Performance

Report

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| Name of service: | Manor Court Werribee Aged Care Ltd |
| Service address: | 5 Hogan Grove WERRIBEE VIC 3030 |
| Commission ID: | 3008 |
| Approved provider: | Manor Court Werribee Aged Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 November 2022 to 16 November 2022 |
| Performance report date: | 7 December 2022 |

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 Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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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 said staff treat them well and felt valued and respected at the service. Staff were observed to treat consumers with dignity and respect and demonstrated an understanding of consumers’ individual choices and preferences. Care planning documentation included information about consumers’ individual preferences and people important to them.

Consumers and representatives said the service provided care and services which were culturally safe. Staff identified consumers with diverse cultural backgrounds and described how care is delivered to promote their cultural safety. Care planning documentation reflected consumers’ cultural needs and preferences.

Consumers and representatives felt supported to exercise choice and independence in decision making and to maintain relationships of choice. Care planning documentation demonstrated consumers’ individual choices, and staff provided examples of consumers’ exercising choice.

Consumers and representatives said the service had supported them in taking risks which enabled them to live the best life the can. Staff provided examples of consumers who take risks. Risk assessments were carried out and ensured consumers and representatives understood potential harm when making decisions about risks.

Consumers and representatives confirmed they received current information relating to activities, meals and other special events organised at the service. Additionally, staff provided consumers with information and reminders verbally. The consumer meeting minutes and newsletters provided consumers/representatives with current information about new staff and consumers, feedback and complaints.

Consumers and representatives reported their privacy was respected and their personal information was kept confidential. Staff described how they maintained consumers’ privacy when providing care and protected personal information through passwords and keeping computers locked. Staff were observed knocking on consumers prior to entering and closing doors when providing 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 |
| 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 confirmed they were involved in the assessment and care planning process which resulted in consumers’ receiving care that is right for them. Care planning documentation identified individual risks and listed appropriate minimisation strategies. Staff described a consideration of risk during the care planning process and how they delivered safe and effective care for each consumer.

Consumers and representatives confirmed the service supported their needs and preferences and said the service discussed and documented their end-of-life care preferences. Staff described the needs and preferences of consumers, which aligned with care planning documentation. Assessment and care planning documentation was observed to be individualised to consumers’ needs and preferences.

Consumers and representatives confirmed they provided their input into the assessment and care planning process through formalised conversations and regular feedback. Staff described ongoing communication with consumers and representatives to ensure consultation and partnership. Care documentation reflected the inclusion of medical officers and allied health professionals.

Staff confirmed they had access to care planning documentation via electronic systems. Staff identified outcomes of assessments and reviews were communicated through handovers and the electronic case management system messaging platform. Consumers and representatives confirmed they were offered a copy of the care plan as part of the review process. Care documentation reflected communication with consumers and representatives and a copy of the care plan was offered.

Care planning documentation demonstrated the service completed monthly care plan reviews and evaluations. Staff confirmed consumers and representatives were involved in regular care reviews, and representatives were contacted when an incident occurred. Consumers and representative were satisfied consumers’ cares and services are regularly reviewed and they were provided the opportunity to be involved.

# 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 felt the care they received was safe and right for them and optimised their health and wellbeing. The service had a suite of systems and processes which guided falls management, pain management, skin integrity management and psychotropic medication use. Care documentation demonstrated consumers received individualised care, which was safe, effective, and tailored to their specific needs and preferences.

Consumers and representatives felt high impact or high prevalence risks were effectively managed by the service. Staff identified individual consumers’ risks and strategies which were in place to mitigate these. Staff were supported by policies and procedures relating to high impact and high prevalence risks, including falls prevention, medication management and wound cate policies. Care documentation reflected high impact and high prevalence risks were identified, and interventions were implemented to effectively manage the risks.

Care planning documentation for a consumer who had recently passed away demonstrated the consumer had their dignity preserved and received care in accordance with their needs and preferences. Staff described how care was provided in line with consumers’ preferences when nearing the end of life. Staff were supported by policies and procedures relating to palliative care and clinical deterioration.

Consumers and representatives said staff recognised and reported changes in their health and responded in a timely manner when they experienced a fall or felt unwell. The service had a clear process for escalation of any change or deterioration in consumers’ health or well-being. Staff consistently described their response to a deterioration of a consumers’ health.

Care documentation, including clinical handover sheets, progress notes, and care plans demonstrated documentation from staff and external organisations relating to consumers’ condition, interventions, and upcoming appointments. Staff reported information regarding consumers’ condition, needs, and preferences is documented in the electronic case management and communicated via handover. Consumers and representatives felt staff understood their care needs and preferences.

Consumers and representatives confirmed access to medical officers, allied health providers and external health organisations. Staff described various referral options available to consumers, dependent on their care needs. Care documentation demonstrated referrals were made to a range of services and providers.

The service had a suite of policies and procedures which underpinned their infection prevention and control processes. Staff described practices to minimise infection-related risks and explained practical strategies relating to antimicrobial stewardship. The service monitored infections and antibiotic use through the pharmacy report and an analysis of infections and use of antibiotics in the monthly clinical governance report.

# 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 described how they were supported to engage in things they want to do and how their individual preferences were respected. Staff described how the service supported consumers to maximise their independence, well-being, and quality of life. Care planning documentation identified consumers’ choices and provided information about the services and supports needed to help them to do what they like to do.

Consumers and representatives said consumers’ emotional, spiritual, and psychological wellbeing is supported and care planning documentation included information relating to consumers’ emotional, spiritual, and psychological needs. Staff described how consumers were supported emotionally, spiritually, and psychologically.

Consumers and representatives reported they received services and supports which enabled them to participate in the community, have relationships, and do things of interest to them. Staff described how consumers were supported to do things of interest to them, participate in the community within and outside the service, and have social relationships. Consumers were observed engaging with the community within and outside of the service and maintaining personal relationships.

