

**Performance Report**

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| Name: | Mark Moran at Little Bay |
| Commission ID: | 0804 |
| Address: | 1420 Anzac Parade, LITTLE BAY, New South Wales, 2036 |
| Activity type: | Site Audit |
| Activity date: | 25 November 2024 to 27 November 2024 |
| Performance report date: | 10 January 2025 |
| Service included in this assessment: | Provider: 3463 Mark Moran at Little Bay Pty Ltd  Service: 5856 Mark Moran at Little Bay |

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 Mark Moran at Little Bay (**the service**) has been prepared by Katrina Platt, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/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 consumer representatives confirmed staff were respectful and treated them with dignity. Staff were observed providing respectful and dignified personal care provision and demonstrated an understanding of individual preferences and backgrounds. Care and service documentation reflected individual cultural and identity information important to each consumer.

Consumers and consumer representatives described care and service provision which reflected their cultural identities and individual preferences. Staff were familiar with consumer cultural backgrounds and described care and services delivery which reflected customs, beliefs and cultural practices relevant to individual consumer needs and preferences. Care and service documentation considered individual cultural and religious beliefs and organisational policies ensured care and services captured recognised cultural influences.

Consumers and consumer representatives were supported to exercise choice and independence and discussed important relationships which were maintained. Staff described support provided to consumers to make informed choices about care and services for personal care, meals and activities and the involvement of family and friends. Care and service documentation detailed consumer decision making preferences and relationships of choice.

Consumers and consumer representatives confirmed support was provided for risks undertaken and social engagement which reflected self-determination and independence. Staff discussed support provided for risks taken which reflected consumer needs and preferences. Care and service documentation confirmed dignity of risk was identified and discussed when necessary.

Consumers and consumer representatives discussed the receipt of current, timely and easily understood information which included monthly newsletters and activities calendars. Staff described monthly consumer meetings which kept consumers informed about relevant topics of interest and communication cards, devices and translator services which were used when required. Information noticeboards were observed and displayed menu options, activity schedules and advocacy services in multiple languages.

Consumers and consumer representatives said their privacy was respected and described how staff always knock before entering their rooms. Staff were observed respecting consumer personal space and privacy during engagement with visitors, and consumer personal information was protected when using the electronic information systems. Care and service documentation confirmed consumer consent was obtained for photography and videos and consumers had signed copies of the Charter of Aged Care Rights.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and consumer representatives confirmed they were regularly consulted about assessment and planning of their care and services. Staff discussed assessment processes which captured consumer risks and initial assessments by medical officers ensured consumer histories and medications were recorded. Care and service documentation demonstrated effective and comprehensive assessment and care planning for falls management, restrictive practices and skin integrity and pressure injuries.

Consumers and consumer representatives provided positive feedback about identification of their needs, goals and preferences and confirmed involvement in end of life planning discussions. Staff were knowledgeable about individual consumer needs and preferences. Care and service documentation evidenced advance care directives and consumer end of life wishes, and tailored approaches to wound care and behaviour support.

Consumers and consumer representatives confirmed they were involved in care and service assessment and planning and participated in discussions about their needs and preferences. Care and service documentation confirmed other providers of care were involved in assessment and planning and included medical officers, physiotherapists, dieticians, speech pathologists and wound consultants.

Consumers and consumer representatives confirmed involvement in regular care planning discussions. Staff discussed updates provided to consumers and consumer representatives about changes to care and services. Care and service documentation reflected updated care plans and discussions held with consumers and consumer representatives about different care domains.

Consumers and consumer representatives confirmed they were well informed about changes in consumer health and well-being. Staff discussed monthly reviews conducted for consumer needs and preferences and updated care plans after incidents and hospitalisations. Care and service documentation evidenced incident investigations were conducted and strategies were reviewed for effectiveness for areas including falls, wounds and pain.

# 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 consumer representatives were satisfied with personal and clinical care and services provision, which they described as safe and effective. Staff discussed strategies for falls management and psychotropic medication reduction. Care and service documentation evidenced pain management and falls management programs tailored to individual consumer needs to optimise health and well-being. Wounds were managed in accordance with wound management directives and consumers with diabetes were monitored and reviewed effectively. Behaviour support plans and consents were evidenced and non-pharmacological interventions were successfully implemented.

Consumers and consumer representatives said that consumer risks were adequately managed. Staff described mitigation and risk escalation strategies for complex clinical care and clinical risk identification and management. Care and service documentation evidenced effective high-impact and high-prevalence risk identification and ongoing monitoring for individual consumers with wounds, complex care needs and those experiencing falls.

Consumers and consumer representatives confirmed they were consulted about their end of life needs and preferences. Staff described care strategies provided to consumers during end of life care and policies and work instructions guided advance care planning and palliative care which emphasised comfort and dignity preservation. Care and service documentation evidenced advance care directives that captured consumer medical and spiritual needs and preferences and effective pain and comfort management during palliation and end of life.

