Performance

Report

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| Name of service: | Marcus Loane House |
| Service address: | 6-14 Macpherson St Warriewood NSW 2102 |
| Commission ID: | 0887 |
| Approved provider: | Anglican Community Services |
| Activity type: | Site Audit |
| Activity date: | 30 January 2023 to 1 February 2023 |
| Performance report date: | 2 March 2023 |

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 Marcus Loane House (**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.

# 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 they were treated with dignity and respect and staff made them feel valued as individuals. Staff demonstrated familiarity with consumers’ backgrounds, life stories, and preferences. Staff were observed to interact respectfully with consumers.

Consumers and representatives said the service respected their cultural background and provided safe care. Staff identified consumers from a culturally diverse background and demonstrated knowledge of cultural care needs. Care documentation identified care and services were right for consumers and met their needs.

Consumers and representatives stated consumers decision about care were respected. Care documentation identified the consumers’ choices about care delivery, who participated in their care, and how to support their relationships. Staff described offering consumers choice about activities of daily living and seeking consent before providing care.

Staff were aware of the risks taken by consumers and described how risks were assessed at entry and regularly thereafter, stating risks enabled consumers to live the way they chose. Consumers confirmed they felt supported to take the risks, including smoking. Risk assessments and dignity of risk forms had been signed medical officers, consumers and representatives, where necessary, and reviewed in line with the services risk management policy.

Consumers and representatives confirmed the service kept them informed in a way that was easy to understand. Staff described various avenues to ensure consumers were well informed, including daily announcements, monthly consumer meetings, and updates in newsletters. Monthly activity schedules and menus were displayed on noticeboards throughout the service.

Consumers confirmed their privacy was respected, stating staff knocked before entering rooms, announced themselves, and closed curtains and doors during care. Staff were observed to respect consumer’s privacy when providing care. Policies and procedures guided staff on privacy and confidentiality.

# 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

Following a Site Audit from 13 April 2021 to 15 April 2021, the service was found non-compliant with Requirement 2(3)(a) and Requirement 2(3)(e), as high-risk diagnosis’, such as diabetes had not been accurately identified, there were inconsistencies between care plans and diabetes management plans and behaviour support plans contained historical information making current information difficult to find. Additionally, for consumers who were in hospital, their care plan had been reviewed, while they were in absent and unable to participate in the review process.

The evidence within the Site Audit report supported the service had returned to compliance as care plans for consumers with a diagnosis of diabetes or who require behaviour support, were reviewed and contained accurate, current and consistent information.

Consumers, representatives and staff said assessment and planning was commenced when the consumer entered the service, with risks to consumers, such as diabetes or potential responsive behaviours, identified through assessment and mitigation strategies documented to inform care delivery. Care documentation evidenced assessments had been completed, with risks and care strategies transferred to a care and service plan.

Consumers and representatives said care and services met the consumers current needs, goals, and preferences, and confirmed advance care planning was discussed. Care documentation reflected consumer’s end-of-life wishes, aligning with consumers feedback. Staff described the care needs of consumers and how advance care planning discussions were approached with sensitivity.

Consumers and representatives said they actively participated in care planning and review processes. Staff confirmed 3-monthly case conferences involved the consumer, their representative, clinical staff, and other appropriate specialists. Care documentation evidenced consumers, representatives and external providers participated in ongoing care planning processes.

Consumers and representatives said the staff explained things clearly and clarified clinical matters if needed. Management said consumers and representatives were offered a copy of their care plan when care changed. Care documentation recorded discussions with consumers and representatives and reflected the offer of a copy of the care plan.

Care documentation evidenced reviews were undertaken on a 3 monthly basis and when the consumers circumstances changed, such as deterioration or an incident occurred. Staff described how and when consumer care plans were reviewed and updated. Representatives confirmed staff regularly discussed consumer care needs and any changes they requested were addressed promptly.

# 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

Following a Site Audit from 13 April 2021 to 15 April 2021, the service was previously found non-compliant with Requirement 3(3)(a) and Requirement 3(3)(c), as deficiencies were found in pressure injury identification, the management and monitoring of their associated wounds. Additionally, electronic palliative care plans did not record the end of life wishes or the end of life care delivered to the consumer.

The evidence within the Site Audit report identified revised wound monitoring and management processes had been introduced and palliative care assessments and care plans were contained within the electronic care management system.

