Performance

Report

**1800 951 822**

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| Name of service: | Mark Moran at Warrawee |
| Service address: | 1496 Pacific Highway Warrawee NSW 2074 |
| Commission ID: | 1117 |
| Approved provider: | Mark Moran Group Pty Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 July 2023 to 26 July 2023 |
| Performance report date: | 29 August 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 Mark Moran at Warrawee (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 17 August 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 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)(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 was found non-compliant in Requirements 2(3)(a) and 2(3)(e) following a site audit from 1 to 3 June 2022. The decision focused on a lack of relevant assessment and planning related to consumer behaviours and specialised nursing needs and consumers were not aware of the assessment and planning process. In addition, incidents were not consistently reported and consumer care plans were not reviewed when changes or incidents occur. Since this decision, the service has implemented continuous improvement actions, including review of policies and procedures in relation to assessment and planning, conducted a review of the service’s training program to ensure relevant staff are aware of their responsibilities to ensure behaviours of concern and specialised nursing needs are assessed and planned. The service has developed a care consultation process fact sheet for new consumers, and routine training for staff is delivered on consumer care assessment, planning and consultation.

In response to the Assessment Contact undertaken from 25 to 26 July 2023, information was gathered through interviews, observations and review of documents. The Assessment Team reported that the service provides respite for all new consumers prior to deciding to become a permanent resident at the service. The service developed their admission checklist to include extended clinical assessments and these are now to be conducted over a four week period, and greater focus is provided on consumer risk upon entry to the service. The service ensures that these entry assessments are not repeated when the consumer becomes permanent, rather consumer plans are reviewed three months from the first respite entry date. The Assessment Team reported that consumer risks were appropriately documented for consumers and clear assessments were completed to best support each consumer.

In relation to ensuring a regular review of consumer care and services, in particular in situations where a consumers circumstance has changed, the service has reviewed their policies and procedures to best support consumers following a change to their care and services needs. The service has updated its corporate orientation day to provide a greater focus around identifying and managing changes in consumer needs. Monitoring processes have been developed to ensure staff are following the policies and procedures in relation to assessment and planning, pain management training and consumer sensory impairment training was provided to staff to support their knowledge to best support consumers.

The service now reviews weekly reports on assessments and care plans, case conferences, and advanced care plans that require review. Registered nursing staff complete incident forms in the event of an incident such as falls and a pain assessment is attended for three days to review the consumer’s pain after the fall. Clinical staff routinely review consumers and consumer care plans after an incident or return from hospital, and daily shift reports are provided to management and the clinical team with all changes for consumers which then prompt clinical overview.

With these considerations, I find the service compliant in Requirements 2(3)(a) and 2(3)(e).

# 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)(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

The service was found non-compliant in Requirements 3(3)(a) and 3(3)(g) following a site audit from 1 to 3 June 2022. The decision focused on an absence of care plans and assessments, care not tailored to the consumer’s needs, and care not provided in a timely manner. Since this decision, the service has implemented continuous improvement actions, including implementing an electronic medication management system, introducing weekly respite consumer room visits by management including the clinical care coordinator to assist new consumers settle into the service. The service also introduced a fall prevention program to identify consumers at greater risk of falls and to increase monitoring opportunities for these consumers. The service implemented an effective physiotherapy service including gym and pool programs, and exercise videos were created for use during lockdown periods to maintain consumer exercise and therapy in the event of an outbreak and consumer isolation. the service now provides access to occupational therapy services weekly, regular podiatry access, and provided staff with additional training around dementia support. Toothbrush colour-coding was introduced to ensure brushes are changed regularly, coloured toilet seats were introduced to better support consumers with macular degeneration to minimise risk of falls, and cervical heat packs were trialled and implemented for improved consumer pain management.

In relation to minimising infection related risks, the service has reviewed policies and procedures to ensure a focus on minimising risk, updated their outbreak management plan to include an infection control monitoring checklist, and ensured their outbreak kits are complete and staff hand hygiene competencies are up to date. The service has implemented electronic COVID-19 screening for staff, contractors and visitors upon entry to the service, installed additional hand sanitiser stations, as well as added antimicrobial stewardship to the service’s monthly action plan to monitor antibiotic usage, and implemented safety needles for insulin administration to minimise risk of sharps injuries.