Consumers and consumer representatives noted consumer deterioration was identified, communicated and managed in a timely manner. Staff discussed identification of consumer changes and deterioration reviews which included head to toe assessments, delirium screens, and medical officer and hospital referrals when required. Care and service documentation confirmed timely identification of changes in consumer physical, mental and cognitive health conditions, effective escalation and referral processes and appropriate ongoing review and management.

Consumers and consumer representatives confirmed that consumer needs and preferences were effectively communicated and they were regularly updated. Staff described information sharing methods which included staff meetings and handover, with handover observed to include individualised consumer care discussions. Care and service documentation confirmed consumer conditions, needs and preferences were well documented and included behaviour support, blood glucose requirements, consumer appointments and neurological observations.

Consumers and consumer representatives confirmed regular and appropriate referrals were made to allied health professionals and medical specialists, and outcomes were communicated. Staff discussed referral pathways and processes for engagement with medical officers and physiotherapists and escalation protocols for external referrals. Care and service documentation evidenced referrals to dieticians, speech pathologists, dentists, geriatric outreach services, Dementia Support Australia, wound care specialists and palliative care consultants.

Consumers and consumer representatives described attentive identification, escalation and treatment of infections. Staff demonstrated a good understanding of antimicrobial stewardship, infection control and standard precautions and described preventative measures related to infection management like hand hygiene, cleanliness, fluid encouragement and pathology collection when required. Appropriate hand hygiene protocols were observed during care and service provision and appropriate policies and procedures guided staff practice for infection control and outbreak management.

# 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 consumer representatives confirmed that consumers received safe and effective care and services and were supported to undertake activities which reflected their individual interests. Staff discussed how consumer life stories and backgrounds were captured and maintained to ensure activities and programs were developed based on individual consumer needs, goals and preferences, and staff provided daily consumer support which ensured engagements in activities of interest.

Consumers and consumer representatives described supports which promoted their emotional, spiritual and psychological well-being. Staff discussed ongoing support provided to consumers which was tailored to their individual needs and preferences, and included new consumer transitions, end of leave, bereavement and trauma. Care and service documentation reflected consumer engagement with mental health teams, volunteers and community groups.

Consumers and consumer representatives confirmed they participated in social gatherings with family and friends and regular community outings connected to their individual interests. Consumers provided positive feedback on the well-organised bus outings. Consumer engagement with community-based organisations reflected consumer interests and associations and included specific cultural and ceremonial services, ballroom dancing and visits from intergenerational groups.

Consumer care and services were well coordinated and information about consumer conditions, needs and preferences was communicated effectively. Staff communicated regularly with community organisations and handovers with support workers and volunteers were conducted before community outings. Care and service documentation evidenced appropriate information exchange with external organisations for individual consumers, which included mental health teams and Dementia Support Australia.

Consumers and consumer representatives confirmed they were supported by other organisations and providers of other care and services. Staff discussed implementation of lifestyle services which contributed to consumer well-being, and included hairdressing, spiritual support from religious organisations and social supports. Specialist supports from Vision Australia, communication assistive technology organisations and engagement with culturally diverse volunteers was also discussed.

Consumers and consumer representatives provided mixed feedback about the variety, quality and quantity of meals. The rotational menu ensured specific dietary requirements, which included texture modified and thickened fluids, were provided where required, and hot and cold meal options were available. Menus considered consumer feedback, dietary needs and preferences and the monthly ‘chef’s table’ provided a 3-course fine dining experience, with full table service, for each consumer on a rotational basis.

Consumers and consumer representatives confirmed they were provided with appropriate equipment including mobility aids, shower chairs and manual handling equipment for daily living. Staff confirmed individual slings were available for consumers and discussed that sufficient, appropriate and easily accessible equipment was available for care and lifestyle needs. Regular equipment maintenance and replacement when necessary was demonstrated.

# 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 consumer representatives said they felt comfortable and ‘at home’, with personalised rooms including their furniture, collectables, photographs and ornaments. The service environment was observed as bright, well aired, welcoming and comfortable, with well-placed navigation signage and adequate indoor and outdoor private areas for consumer and visitor socialising. An outdoor barbecue area and internal café supported consumer engagement with family and friends.

Consumers and consumer representatives indicated the service environment was clean, safe and well maintained and they moved freely both indoors and outdoors. Consumers and staff were familiar with maintenance request processes and staff described spot cleaning and other cleaning and tidying processes. Maintenance records and service reports evidenced timely responses to maintenance requests and preventative maintenance processes.

Consumers and consumer representatives said furniture, fittings and equipment were clean and well maintained, and supported their independence. Staff discussed additional deep cleaning and maintenance protocols for soft furnishings and carpets. Communal areas were well furnished, clean and comfortable. Kitchen, laundry and cleaning trolleys were observed to be clean and appropriate infection control measures were in place.

