Performance

Report

**1800 951 822**

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| Name of service: | Marina Residential Aged Care Service |
| Service address: | 385 Blackshaws Road ALTONA NORTH VIC 3025 |
| Commission ID: | 3545 |
| Approved provider: | Jimroy Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 3 April 2023 to 6 April 2023 |
| Performance report date: | 15 May 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 Marina Residential Aged Care Service (the service) has been prepared by G-M. Cain, 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.
* 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 behaved with respect and preserved the dignity of consumers. Staff described how they ensure that consumers experience respect during clinical, personal care and daily activities; observations showed staff engaging with consumers in a respectful and friendly manner. Care documentation included respectful language and information about the consumer's life stories and cultural and social backgrounds.

Consumers and representatives said consumers' cultural backgrounds and preferences were respected, and the care and support consumers received reflected this. Staff described how cultural backgrounds and preferences influenced how they supported each consumer. Care planning documentation reflected each consumer's social, cultural, linguistic, and religious characteristics and life story.

Consumers and representatives said the service supports them in making decisions about their care, activities and those they want to be involved in decision-making. Staff said they supported visitors to book in for visits and welcomed visitors into the service to maintain their relationships with loved ones. Care planning documentation demonstrated that information and assessments related to consumer decisions were documented and influenced how care and support were provided.

Consumers said they feel supported to be as independent as possible and can take risks if they choose to. Staff described risk assessment processes and care planning documentation and demonstrated that the service documented risks and supportive agreements such as smoking, using an electric wheelchair and driving. The service had current policies and procedures relating to considering risks arising from consumer choices and how these are managed and assessed.

Consumers and representatives said they understood the information about consumers’ care and the activities happening within the service. Management described strategies to communicate information to consumers, including those with communication difficulties, such as cue cards, spending one-to-one time, and use of electronic devices with translator applications. Observations showed the displaying of menus around the service, and management confirmed that consumers and representatives are notified verbally and by email when there were changes within the service such as an infectious outbreak.

Consumers and representatives said the privacy of consumers was respected, and their personal information was treated confidentially. Staff described how they ensure that bedroom doors and curtains are closed when attending to personal care and that a sign is hung on the outside of the door. Consumers' personal information is stored in the service's electronic care management system, protected with passwords and staff maintain the confidence of consumers' information by undertaking handover in closed rooms.The service had a current privacy policy and procedure and a privacy brochure.

# 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

The service demonstrated that assessment and care planning processes included consideration of risks to the consumer's health and well-being. Registered and care staff described how assessment outcomes are documented in care plans and discussed with staff. Consumers and representatives were satisfied with the care consumers received, and risks were identified and managed to promote the consumers' independence. Consumer documentation identified the assessment and management plan for risks such as falls, pressure injury development, weight loss, swallowing difficulties and changed behaviours.

Consumers and representatives said they discussed their current care needs, goals and preferences, including advance care planning and end-of-life care with staff. Care documentation reflected assessments for sleep, personal hygiene and communication with individualised preferences and goals of care, including end-of-life care wishes and advance care directives. Staff said advance care directive paperwork is included in the admission pack, and consumers are encouraged to discuss their preferences on entry to the service if they wish.

Consumers and representatives said they are satisfied with the quality of care and services consumers receive. Assessments and planning are based on partnerships with consumers and representatives and include others they choose to involve in their care. Staff described how they refer consumers to relevant allied health professionals, such as physiotherapists and occupational therapists. Care documentation identified that consumers and their representatives are consulted in assessments and care planning and include input from health professionals, such as medical officers, physiotherapists, dieticians, and podiatrists.

Consumers and representatives said the outcomes of assessments and planning are communicated to them. They said they have a current copy of their care plan evaluation or know where to access one. Care planning documentation reflected relevant consumer needs, goals, and preferences, including mobility, nutrition and hydration, pain and behaviour management. Where consumers or representatives have difficulty communicating, staff said they rely on verbal and nonverbal cues during assessments, such as monitoring for pain. Flowcharts to guide staff in the care evaluation process were observed to be readily available.

Consumers and representatives said they are notified when consumers' circumstances change or when incidents occur, such as falls, the development of pressure injuries, incidents considered under the serious incident reporting scheme and medication incidents. Staff demonstrated an understanding of reporting and recording incidents in the electronic system and updating care plans. The service had policies and procedures for recording and reporting incidents, and care documentation evidenced that care plans were updated when circumstances changed.

# 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 said the care delivered is tailored to consumer needs and optimises their health and well-being. Staff were familiar with the individualised personal and clinical needs of consumers. Care documentation reflected tailored care that is safe, effective, and aligned to consumer needs and preferences. The service had policies and procedures in place to support the delivery of care provided, such as wound management, restraint practices, fall prevention, skin integrity, and pressure injury prevention. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place.

