Performance

Report

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| Name: | Manor Court Werribee Aged Care Ltd |
| Commission ID: | 3008 |
| Address: | 5 Hogan Grove, WERRIBEE, Victoria, 3030 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 2 July 2024 to 3 July 2024 |
| Performance report date: | 20 August 2024 |
| Service included in this assessment: | Provider: 823 Manor Court Werribee Aged Care Ltd  Service: 1767 Manor Court Werribee Aged Care Ltd |

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 Manor Court Werribee Aged Care Ltd (**the service**) has been prepared by G. Harbrow, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 3(3)(e):

Ensure documentation and communication of consumer’s condition, requirements, needs and preferences is consistent, accurate and current when sharing responsibility of consumer care.

# 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 |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service is compliant with Requirement 2(3)(a).

The Assessment Team found consumers and or representatives were confident consumer care assessment and planning were considerate of risks to the health and well-being of consumers. Staff demonstrated knowledge of consumers’ risks and specialised care needs. Care planning documentation reflected outcomes from consumer risk assessments effectively identifying consumer health and well-being risks and informing planning for safe and effective care.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report that the service is not compliant with Requirement 3(3)(e) and is not compliant with Standard 3. I am satisfied the service is compliant with Requirement 3(3)(b).

Requirement 3(3)(e):

The Assessment Team found the service did not demonstrate consumer information is documented or communicated accurately or consistently within the service. Consumer care and service plans are documented within an electronic management system, accessible by staff responsible for consumer care. However, information regarding consumer preferences, routines, likes and dislikes, hobbies and relationships was incomplete for all care plans reviewed.

The Assessment Team identified inconsistent documentation, and staff reliant on inconsistent information to inform consumer dietary needs and the level of assistance required to enable safe and adequate nutritional intake. Recommendations from speech pathologists and dietitians were entered directly into each consumer’s care and services plan, however, these did not always match with other documents used to communicate consumer dietary needs and preferences such as the staff handover sheet and the kitchen dietary register. While handover sheets are provided to staff each shift, the Assessment Team determined staff rely on their own knowledge about individual consumers to guide delivery of consumer care, rather than the staff handover sheet, or documentation in the service’s electronic information management system. Staff related information documented in staff handover sheets as frequently incomplete or outdated.

With inconsistencies identified in documentation of consumer information, and discrepancies identified in information used by staff to inform the delivery of safe nutritional intake, there is potential for consumers to receive inappropriate food and or assistance, with the associated consumer risks.

Management acknowledged the kitchen’s consumer dietary register, and the staff handover sheet were not always current or accurate. Management indicated the intention for a newly created role to include the responsibility of auditing information used to inform care planning and delivery to ensure accuracy and currency.

The Provider submitted a written response (the response) providing further evidence indicating handover processes have been reviewed and new processes for handover generation and communication have been implemented. Staff training has been undertaken setting out expectations about the handover process, including taking and referencing current notes and record keeping. Updated care plans and consumer information was also provided for identified consumers.

I acknowledge the response from the Provider, and initial steps to address the deficits identified by the Assessment Team. I am satisfied with the Provider’s interim management of individually identified consumer risk, review of handover practices, implementation of revised handover practices and staff education. However, evaluation of planned quality activities for this Requirement is yet to be fully implemented and completed. The evidence provided indicated further refinement of the documentation and communication process is needed to ensure consumers receive appropriate food and or assistance, and there are no associated consumer risks or ambiguous information or directions. I am influenced by the lack of clarity in information across the records provided for a consumer regarding supervision when eating. I consider full implementation of the handover, recordkeeping and communication is needed to remediate the identified risk to consumers. With this consideration, I find Requirement 3(3)(e) Not-Compliant.

Requirement 3(3)(b):

The Assessment Team found and consumers confirmed the service demonstrated effective management of high-impact and high-prevalence consumer risks. These included management of falls, unintentional weight loss, and diabetes. Staff were able to identify consumers at risk of, and requiring management for falls, diabetes, changed behaviour, and unintentional weight loss.