In response to the Assessment Contact undertaken from 25 to 26 July 2023, information was gathered through interviews, observations and review of documents. The Assessment Team reported that consumers are receiving care tailored to their needs optimising their health and wellbeing and the service is responsive when gaps in care and services are identified. This includes effective behaviour management, falls management, wounds management and diabetes management. The service minimises infection related risk by applying effective screening practices, including daily rapid antigen testing (RAT) for staff, temperature monitoring and the use of hand sanitisers and washing stations, as well as through information and education including posters and signage throughout the service. Management and staff demonstrated an effective understanding of the service’s outbreak management plan including isolation, co-horting of consumers and staff, and communication of the outbreak to all stakeholders including families and visitors. Outbreaks kits were fully equipped and regularly checked by staff and monitored by management. Staff demonstrated an effective understanding of infection related risk and how they can minimise the spread of infections including the use of sanitiser, regularly cleaning equipment and use of personal protective equipment.

Management advised the Assessment Team that the medical officers are invited to the 3 monthly Medication Advisory Committee meetings and antimicrobial stewardship is a standing agenda item. When an infection is suspected, clinical staff effectively demonstrated how staff perform necessary testing and observations to ascertain infection including temperature, urinalysis, urine pathology and wound swabs, and the Assessment Team’s review of documentation confirmed that the necessary testing is routinely performed.

With these considerations, I find the service compliant in Requirements 3(3)(a) and 3(3)(g).

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service was found non-compliant in Requirement 5(3)(b) following a site audit from 1 to 3 June 2022, however since this decision the service has implemented continuous improvement actions, including introducing processes to ensure that the service’s utility room is not accessed during mealtimes. Staff have been educated not to prop any doors open and contractors have undergone induction to the service and their compliance is monitored during their work on site. The use of artificial turf has been minimised and existing artificial turf has been re-laid, and more paving has been installed to ensure safe passage for consumers. An observation window has been installed in nurse station doors, and the garbage room roller shutter is monitored by maintenance staff to ensure it is closed when not in use. The service has undertaken review of policies and procedures to ensure the service environment is comfortable and enables consumers to move freely both indoors and outdoors. An environmental audit tool has been created and the service perform routine assessment using this tool.

Antennas were installed in the roof and mobile repeaters were placed in all areas of the building where there was a low mobile network signal identified. The outcome has been better reception in all the areas throughout the building. Additional signage has been installed throughout the building including signs for the wash basin, dining and lounge areas, and signage for safety in the staff rooms. Air conditioning units have been installed in the service’s sky garden in response to consumer feedback resulting in consumers being more comfortable to participate in activities like concerts, high tea, and sunset serenades. The service implemented a digital lock in the office room to provide access for only authorised personnel to minimise the risk of loss of information and consumer confidentiality.

In response to the Assessment Contact undertaken from 25 to 26 July 2023, the Assessment Team observed the service environment to be safe, clean, well maintained and comfortable. Consumers were able to move freely both indoors and outdoors. The Assessment Team reported that the service has rectified all items in relation to the previous non-compliance and continues to respond proportionately and swiftly to issues raised in relation to the service environment.

With these considerations, I find the service compliant in Requirement 5(3)(b).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

The service was found non-compliant in Requirement 7(3)(c) following a site audit from 1 to 3 June 2022, however since this decision the service has implemented continuous improvement actions, including ensuring that all staff employed are trained and possess appropriate certification and qualifications. The service provides toolbox education sessions and senior staff have had training in the use of the service’s electronic care planning system. Consumer pain management training was delivered to registered nursing staff and the service provides regular toolbox education sessions. Staff training on sensory impairment and pain management is now undertaken annually, and routine training and education about consumer care assessment and planning in consultation with the consumer is provided. Relevant workplace policies and procedures to ensure the workforce maintains appropriate qualifications and knowledge to effectively perform their roles have been reviewed, and a corporate orientation booklet was developed to test the knowledge of new staff during their probationary period. Staff have the relevant knowledge in relation to management of specialised nursing needs, behaviours of concern, medication, pain and continence, monitoring and actioning reportable incidents.

In response to the Assessment Contact undertaken from 25 to 26 July 2023, the Assessment Team reported that staff did not always have the knowledge to perform their roles or did not consistently demonstrate competency when performing their roles in relation to infection control. Management did not always protect consumer confidentiality or effectively monitor staff to ensure they were performing their roles competently. The Assessment Team reported that consumer feedback indicated some staff did not know what they were doing, resulting in a varying range of severity in relation to potential or actual impact of harm to consumers.