Consumers and representatives were satisfied that high-impact or high-prevalence risks are effectively managed. Staff were familiar with strategies for managing and preventing consumer falls and other risks. Care documentation identified effective strategies to manage key consumer risks, and the service used validated assessment tools.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences. Consumers and representatives said the care delivered is tailored to consumer needs, goals, and preferences. They confirmed that staff had discussed advance care planning and end-of-life preferences with them. Care documentation included an advance care plan and the consumers' end-of-life care needs, goals, and preferences.

Consumers and representatives were satisfied with the care delivery, including recognising deterioration or changes in a consumers' health and or well-being. Care staff said the registered staff are responsive when reporting changes to consumers' conditions. Care documentation identified that consumers are monitored for changes to their physical and emotional well-being, and clinical deterioration is recognised and responded to in a timely manner.

Consumers and representatives were satisfied with consumers' care delivery and communication of consumer changes. Staff described how changes in consumers, care and services are communicated through verbal handover, meetings, and accessing the electronic care management system. Care documentation reflected adequate and accurate information to support effective and safe communications of consumer care.

Consumers said they are referred to other specialists when required. Staff knew how to refer consumers to health professionals and allied health services. Care documentation included input from other services such as medical officers, podiatry services, physiotherapists, geriatricians, and dieticians.

The service demonstrated the minimisation of infection-related risks through standard and transmission-based precautions and practices that reflect appropriate antibiotic prescribing. The service had documented policies and procedures to guide staff in minimising infection-related risks, including an outbreak management plan. The service had an appointed infection prevention and control lead. Staff's knowledge demonstrated an understanding of key infection control practices. Observations showed that staff wore personal protective equipment and practised hand hygiene regularly.

# 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 said they get services and support for daily living to meet their needs, goals and preferences, and their independence and quality of life are optimised. Consumers and representatives spoke of living at the service, which they said was like home. Care documentation reflected the consumers' life story and identified consumers' choices, lifestyle likes and dislikes, social affiliations, and spiritual and religious needs, including support required to do activities. Staff described how to assess relevant consumer information to develop a lifestyle plan that is reviewed 4-monthly and updated as required.

Consumers said there are services and supports for daily living that promote their emotional and spiritual well-being. Staff spoke of providing consumers with emotional, spiritual and psychological support, such as spending one-on-one time with consumers who don't wish to participate in group activities. Care documentation included information on consumers' emotional and spiritual needs with strategies in place to support and promote these needs to be met.

Consumers said they are supported by the service to participate in their community within and outside the service environment as they choose. Staff described various activities available to consumers, including bus outings, shopping trips and one-on-one time with consumers who cannot participate in regular activities. Care documentation identified activities of interest for the consumers and how they are supported to participate in these activities and the wider community. Observations showed that the monthly activity program was displayed in all communal areas and consumer bedrooms.

Staff explained how the electronic care management system ensures documentation is recorded, and handover processes ensure consumer information is shared amongst those responsible for delivering care. Consumers said staff are aware of their condition, needs, and preferences, and communication processes effectively keep those involved with care informed. Care documentation provided adequate information to support effective and safe care delivery.

Consumers said the service had referred them to external providers to support their care and service needs. Staff described how they document each referral, which is followed up to ensure that the referral is accepted and responded to promptly. Consumers' care documentation showed collaboration with other individuals, organisations, or providers to support the diverse needs of consumers, including referrals.

Consumers said meals were varied and of suitable quality and quantity. Staff described how they meet individual consumer dietary needs and preferences and how any changes are communicated. Consumers were observed placing their daily menu orders to staff, which were recorded into the electronic care management system to inform the kitchen.

Consumers felt safe using the provided equipment and confirmed it suited their needs. Staff demonstrated an understanding of reporting maintenance issues and the preventative maintenance schedule. Maintenance documentation demonstrated regular maintenance of equipment. The service has documented policies in place in relation to the maintenance of equipment, stock management and cleaning services.

# 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 said the service environment is welcoming to them, their friends and family and encourages a sense of belonging. Consumers said they can easily find their way around the service; consumers can add personal furnishings and decorations in their bedrooms. The environment was observed to be welcoming, with plenty of space for consumers, was clutter-free, and had adequate lighting and clear signage to aid navigation around the service.

Consumers and representatives said the service environment is clean, well maintained and comfortable. Cleaning schedules were in place for each unit, with processes detailing the frequency of cleans, including touch point cleaning. The service environment was observed to be safe, clean and well-maintained, with outdoor areas easily accessible to consumers.

