Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Maranatha Aged Care | 26 October 2022 |
| Commission ID: | Activity type: |
| 5118 | Site Audit |
| Approved provider: | Activity date: |
| Christadelphian Homes Limited | 20 September 2022 to 22 September 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 Maranatha Aged Care (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 this service

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 felt they are treated with dignity and respect and their identity, culture, and diversity is appreciated and valued. Staff explained how they show respect by acknowledging consumer choices, build rapport by listening and investing time to understand their background, life history and needs. Staff were aware of consumers cultural background and individual preferences and explained how it guided them to meet consumers specific care needs.

The service has a 'respecting the privacy, dignity and diversity of the resident' policy that outlines consumers' right to express their diversity and staff responsibility to respect resident independence, dignity and diversity.

Consumers and their representatives confirmed the service recognises and respects their cultural background and provides care that is consistent with their cultural traditions and preferences. Consumers and representatives said they are given choice about how and when care is provided, and their choices are considered and respected by staff. Care staff said they encourage consumers to make as many choices as they can for themselves, such as showering preferences, what to eat and what activities to engage in. Management advised consumer preferences and choices are documented in care plans to ensure staff are aware of consumer’s choices and what they can do for themselves to enable them to maintain their independence.

Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumer’s wishes to take risks to live the way they choose but are also committed to ensuring that strategies are in place for risk mitigation. Management advised risk assessments are completed for consumers who wish to undertake any activity with an element of risk involved so that strategies can be developed to mitigate harm to consumers.

Management and lifestyle staff advised that consumer meetings are used to communicate important information about the service to consumers, as well as using the service's speaker system to announce daily activities. Staff advised that activities calendars are displayed in each consumer's room and staff will go door-to-door to inform consumers of daily activities and menu options.

Each consumer's privacy is respected, and personal information is kept confidential. Consumers felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. The Assessment Team observed the service has protocols in place to protect consumer privacy.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 said they receive the care and services they need. Staff described the assessment and care planning process in detail and explained how it informs the delivery of care and services. Care planning documents reflected reviews occur regularly or following any change in circumstance or condition of the consumer and representatives confirmed the service informs them of any changes.

Care planning documentation and handover notes include details about the needs, goals and preferences of consumers and feedback from consumers and representatives is used to amend the documentation if required.

Care planning documentation identifies and addresses consumers' current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. One consumer confirmed their family is 'very informed' about their care and was highly satisfied with the involvement between the consumer, their family, the service, and external care providers.

The outcomes of assessment and planning are effectively communicated to the consumer and representatives and documented in a care and services plan that is readily available to the consumer and to those who are involved in their care. Staff said that case conferences are held annually or as needed, in partnership with the consumers and their representatives to ensure their care needs are met and in line with expectations.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 said the service recognises and responds to changes in their condition and implements strategies to assist the consumer in a suitable and timely manner. Consumer representatives expressed satisfaction with the service's approach to palliative support and support for both the consumer and their families.

Management confirmed that high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending, reporting, and the implementation of suitable risk mitigation strategies for individual consumers.

Consumers nearing the end of life have their dignity preserved and their needs, goals, and preferences are recognised and addressed. Care planning documentation included an advanced care plan detailing consumer’s needs, goals, and preferences.

The service demonstrated changes in a consumer's capacity or condition are identified and responded to in a timely manner. Care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in condition.

Consumer files include progress notes, assessments, care and service plans, medication and monitoring charts that reflect individualised care that is safe, effective, and tailored the consumers' specific needs and preferences. Consumers and representatives confirmed their needs and preferences are communicated effectively both within and outside of the service and said they have access to a range of health professionals and that referrals are timely and appropriate. Care planning documentation and progress notes evidence the involvement of allied health professionals, medical officers and other providers of care as necessary.

The service has policies and processes in pace in event of an infectious outbreak, including for a COVID-19 outbreak, and demonstrated best practice antibiotic prescribing. Consumers and representatives confirmed they were satisfied with the service's COVID-19 management and other infection control practices.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 confirmed they are supported to participate in activities they like, and felt they are provided with appropriate support to optimise their independence and quality of life. Consumers reported that their emotional, spiritual and psychological needs were supported, and they can stay in touch with family or friends for comfort and emotional support.

Staff partner with consumers and their representatives to conduct a lifestyle assessment on admission which collects the consumer’s individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural, and spiritual needs and traditions. Lifestyle staff advised that consumer’s emotional, social and psychological needs can be supported in ways that included; facilitating connections with people important to them through technology, pastoral care, lifestyle staff support, church and religious services, and referrals to external emotional and psychological support specialists. Staff could explain what is important to consumers and what they like to do, and this aligned with the information in the consumer’s care plan.