Consumers and representatives stated care provided, including management of wounds and restrictive practices, met consumer’s needs. Staff described using interventions such as massage or listening to preferred music, before using pharmacological measures for pain or behaviours. For consumers who exhibited behaviours of concern, documentation confirmed behaviour support plans were in place, consent was obtained, restrictive practices were used as last resort.

Staff described the high-impact and high-prevalence risks for consumers, identifying pressure injuries, falls, and behaviours as significant risks. Consumers and representatives said risks to consumers' health were managed adequately. Care documentation for consumers with behaviours of concern recorded mitigation strategies recommended by behaviour specialists.

Staff described how they provided care at end of life, including referrals to a palliative care team, to ensure care provided was best practice. Care documentation evidenced care provision aligned with consumers end-of-life wishes. Policies regarding palliative care and advance care planning reflected best practice.

Consumers and representatives said the service responded appropriately to deterioration or changes in a consumer’s condition. Staff identified signs of deterioration, such as changes in eating or behaviours, and the pathways they would take in response to a change in a consumer. Care documentation evidenced timely identification and response to changes in consumer's condition.

Consumers said they received adequate communication about their needs and preferences and changes to their condition. Care documentation including progress notes, communication books, and care plans contained adequate information to ensure effective and safe sharing of the consumer's information. Staff described information sharing at staff meetings and handover, and how changes were documented in care documentation.

Care documentation evidenced referrals to other health care providers as needed. Consumers and representatives advised timely and appropriate referrals occurred and the consumer had access to relevant health supports. Staff described the process for referring consumers to other health professionals and how this informed care and services provided for consumers.

Policies and procedures promoted the minimisation of infection related risks through antimicrobial stewardship. Consumers and representatives advised, and observations confirmed, staff consistently used personal protective equipment and completed hand hygiene. Management described their education and partnership with medical officers to review antibiotic usage and reduce its usage.

# 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 said consumers felt supported to pursue activities of interest to them which optimised their independence. Care documentation indicated consumers received services which met their needs and preferences. Staff were knowledgeable about what was important to consumers and what they liked to do.

Consumers reported their emotional, spiritual, and psychological well-being was supported. Staff advised consumer’s needs were supported in many ways, including facilitating connections with people through technology. Management advised during lockdowns due to COVID-19, the service arranged video and voice calls with families, as well as 'window visits' where consumers and families socialised safely.

Consumers said they felt supported to participate in activities within the service and in the outside community as they chose. Staff described supporting consumers to maintain their relationships, both inside and outside of the service. Care documentation identified the people important to consumers and the activities of interest to them.

Consumers said information about their conditions, needs, and preferences were communicated within the organisation and with others where responsibility for care was shared. Staff said documented changes in the electronic care management system, and handover sheets kept them well informed. Care documentation provided adequate information regarding services and supports required by consumers for daily living.

Consumers and representatives said they felt supported by the service and providers of other care and services. Staff described working with external organisations to supplement activities offered within the service, including volunteers and entertainers. Volunteers were observed engaging with consumers and facilitating activities.

Consumers and representatives provided positive feedback about the quality, quantity, and variety of meals provided and said there was a good range of choices for each meal. Staff described how they engaged consumers and adapted meals to support the consumer dining experience. Meal service was observed to be a social occasion and consumers received assistance, if required.

Consumers confirmed there was adequate access to equipment such as mobility aids and lifting equipment, as well as resources and equipment for lifestyle activities. Staff said they had access to equipment when they needed it and described how the equipment was kept safe, clean, and well-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 and representatives confirmed they found the service welcoming and easy to navigate. Staff described aspects of the service environment designed to make consumers feel welcome and optimise their independence, interaction, and function. Dementia-friendly principles of design were observed, including clear delineation between walls and floors, distinct paint colours and clear and distinct signage visible throughout the service to support navigation.

Consumers and representatives said the service environment was safe, clean, and well-maintained and allowed them to move around freely. Staff described how the service environment was cleaned and maintained. The service had a reactive maintenance schedule where any maintenance issues were reported, all requests were observed to have been responded to promptly.

Consumers said, and observations confirmed, the service and equipment was kept clean and safe for use. Furniture in communal areas was observed to be clean and in good condition and enjoyed by consumers. Staff explained their equipment maintenance and cleaning responsibilities and were observed cleaning consumers’ rooms and common areas.