Care documentation for consumers following a fall, evidenced effective falls management by staff with implementation of appropriate falls prevention strategies reflective of best practice and aligned with service guidelines.

The Assessment Team found that consumers requiring complex clinical care relating to diabetes management had appropriate individualised care plans. Care documentation showed medical officer directives for individual consumers with planned diabetic review dates. Care documentation provided indications for blood glucose level (BGL) measurement, and acceptable and reportable limits. Directives included strategies for consumer management should BGL measurement fall outside acceptable parameters.

The Assessment Team identified the service to effectively manage the associated risks for consumers experiencing changed behaviour and restrictive practices, aligned with best practice guidelines and meeting legislative requirements.

The Assessment Team report identifies weight loss management in accordance with best practice guidelines, with appropriate assessment, monitoring, review and referral to allied health specialists such as speech pathologists and dietitians as required.

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service is compliant with the Requirements 4(3)(a) and 4(3)(f).

Consumers were satisfied support provided by the service assists them to do the things they want. Consumers described services and supports provided by staff to enhance their lifestyle and quality of life. The Assessment Team identified a monthly plan of activities, events and programs displayed throughout the service and provided to each consumer. The activity plan demonstrated an understanding and consideration of a diverse range of consumers’ functional and cognitive abilities.

Consumers and representatives confirmed meals and snacks provided by the service were varied and of suitable quality and quantity. The service advised of a food focus group to allow consumer input into the menu and for consumers to provide regular feedback about the food provided.

The service has a dietitian-approved menu that allows for choice, includes additional meal options for consumers and accommodates consumers’ cultural preferences.

# Standard 5

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service is compliant with Requirement 5(3)(c).

The Assessment Team found consumers and representatives were satisfied service furniture, fittings, and equipment are well maintained and clean. Consumers described newly purchased furniture in the communal area as well designed and comfortable. Consumers were observed to have dedicated equipment in their rooms which staff advised they clean as required. Maintenance staff explained a process of scheduled preventative and reactive maintenance and the Assessment Team observed furniture, fittings and equipment, both indoors and outside, to be clean, safe, well-maintained, and suitable for consumers.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service is compliant with Requirement 6(3)(d).

The Assessment Team found consumers and representatives were satisfied their feedback, suggestions, and complaints were reviewed and used to inform service improvements. Consumers were able to describe available avenues to provide the service with feedback, make suggestions, and or submit a complaint. Management described a process of capturing feedback data for analysis and to inform improved care and service provision. Consumers, staff, and management were able to identify examples of improvements driven by consumer feedback and consumer meeting documentation demonstrated actions taken in relation to consumer feedback.

# 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 |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service is compliant with Requirement 7(3)(a).

The Assessment Team found consumers and representatives were satisfied with staffing levels at the service. Staff described staffing levels as sufficient, with enough time provided to complete their assigned tasks. Management advised the service workforce is planned to ensure adequate staff numbers to enable the delivery of safe and quality care and services. They explained, while the service employs agency staff to fill some vacant shifts, casual and full-time staff are given preference due to their knowledge and familiarity with consumers.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service is compliant with Requirement 8(3)(d).

The Assessment Team found the service has a risk framework in place and the service effectively identifies, reports and manages high-impact and or high-prevalence consumer risks. Management advised of processes in place to ensure risks are identified, reported, escalated, and reviewed; and consumers are supported to live their best lives.

Data on clinical incidents, analysis and evaluation are presented to the service’s clinical governance team through scheduled meetings for reporting and review. Management and staff advised of strategies put in place to help mitigate identified risks, including referrals to other health services and organisations as appropriate.

Staff confirmed being provided education to support the identification and appropriate response to consumer abuse, including incident management and reporting. The service has a process to ensure accurate Serious Incident Response Scheme (SIRS) reporting with implemented interventions used to inform continuous improvement.

The service has a policy, which outlines consumers rights to participate in activities of choice, with consideration given to risk while being supported to live their best life.

The service has an effective incident management system in place to identify, record, manage, resolve, and report all incidents.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)