Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Maranatha House |
| Commission ID: | 0223 |
| Address: | 127 - 137 Whiteley Street, WELLINGTON, New South Wales, 2820 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 May 2024 |
| Performance report date: | 24 June 2024 |
| Service included in this assessment: | Provider: 233 Maranatha House  Service: 239 Maranatha House |

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 House (**the service**) has been prepared by Therese Solomon, 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.
* the provider’s response to the assessment team’s report received 17 June 2024.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | 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 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

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)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing, specifically related to pain management, falls management and behaviour management.
* Ensure staff are following organisational policies and procedures specially related to pain management, falls management and behaviour management.

Requirement 8(3)(d)

* Ensure effective risk management systems and practices in place specifically related to pain management, falls management and behaviour management.
* Ensure staff are following organisational policies and procedures specially related to pain management, falls management and behaviour management.

# 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 |

Findings

The service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The service provides several brochures on a range of subject areas that recognise various diverse people and cultures including Aboriginal and Torres Strait Islander and LGBQTI communities.

The service environment reflects a diverse range of cultures and interests in décor including various posters with indigenous events. Consumers at the service are from a variety of cultural backgrounds including Aboriginal and Torres Strait Islander backgrounds, Italian, German and Australian.

Consumers and/or representatives stated that consumers are treated with dignity and respect, and provided examples of how consumers are supported and encouraged to maintain independence and engage in activities of choice. The Assessment Team observed consumers being treated with dignity and respect and supporting to engage in events in accordance with their preferences.

Based on the information provided by the Assessment Team Requirement 1(3)(a) is found compliant.

# 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. | Not Compliant |

Findings

Consumers and/or representatives provided positive feedback regarding clinical and personal care, however, staff knowledge of consumers' care needs and changes in their condition was not consistent and identified as an area for improvement. Observations, interviews, and care and service documentation showed deficits in falls management, pain management, and behaviour management.

A review of care and service documentation for consumers who have had falls showed that post-fall management is not being attended to per the organisation's policies, procedures, and best practices. Care and service documentation for several consumers showed that post fall observations are inconsistently recorded, and investigations are not consistently undertaken after a fall. Comprehensive assessments are not consistently completed for consumers who had multiple falls, and without clear identification of a root cause or any potential contributing factors, any strategies used to prevent the fall are not deemed effective in preventing further falls.

Review of care documentation for consumers requiring pain management showed consumers are not consistently assessed according to the service's policy and procedures. The Assessment Team identified that consumers requiring pain management did not have appropriate nonpharmacological strategies in place and that the evaluation of strategies used was not consistently conducted. Pain assessments are not consistently being undertaken when required.

Review of the psychotropic medication register shows that the service monitors their psychotropic usage and restrictive practices regularly, utilising their pharmacy report. The pharmacy report contains details of psychotropic medications' usage history, showing ongoing monitoring, consultation, and review. The review of the psychotropic medication registers and consumers' files confirms that psychotropic medications are regularly reviewed through consultation with the medical officer and consumer and ceased when appropriate. Consent from authorised representatives is gathered as part of the third monthly review. The service has consumers subjected to chemical restraint and mechanical restraint.

Review of care and service documentation for consumers with changing behaviours showed that these behaviours had not been managed effectively. Behaviour support plans did not contain adequate information, including triggers, meaningful activities, and interventions. Strategies documented are generic, and where actions are implemented, they have not been evaluated for effectiveness.

The Approved Provider’s response submission acknowledged some of the findings contained in the Assessment Contact report and contained clarifying information and documentation containing actions implemented to address the identified concerns. The Approved Provider’s response submission contained a plan for continuous improvement containing actions implemented to address the non-compliance, including conducting a comprehensive review of falls management policies and procedures, provide mandatory training for all staff on falls management, completing regular audits to monitor the effectiveness of falls preventions measures, and review and update pain management protocols.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further reviews of policies and procedures, and education and training for staff, and have taken immediate action in response to certain areas of the Assessment Contact report including following up with all consumers named in the report and are actively working towards resolving the non-compliance. This requirement requires that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimised their health and well-being. The service has not demonstrated that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimised their health and well-being.

Therefore, it is my decision requirement 3(3)(a) is non-compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and/or representatives stated the service provides a range of varied meals and that they are satisfied with the quality and quantity of food provided. The service has processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Consumers are offered alternative meal options during the meal service to enable consumer choice.