# 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 said they understood how to give feedback or make a complaint. Management described how they encouraged and supported consumers to provide feedback and make complaints through various systems such as the service’s feedback form, and discussions at meetings. Complaint policies and procedures reflected the service’s commitment to managing feedback and complaints from consumers.

Consumers said although they were not familiar with advocacy and external complaints services, they were comfortable raising concerns with staff directly. Documentation reviewed, and observations confirmed, the service actively promoted advocacy services with information easily accessible. Meeting minutes reflected advocacy services and the Charter of Aged Care Rights were discussed in the consumer meetings.

Consumers said the service responded to and resolved their complaints or concerns when they were raised or when an incident occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer or representatives in the event of something going wrong. The services complaints policy included instructions on how to approach open disclosure and steps to prevent the reoccurrence of the mistake.

Consumers reported their feedback was valued and was used to improve services. Management described the process to manage feedback and complaints, including actions taken in response. The feedback and complaints register recorded improvement actions taken, including staff training, in response to complaints.

# 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

Following a Site Audit from 13 April 2021 to 15 April 2021, the service was previously found non-compliant with Requirement 7(3)(a), as consumers were observed to be unattended for periods of time, not receiving the assistance they required or left sitting in front of the television with limited engagement.

The evidence within this Site Audit report supports additional shifts had been introduced, increased monitoring of call bell data demonstrated quicker response times and review of consumer care needs to inform workforce planning, had occurred.

Mixed feedback was offered by consumers, representatives, and staff about the staffing levels with some stating at times there was insufficient staff, but this had not had a negative impact on the quality of care. Management described the rostering system and explained how they ensure there was enough staff to provide quality care. Rostering documentation and staff feedback evidenced the addition of extra care staff shifts to provide ensure care needs were met.

Consumers said the staff were kind and caring, and treated them with respect and acknowledged their identity, culture, and diversity. Staff were observed sitting alongside consumers assisting with meals and following their directions with patience. Documentation evidenced training on dignity and respect as well as consumers’ choices.

Consumers and representatives said staff performed their duties effectively, and said staff were sufficiently skilled to meet their care needs. Staff said training provided had equipped them with the knowledge to provide care and services for consumers. Documentation evidenced all staff's registration and legislative requirements, such as police checks, were current and the rostering system would not allow staff to be rostered should their registrations or police checks lapse.

Consumers and representatives said staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management said training could be accessed by all staff through an online training portal, as well as toolbox training if a need was identified. Staff said the service provided mandatory and supplementary training to support them to provide quality care.

The service had a performance and development framework which offered staff an opportunity to discuss development opportunities to help them grow further in their current role or potential future roles. Staff outlined how their performance was monitored through annual performance appraisals. The performance appraisal schedule evidenced up-to-date performance appraisal.

# 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

Following a Site Audit from 13 April 2021 to 15 April 2021, the service was previously found non-compliant with Requirement 8(3)(d), as deficiencies were identified in the implementation of policies and procedures for the management of high-impact and high-prevalent including for diabetes management, behaviour support, palliative care, pressure injury prevention and wound management.

The evidence within this Site Audit report evidenced the service has reviewed clinical care policies and procedures, revised entry process to ensure early identification of consumer risks and increased clinical oversight mechanisms to monitor consumers at risk.

Consumers and said they were involved and supported to be a partner in their care. Management stated feedback was sought through consumer meetings, feedback forms, and ‘resident of the day’ reviews. Consumer meeting minutes evidenced consumer involvement and provision of feedback.

Management described the role the Board played in ensuring delivery of safe and quality care. The Board received reports and communication including internal audits, clinical indicators, and clinical care reports, and visited the service regularly. Management stated in the last year there had been a number of changes driven by the Board, including the purchase of new equipment and training in areas such as responding to deterioration and first aid.

The service demonstrated processes and mechanisms were in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff confirmed access to the information they needed to perform their roles, including care planning and online access to training, policies, and procedures.

The service had effective risk management systems and practices including identifying and responding to abuse and neglect of consumers and managing and preventing incidents through the use of an incident management system. All incidents were recorded in the service’s incident register and reported through SIRS appropriately. Consumers said they lived the best life they could, through taking risks and participating in the activities they enjoyed.

The service has implemented a clinical governance framework and advised this included policies in relation to taking risks, clinical governance, antimicrobial stewardship and minimising the use of restrictive practices. Staff demonstrated an understanding of these topics and provided examples of their relevance to their work.

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