# 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 consumer representatives felt comfortable providing feedback and making complaints and confirmed complaints were resolved to their satisfaction, when made. Staff discussed encouraging consumers to make complaints and their management of direct complaints resolution and escalation when required. Education and training ensured complaints and feedback were connected to staff development.

Consumers and consumer representatives were aware of advocacy and language services and indicated engagement with other complaint services had not been necessary as complaints were well managed. Staff demonstrated a good understanding of communication methods used for consumers with cognitive impairment and consumers with English as a second language. Consumer communication about the Older Persons Advocacy Network, Seniors Rights Services, the Telephone Interpreting Service and the Commission was demonstrated and associated signs and brochures were also displayed.

Consumers and consumer representatives said management and staff were responsive to their feedback and complaints and appropriate and timely action was taken. Staff demonstrated a practical understanding of complaints and open disclosure policies and procedures and discussed improvements to training and communications. Registers confirmed complaints were captured and resolutions were recorded.

Consumer and consumer representatives feedback and complaints informed the continuous improvement plan. Feedback and complaints were analysed and regularly reviewed by management and the governing body and improvements included an onsite educator and changes to personal care staffing.**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 consumer representatives said enough staff were available to meet their care and service needs. Staff indicated there were sufficient staff for safe and quality care and services provision and holistic care staff were recently implemented for additional consumer support. Documentation confirmed adequate staff numbers were scheduled, no vacant shifts were evidenced and non-agency replacement staff were utilised.

Consumers and consumer representatives spoke highly of the kind and caring staff and performance in their positions. Staff discussed individual consumer needs and preferences and their tailored interactions. Observations confirmed engagement between consumers and staff which was kind, respectful and supportive of consumer needs and preferences.

Consumers and consumer representatives indicated staff were competent and possessed the right skills to provide safe and quality care and services. Staff were assessed against several core competencies which included (but were not limited to) skin integrity and wound care, continence and pain management, consumer choice, emotional well-being and the Quality Standards. Competency assessments included observations of practical task performance and additional training and education when required.

Consumers and consumer representatives said staff were professional and competent when performing their roles. Effective recruitment processes were evidenced which ensured qualifications were validated, and police and reference checks were conducted. Management ensured qualifications aligned with position responsibilities and all mandatory training was completed prior to roster allocations. New staff were engaged in mentoring programs and received additional education and training support during orientation.

Staff performance was regularly assessed, monitored and reviewed. Documentation evidenced performance reviews at various intervals and staff confirmed engagement in regular performance review discussions. Internal audit processes incorporated feedback and improvement areas for staff performance and an onsite educator supported staff training and development needs.

# 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 consumer representatives provided feedback and improvement suggestions through various mechanisms including feedback forms, consumer meetings and the quality care advisory body. Consumer members of the quality advisory body ensured consumer feedback was captured, analysed and reported to the governing body. Documentation evidenced regular consultation between consumers and consumer representatives, the management team and the board on changes and improvements to care and services.

Consumers and consumer representatives indicated the board, management team and staff demonstrated a culture which was kind, caring, safe and inclusive. Experienced board members and clinical expertise within the leadership group supported strategic risk management, accountability and improvement measures. The plan for continuous improvement and meeting minutes demonstrated regular oversight of strategic actions and improvement initiatives, which were regularly reviewed and monitored.

Effective organisation wide information systems were demonstrated, which included consumer access for independence and decision-making. Proactive continuous improvement initiatives ensured identification and management of risks and trending from sources including clinical care, feedback and complaints, and incidents reportable under the Serious Incident Response Scheme. Financial governance and reporting systems supported funding and expenditure evaluations and management, with oversight by the governing body.

Workforce governance systems and processes ensured staff recruitment and performance were focussed on commitment to aged care and delivery of quality care and services, and targeted education and training support. Regulatory compliance monitoring through the governing body and management group ensured legislative changes were implemented. Legislative compliance for care minute and registered nurse targets were demonstrated, as was consistent reporting under the Serious Incident Response Scheme. An effective feedback and complaints governance system was evidenced.

Effective risk management systems and practices were demonstrated. High-impact and high-prevalence risks were effectively identified, analysed and reported and management and governing body oversight ensured improvement strategies and initiatives were implemented. Aged care developments were monitored which ensured consistency in best practice care and services delivery for consumers. Effective incident management systems and reporting was demonstrated.

An effective clinical governance framework was demonstrated. Policies and procedures guided staff practice in antimicrobial stewardship and ongoing education ensured risk minimisation and appropriate antibiotic use. Restrictive practices policies and processes ensured appropriate behaviour support mechanisms were practiced according to legislative requirements. Open disclosure policies and procedures provided effective staff guidance and management oversight ensured effective analysis and ongoing monitoring.

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)