Most consumers provided positive feedback on quantity, quality, and variety of meals available and said the service provides plenty of choices every day. Care plans included details about consumers’ dietary needs and preferences.

Staff described how the service undertakes regular inspections on all equipment to ensure operational integrity and safety. Consumers sampled said equipment provided, it is safe, suitable, clean, and well maintained

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 and representatives considered the service is welcoming and creates a sense of belonging. They Assessment Team observed a modern, tidy, and decorated service that created a home-like environment with spacious courtyards accessible to each wing of the service, with garden beds, seating, and shaded areas for consumers. Consumers were observed having warm interactions with staff, engaging in conversation with other consumers and mobilising independently within the service.

Management and staff described aspects of the service environment that make consumers feel welcome and optimises their independence, interaction, and function. The service is comprised of nine wings, all interconnected with walkways with sufficient lighting and handrail support for consumers.

The service has processes in place to ensure that the service environment is safe, clean, well-maintained, and comfortable, and the service environment enables consumers to move freely, both indoors and outdoors. For example, maintenance staff advised they carry out service safety inspections and staff are encouraged to identify and report safety and hazard issues, such as lighting issues, fire hazards and barriers to access.

The services’ planned preventative maintenance schedule that is entered into the organisation's maintenance tracking system which is regularly monitored by staff. All equipment servicing is conducted by qualified contracted service providers to ensure equipment is regularly maintained, in good working order, safe and fit for purpose.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| 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 understand how to give feedback or make a complaint, they feel comfortable doing so and said there are multiple ways to provide feedback and make complaints. Staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints.

Management described the information and brochures available around advocacy organisations and language services for linguistically diverse consumers and described how they support family members of culturally and linguistically diverse consumers.

Consumers and representatives said staff and management address and provide a solution in response to feedback or complaints raised by consumers and representatives, or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining notifying consumers and representatives of any changes to consumer circumstances and how they would apologise to a consumer and their representatives in the event of something going wrong. The service has a system and procedure for receiving, monitoring, and actioning feedback from consumers and representatives.

Management explained that the service's feedback and complaints are trended, analysed, presented and discussed monthly at consumer and staff meetings and during handovers, and long-term actions are tracked through the service's continuous improvement plan.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| 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 said staff engage with consumers in a kind, caring and respectful manner. They said staff perform their duties effectively and are skilled to meet their care needs. Consumers and representatives were satisfied with the number of staff to support consumer care and noted while there were some staff shortages, they were still meeting the needs of consumers with no impacts to care identified by the Assessment Team. Consumers said that staff respond in a reasonable timeframe when they use the call bell or come and explain if they are delayed.

Management said they aim to roster staff within the same wings so that consumers have familiar staff members providing care. The service has policies and procedures to guide staff practice, which outline that care and services are to be delivered in a respectful, kind and person-centred manner.

A review of position descriptions evidenced key competencies and qualifications desired or essential for each role, and staff are required to have relevant qualifications. Staff said they are recruited, trained, equipped, and supported to deliver safe and effective care and confirmed that the service provides appropriate in response to legislative changes or other topics as requested by staff.

Mandatory training is provided in relation to incident management including the Serious Incident Response Scheme reporting, work health and safety components including privacy, risk management, duty of care, bullying and harassment.

The service undertakes regular assessment, monitoring, and review of the performance of each staff member. Management described different ways in which staff performance is monitored regularly and staff described the annual performance review process and explained how their performance is monitored.**Standard 8**

|  |  |  |
| --- | --- | --- |
| 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 actively engage in the development, delivery and evaluation of care and services. Management described various mechanisms such as consumer advisory committee meetings, forum, and surveys in place to ensure consumers provide input and make their own decisions about the care and services provided to them.

The service has policies and procedures that promote a culture of safe, inclusive, and quality care and services and accountability in the delivery of care and services. Management described an organisational structure which facilitates the oversight and governance of the delivery of quality care and services across the service. A review of monthly clinical indicators and Board meeting minutes evidence the occurrence of regular monitoring by the organisations governing body.

Staff have access to a dashboard to allow for oversight and monitoring of incidents, reports, feedback and complaints resolutions, staff registrations, and creating action items for follow-up and review.

The service demonstrated effective organisation wide governance systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback complaints. The service also demonstrated an effective risk management system and practices, to manage high-impact risks to consumer care, identifying and responding to abuse and neglect of consumers, and an effective incident management system.

The organisation provided relevant documentation including a Clinical Governance Framework, policies on antimicrobial stewardship, minimising restraint, and open disclosure. Management and staff were asked whether these policies had been discussed with them and what they meant for them in a practical way.

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-2)