Consumers felt staff knew their needs and preferences and these are communicated within the service and with others where responsibility is shared. Care documentation provided adequate information to support effective and safe care provision to consumers. Staff described how they are kept informed of changes to consumers’ condition, needs, and preferences through handover and one-on-one discussions.

Care planning documentation demonstrated the service collaborated with external providers to support the diverse needs of consumers. Consumers and representatives reported confidence they would be referred to an appropriate provider where the service is unable to provide the required support.

Consumers and representatives confirmed they were provided with a variety of meals of suitable quality and quantity. The service demonstrated previous feedback relating to the food service was taken onboard and implemented. Consumers’ dietary needs and preferences were recorded in care planning documentation and displayed in the kitchen. Consumers were observed to be offered choice and being assisted in a dignified manner during mealtimes.

Consumers said the equipment provided was safe and well-maintained. Both consumers and staff described the maintenance notification process if equipment is faulty. The service’s maintenance logs and schedules confirmed preventative and reactive maintenance was performed to ensure equipment is 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 felt welcome and comfortable at the service and said they were encouraged to personalise their room. Consumers and visitors were observed using communal areas and moving independently around the service. The service was observed to be welcoming and provided comfortably furnished communal areas which optimised consumer interaction and engagement.

The service environment was observed to be safe, clean, and well-maintained. Consumers and representatives stated they were satisfied with cleaning and maintenance at the service. Consumers were observed moving around freely, accessing different wings of the service and outside areas. Cleaning schedules demonstrated daily and monthly cleaning was undertaken, monitored and reviewed.

Consumers and representatives said furniture, fittings and equipment was clean and well-maintained. Staff described how they report any faulty equipment and the reactive and preventative maintenance logs demonstrated ongoing monitoring and a timely response to breakdowns and repairs.

# 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, representatives, and staff were aware of how to provide verbal and written complaints or feedback to the service and felt safe doing so. Consumers and representatives said they were supported to provide feedback and felt their concerns were acknowledged. The Assessment Team observed information relating to complaints and feedback, feedback forms and lodgement boxes in accessible places in each wing of the service.

The Assessment Team observed information related advocacy and translation services, and external complaints mechanisms displayed at the service. Consumers and representatives indicated they were aware of external avenues to make complaints. Information packages, notices and meeting minutes demonstrated consumers and representatives were informed of how to raise concerns, provide feedback and access interpreter or advocacy services.

Consumers and representatives reported their feedback had either been responded to or were being addressed by the service. Management and staff described how they practice open disclosure. The service’s complaints register showed all complaints were followed up with the consumer or their representatives and were usually resolved in a timely manner.

Consumers and representatives felt the service listened to feedback provided and improvements occurred as a result. Management described how feedback and complaints were collected and reviewed to assist in improving care and services. The service’s complaints management system evidenced actions were taken to improve care and 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

Most consumers and representatives felt the service has enough staff and they received assistance in a timely manner. Staff reported being understaffed at times due to unplanned leave, however no impact on consumer care was raised. The service’s roster for the fortnight prior to the site audit demonstrated most shifts were filled with minimal agency usage.

Consumers and representatives reported staff treated them with dignity and respect and interactions with staff were kind, caring and gentle. Staff were observed to interact with consumers respectfully, using consumers’ preferred names and preferred languages, and offering choice, Staff are supported by a suite of policies and procedures which emphasised planning and delivery of care and services.

Consumers and representatives said staff performed their duties effectively, and they were confident staff were trained appropriately and were sufficiently skilled to meet their care needs. Management advised the induction process included a suite of competences which staff are required to complete. Employee records demonstrated the service monitored professional registrations, criminal history certificates and annual influenza and COVID-19 vaccinations.

Consumers felt confident with staff abilities and practices. Management said all recruited staff must meet the minimum qualification and registration requirements. The service had an online training system and training management system, which ensured management were aware of training completion for individual staff members.

Staff reported their performance is monitored through educational competencies and annual performance appraisals. Management said staff competency is assessed regularly, and the service reviewed and analysed internal audits results, and clinical data to monitor staff practice and competence. The service was supported by documented policies and procedures which guide the monitoring of staff performance and performance management.

# 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 felt the service was well run and said they could partner in improving the delivery of care and services. Management and staff described ways consumers were encouraged to be engaged and involved in decisions about the service and the development, delivery, and evaluation of care and services. A consumer experience survey was conducted quarterly which covered care and services and the results were accessible by the board.

Management discussed a range of strategies when describing how the governing body promoted a culture of safe, inclusive, and quality care and services. The service had a clinical governance committee who held regular meetings, which report incident trends, serious incidents, COVID-19 outbreaks, complaints, and quality improvement to the board.

The service had effective systems related to information management, financial governance and feedback and complaints. The service demonstrated a continuous improvement plan which was regularly updated and informed through audits, feedback and complaints, and consumer surveys. Management described how they sought changes to the budget or expenditure to support the changing needs of consumers and monitored changes to legislative requirements.

The service had a documented risk management framework, and a suite of policies related to serious incident response scheme (SIRS) reporting, medication management, falls prevention, wound management and infection control, amongst others. Staff described how the service’s policies, procedures, and practices, minimised risks to consumers, including falls and infection prevention, restrictive practices, and reporting of incidents. Management advised risks, other than incidents or complaints of significance, are reported to the board monthly.

The service was supported by a clinical governance framework which included policies related to antimicrobial stewardship, restrictive practices, and open disclosure. Staff reported following the service’s antimicrobial stewardship policy and management described how restrictive practices were minimised at the service. Care planning documentation demonstrated compliance with the antimicrobial stewardship policy.

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