Staff confirmed they receive sufficient information to provide care to new consumers or when changes to consumer needs occurs. Staff discussed the methods of receiving information about consumer needs and preferences and confirmed they can contact the service to discuss any concerns. Management described how changes to consumer care and services are communicated within the organisation and with others where care is shared.

Most consumers and representatives were satisfied with the referral process and confirmed they are assisted to access other providers of care and services. Staff discussed the referral process if a change in consumer care needs is identified. A review of documentation demonstrated timely referrals to allied health professionals with reports included in consumer files.

Management discussed infection control processes implemented including keeping up to date with public health directives, training and provision of personal protective equipment, staff vaccination programs and screening consumers for signs and symptoms of COVID. Staff further discussed the escalation process if concerns are identified following undertaking consumer screening.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

A review of care documentation demonstrated care plans are consumer focused and detail consumer needs, preferences, and goals. Staff provided examples of individual consumer needs, preferences and how they assist consumers in daily living. This was consistent with consumer and representative feedback.

Consumers and representatives discussed how staff support and monitor their emotional and psychological well-being. Staff discussed the escalation process if concerns with consumers well-being is identified. The Assessment Team noted that consumer emotional, spiritual, and psychological needs are documented within consumer care plans.

Staff described how they support consumers to engage in meaningful relationships and activities of interest. This was confirmed by consumers and representatives who reported the service provides opportunities for consumers to build and maintain relationships and participate in meaningful activities within the community. Consumer documentation detailed information on consumer interests and preferred activities.

Consumers and representatives were satisfied that staff are advised of consumer needs. Staff described how consumer information is communicated within the organisation and discussed liaising with others where responsibility for care is shared.

Case managers described referral processes to other providers of services. Consumers and representatives confirmed referrals are completed following consent being obtained with a choice of provider offered. A review of consumer documentation reflected referrals to other organisations including allied health professionals and equipment providers.

Consumers and representatives were satisfied with the meals delivered including the quantity and reported their dietary needs are preferences are considered. Staff demonstrated an awareness of individual consumer dietary needs and preferences. This was consistent with care documentation which also demonstrated consumer dietary preferences are communicated within the organisation.

Staff described receiving instructions to ensure the safe use of equipment and detailed the process of checking equipment and escalating concerns. A review of consumer documentation detailed individual consumer requirements for equipment. Consumers and representatives who received equipment through their package were satisfied with the quality of equipment provided.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The Assessment Team noted the service environment was welcoming, clean and well maintained. Environmental safety checks are regularly completed with hazards identified, escalated, and documented. This was consistent with staff and management feedback. Management also described how the service environment supports consumer independence. The Assessment Team observed the service’s maintenance schedule. The Assessment Team noted that furniture and equipment in the service environment was clean, well maintained, and suitable for consumer use.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives demonstrated an awareness of feedback processes including methods of providing feedback. Staff and management described opportunities available for consumers to provide feedback with this information included in consumer welcome packs and discussed during the initial assessment process. The service has feedback and complaints policies, procedures and flowcharts which include escalation pathways.

Information on advocacy services is included in consumer welcome packs. Consumers and representatives confirmed having access to advocacy services. Management discussed translation and interpreting services available to staff.

Consumers and representatives reported actions were taken to promptly resolve their complaints and they were informed of the process and actions taken to address their concerns. Most consumers and representatives were satisfied with the outcome of their complaint. Management and staff demonstrated an understanding of the open disclosure principles and advised how open disclosure is applied when addressing feedback. A review of documentation demonstrated the service uses open disclosure with complaints recorded and trends identified.

Complaints, compliments, and feedback are monitored by management and documented in reports provided to committees and senior management. Outcomes discussed during meetings are recorded in the service’s continuous improvement register. The Assessment Team reviewed the service’s monthly reports and continuous improvement register.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management discussed the service’s workforce action plan and the process of undertaking annual workforce planning to determine the number and mix of staff required. Consumers and representatives reported that care and services are generally provided by the same care worker or by a preferred care worker.

Consumers and representatives interviewed reported that staff are respectful, kind, and caring. Staff provided examples of how they treat consumers with respect and demonstrated an awareness of individual consumer preferences including cultural needs and background. The Assessment Team noted recruitment processes and position descriptions document expectations of staff in relation to diversity, professionalism, dignity, and respect.

Most consumers and representatives interviewed were satisfied that staff were competent and have the knowledge to effectively perform their roles. Management discussed the process of undertaking compliance checks and monitoring workforce competency including staff qualifications and registrations.

All staff interviewed were satisfied with the training provided by the service to undertake their roles and confirmed having access to ongoing training. Management described the recruitment process including mandatory training modules and ongoing training opportunities provided to staff. This was consistent with training documentation reviewed by the Assessment Team.

The service does not conduct performance appraisals for all roles, rather, managers and team leaders conduct one on one supervision discussions with staff. This was consistent with staff feedback who reported regularly participating in supervision and discussing their performance and development with their manager. Management described processes for monitoring and reviewing staff performance including for staff on a probationary period.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service conducts surveys and obtains feedback from consumers. Management and staff described ways consumers are supported to engage in service development, evaluation, and delivery.

The board is responsible for governance oversight, and promotes safe, quality, and inclusive services through feedback methods. The organisation’s strategic direction is regularly reviewed by the board sub-committee and Chief Executive Officer consistent with documentation reviewed by the Assessment Team.

The service demonstrated organisational wide governance systems, as evidenced by documentation. Management and staff confirmed information is available to inform the delivery of care and services. The organisation has information management systems and privacy policies in place.

Opportunities for continuous improvement are informed by staff and consumer input, internal audit reports, incidents, and complaints. The service’s continuous improvement register was reviewed by the Assessment Team.

Financial governance is overseen by the organisation’s Chief Financial Officer and the finance team with HCP consumer unspent funds monitored by management and case managers. Workforce governance is overseen by the organisation’s Human Resources with processes in place regarding workforce recruitment, position descriptions, staff performance and education. Regulatory and legislative changes including updates from peak government bodies are monitored and communicated to management and staff.

The service demonstrated effective risk management practices, as evidenced by documentation and feedback provided by management and staff. The service assesses and manages consumer risk including high-impact and high prevalent risk, provides training on serious incident reporting and maintains an information management system.

The service demonstrated clinical care and services are governed by a clinical governance framework and incident management system. There are organisation policies and guidelines pertaining to open disclosure and antimicrobial stewardship. Management and staff demonstrated an understanding of open disclosure and antimicrobial stewardship. The service did not have any consumers subject to the use of restraint, however, a framework is available to guide staff practice, if required.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)