The Assessment Team acknowledged several improvements in addition to those noted above, including the service demonstrating that all registered nursing staff have current registration and certification. The clinical care coordinator is nominated as the service’s infection prevention control lead and has achieved certification for the role, and all care staff are required to have Certificate III in Aged Care qualification. The service has introduced greater competencies for new staff to ensure they have the knowledge to perform their roles. The service has introduced education on open disclosure, serious incident response scheme (SIRS), biometric registration, fire and emergency procedures, manual handling, physiotherapist presentation, the Aged Care Quality Standards, manual handling, personal protective equipment, hand hygiene and consumer dignity of risk. The service has also introduced a training needs and education folder with a training request register and the Assessment Team observed five requests for training and education have been identified this year and those requests have been actioned. The service undertook an Aged Care Quality and Safety Commission style audit and evaluated that this approach was highly beneficial in identifying gaps across all Quality Standards for making improvements. This process will occur every six months.

In their response to the Assessment Contact Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement and highlighted their immediate and proportionate response(s) to the consumer issues noted in the Assessment Contact Report. After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to workforce competency, and with these considerations, I find the service compliant in Requirement 7(3)(c).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | 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

The service was found non-compliant in Requirements 8(3)(d) and 8(3)(e) following a site audit from 1 to 3 June 2022, however since this decision the service has implemented continuous improvement actions, including implementing a clinical risk matrix, ensuring that all consumer clinical assessments that identify risk have a corresponding consumer risk assessment. The service’s admission checklist is updated to better monitor consumers during their first month after admission, and education regarding dignity of risk has been added to the service’s orientation and induction process.

In respect to the service demonstrating an effective clinical governance framework, the service’s management meetings routinely identify risk in relation to incident and clinical indicators and include development of appropriate mitigation strategies for consumers. The service has reviewed processes to ensure clinical risks associated with consumer care are monitored to ensure safe, effective and quality care and services are provided, and processes designed to ensure effective oversight in relation to infection control practices including outbreak management have been implemented.

In response to the Assessment Contact undertaken from 25 to 26 July 2023, the Assessment Team reported that the service has introduced a monthly high impact high prevalence clinical report for management to present to the board. This report highlights significant clinical risk and quality indicators are reviewed and discussed with the clinical operations executive and board each month. Serious incident response scheme (SIRS) posters were observed displayed on each floor of the service, in the reception area and in the staff room. SIRS training and education records demonstrated all staff have completed SIRS training and this is included as a mandatory annual module. A board member now attends each quarterly clinical quality and risk committee meeting and management advised that this has strengthened the service’s risk management systems and provided an opportunity for the board to ask questions directly to the clinical management teams and discuss any concerns. The service appointed a clinical care coordinator who oversees the consumer admission process, and ensures that new consumers have an interim care plan on their first day, and that the interim care plan includes details to ensure all high impact high prevalence risks have been identified and strategies to mitigate the risks are recorded and implemented. The service has also employed a full-time physiotherapist, two physiotherapist aides, a diversional therapist and an occupational therapist to provide care and services to consumers and reduce high impact high prevalence risks and to work towards increasing consumer independence, mobility and strength to enable them to live the best life they can.

In respect to the service’s clinical governance framework, the Assessment Team reported effective clinical governance that helps to provide safe and quality care and services to consumers. The service has developed a range of meetings including a clinical quality and risk committee meeting, medication advisory committee meeting, registered nurse meetings, care staff meetings, allied health meetings, facility management meetings and operations meetings in order to ensure comprehensive reporting to the governing body for monitoring and accountability purposes. The service has appointed a clinical care coordinator to improve clinical outcomes for consumers at the service, and the clinical care coordinator is certified as an infection prevention control lead for the service. The clinical care coordinator also oversees the admission processes and supports the registered nurses. The organisation also demonstrated their appropriate policies and procedures on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were able to demonstrate their understanding of the policies and procedures which support them to deliver effective, safe and quality care and services to consumers. The Assessment Team’s review of management meeting minutes and other documentation confirmed clinical data is routinely analysed to identify and mitigate risks for consumers in accordance with the organisation’s clinical governance framework.

With these considerations, I find the service compliant in Requirements 8(3)(d) and 8(3)(e).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)