Consumers and representatives said furniture and equipment are safe, clean, well-maintained and suitable for consumers. Staff described the process for logging a maintenance request, and maintenance records identified that requests made are attended to in a timely manner. Furniture and equipment were observed to be clean and well-maintained throughout the service.

# 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 and representatives confirmed they were comfortable providing feedback to staff and management and were aware of other avenues for feedback. Staff said they support and assist consumers in raising concerns or making a complaint by speaking to management or assisting the consumer in completing a feedback form. Observations showed feedback forms, locked feedback boxes, and posters and flyers relating to advocacy services located throughout the service. The consumer handbook also provides information on the service's complaints management processes.

Consumers and representatives said they knew that advocacy and language services were available and how to access these if needed. Staff described the feedback and complaint mechanisms of the service, including when consumers raised verbal feedback with them by communicating this to their manager.

Consumers and representatives who had provided feedback or complaints said they were satisfied that their concerns were addressed. Staff described the feedback and complaints process and demonstrated an understanding of open disclosure. The service's feedback and complaints register showed that feedback and complaints had been managed in accordance with the service's policies and procedures and trends logged in the feedback register or continuous improvement plan.

Consumers and representatives who had provided feedback to the service said that they had been listened to, and the service undertook improvement actions. Management provided the continuous improvement register and described some actions taken to improve the service's food and dining experience. The service had documented policies and registers for feedback and continuous improvement.

# 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

Consumers and representatives said staff met consumers' current care needs and preferences, and consumers' requests for assistance were promptly attended to. Staff described how they work as a team to ensure consumer care is met and quality care is delivered. The services had processes to ensure a planned workforce, including utilisation of the regular and casual workforce to cover shifts. Workforce rosters showed an appropriate mix and ratio of staff available, and staffing ratios adhered to when rostering staff.

Consumers and representatives said staff engage with them in a respectful, kind, and caring manner. Staff demonstrated an understanding of consumers, including their needs and preferences. Management advised that they monitor staff interactions with consumers and representatives through observations, formal and informal feedback and complaints processes. Observations showed staff interacting with consumers and representatives positively and respectfully.

Consumers and representatives felt confident that the staff was suitably skilled and competent to meet consumer care needs. The service had policies in relation to key qualifications and knowledge requirements for each role employed by the service, and there were also included in position descriptions. Service documentation evidenced that staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives said staff are well trained and equipped to perform their roles. Staff described the training, support, professional development, and supervision they receive during orientation and on an ongoing basis. Training records demonstrate that the service orientates, trains and monitors staff training and competencies to ensure the workforce has the skills to perform their roles effectively.

Consumers and representatives spoke of 'no concerns' with staff performance and that staff are lovely and know their jobs. Management described the service's performance appraisal process, which included a probationary appraisal at 6 months, and annual performance appraisals after that. Staff performance is also monitored through observations, competencies, such as manual handling, hand hygiene and medication, internal audits, clinical data, and consumer and representative and staff feedback. The service has a workforce governance and management framework, which includes documented policies, procedures, and guidelines for staff performance reviews.

# 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 said the service is well managed, and they go to regular meetings where they engage in developing, delivering and evaluating care and services. Staff described how consumers are engaged via the following mechanisms: consumer and representative meetings, feedback forms, surveys, food focus meetings and discussions with consumers and representatives during ad-hoc conversations. The meeting minutes for the service's consumer and representative meetings and food focus group evidenced high levels of consumer participation and consumers providing feedback about food, activities, and care.

The organisation has implemented systems and processes to monitor the service's performance and ensure the governing body is accountable for delivering safe, inclusive, and quality care and services. The Board receives information from consolidated reports with information relating to internal audits, consumer and staff feedback and complaints, hazards and risks, clinical incident data and continuous improvement. The organisation communicates with consumers, representatives, and staff regarding legislation, policies and procedures updates through regular staff meetings, emails, newsletters, online hubs and training where required.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Consumers and representatives said the service encourages feedback and complaints and uses this information for continuous improvement. Staff described the key principles of the governance systems, such as feedback and complaints, workforce governance and regulatory compliance. The service had policies and procedures that detail processes around each governance system to guide staff practice.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident response scheme. Management described how risks are reported, escalated, and reviewed by all levels of the organisation through the incident management system. A review of the service's Serious Incident Response Scheme notifications identified that all incidents were reported in line with legislative requirements.

The service had a clinical governance framework with a suite of policies and procedures to guide clinical care, including antimicrobial stewardship and a process for open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework and provided relevant examples.

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)