The chef advised that consumers are asked about their meal preferences the day before, and if they chose not to have the main meal, they are offered an alternative meal. Staff advised they ask each consumer for feedback after the meal service and would inform the chef or registered nurse if consumers were not satisfied. The chef and care staff were knowledgeable of the specific dietary needs and preferences of consumers and described how these are accommodated in the menu, including texture modified meals and thickened fluids. The hospitality manager advised that consumer nutritional information is captured upon admission to the service and advised that dietary information for new consumers or changes in dietary needs are documented and provided to the chef.

The Assessment Team observed consumers in the dining areas eating a variety of meals, and when asked about this, consumers reported that was their choice for the day. The dining rooms were inviting, with good lighting and ventilation and limited background noise. The tables were set up with tablecloths and serviettes and snacks and fresh fruit were available for consumers.

Based on the information provided by the Assessment Team Requirement 4(3)(f) is found compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| 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 |

Findings

Consumers and/or representatives provided positive feedback in relation to the workforce and stated that all staff are competent and possess the necessary knowledge to deliver individualised quality care and services. Staff stated the training provided has equipped them with the knowledge to effectively carry out their duties. Management stated the service requires staff to attend a mandatory face-to-face orientation day, and all staff must complete mandatory online training that is monitored by the clinical care manager. The Assessment Team observed position descriptions for clinical and care staff that described the required training, competencies and experience required for each position.

Management and staff described the orientation process and program that includes the allocation of a buddy, a probation period and mandatory training modules. Management reported new staff complete several shifts covering morning, afternoon and night periods, and management gather feedback from their buddy and the staff member themself as to whether they may need more buddy shifts and training.

The Assessment Team evidenced a system in place to report and monitor ongoing compliance with staff training, vaccinations, police clearances and registrations, with data being securely held on an electronic platform that is maintained and monitored by management.

Based on the information provided by the Assessment Team Requirement 7(3)(c) is found compliant.

The service has processes in place for recruiting and selecting appropriate staff, including ensuring mandatory qualifications, and police and criminal history checks prior to employment with the service. Consumers and/or representatives stated they believe staff have the appropriate skills and knowledge to deliver safe, quality care and services. Management described and the Assessment Team reviewed the new staff orientation day agenda, which included key topics such as manual handling, Serious Incident Response Scheme, fire safety, antimicrobial stewardship, the Quality Standards, and restrictive practices. The service provided a spreadsheet of online training indicating that most staff are up to date with their mandatory education.

Management advised that training needs and competency gaps within their workforce are identified by reviewing Serious Incident Response Scheme incidents, analysing complaint data, observing staff when delivering personal and clinical care, reviewing consumer progress notes, conducting surveys and consulting with staff and consumers.

Based on the information provided by the Assessment Team Requirement 7(3)(d) is found compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Not Compliant |

Findings

The organisation did not demonstrate effective risk management systems and practices are in place at the service. Observations and documentation reviewed showed adequate or appropriate clinical care is not consistently provided by the service. The Assessment Team identified deficits in the management of high-impact or high-prevalence risks associated with consumer care, including falls management, pain management and behaviour management.

The organisation is not managing and preventing incidents through the service's incident management system and routinely conducting comprehensive assessments or analyses to identify potential risk and risk mitigation strategies. Consumer records reviewed by the Assessment Team identified that incidents are not always being reviewed or investigated to effectively manage risks to consumers regarding consumer falls, pain, and behaviour management.

The organisation has a risk management plan dated 2024, which provides overarching information on managing service risks; however, it does not contain detailed information to identify how the organisation is identifying and mitigating risk at the service.

The Approved Provider’s response submission acknowledged some of the findings contained in the Assessment Contact report and contained clarifying information and documentation containing actions implemented to address the identified concerns. The Approved Provider’s response submission contained a plan for continuous improvement containing actions implemented to address the non-compliance, including conducting a review of the current risk management plan and incident management system, develop detailed risk identification and mitigation strategies, and provide training for staff on risk management and incident reporting.

In coming to my decision for this requirement, I acknowledge the service has implemented some improvements including further reviews of policies and procedures, and education and training for staff, and have taken immediate action in response to certain areas of the Assessment Contact report including following up with all consumers named in the report and are actively working towards resolving the non-compliance. This requirement requires that the organisation has effective risk management systems and practices in place, however the organisation has not demonstrated that effective risk management systems and practices are in place at the service.

Therefore, it is my decision requirement 8(3)(d) is non-compliant.

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)