Performance

Report

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| Name: | Markmoran at Vaucluse |
| Commission ID: | 1027 |
| Address: | 2 Laguna Street, VAUCLUSE, New South Wales, 2030 |
| Activity type: | Site Audit |
| Activity date: | 22 November 2023 to 24 November 2023 |
| Performance report date: | 18 December 2023 |
| Service included in this assessment: | Provider: 3481 Mark Moran Group Pty Limited  Service: 7795 Markmoran at Vaucluse |

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 Markmoran at Vaucluse (**the service**) has been prepared by E Woodley, 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, 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said staff are kind and caring, felt consumers are treated with dignity and respect, and staff make them feel valued. Consumers said staff highly respected their cultural, spirituality and personal preferences, and this influences the way care and services are provided. The Assessment Team observed staff treating consumers in a dignified, respectful way, using their preferred name, and interacting in a kind manner. The service has policies, procedures and processes which outline consumer rights to respect, choice, dignity, and cultural safety.

Consumers and representatives interviewed confirmed they have the freedom to make choices regarding their care and services, and who should be involved in their care. Consumers said they are supported to take risks to enable them to live the best life they can. The Assessment Team confirmed care plans reflected consumer’s choices regarding their care and services. Care planning documentation reviewed articulated the risks and discussions with consumers regarding risks associated with food choices, alcohol consumption, accessing the community and driving. Consumers and representatives interviewed all advised they receive up to date information about activities, meals, resident meetings and other events happening at the service to ensure they are able to exercise choice. Resident meetings and newsletters provide up to date information on activities, staff, feedback and complaints, and continuous improvement activities.

Consumers and representatives interviewed stated consumer privacy is respected, including doors are closed when receiving care and staff knock before entering their room. Staff identified ways in which consumer privacy is respected and personal information is protected. The Assessment Team observed staff practice that was respectful of consumer’s privacy and personal information.

# 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 Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team confirmed they are actively involved in developing consumer’s care plans based on their preferences, goals, and needs, and includes discussion of risks to consumer’s health and well-being. Consumers and representatives confirmed they are supported to undertake discussions about end of life care and preferences. Consumers and representatives interviewed confirmed the service effectively communicates consumer’s assessments planning outcomes with them and they are always offered a copy of the care plan.

The service has effective processes for the assessment and development of care plans for consumers. Sampled consumer’s care documentation included assessment and planning that enabled safe and effective care and services, was individualised to consumer needs, and reflected their preferences for care including end of life wishes. Staff interviewed were able to describe the needs and preferences of consumers, which aligned with consumer feedback and care planning documentation. Care documentation reviewed evidenced routine review of consumer care, as well as ongoing review when consumer circumstances change and when incidents impact on the needs, goals, or preferences of the consumer.

Sampled consumer’s care documentation demonstrated the involvement of consumers, their representatives, medical officer, and other allied health professionals. Other providers of care were involved in the care assessment and planning of consumers, including wound consultant, speech pathologist, physiotherapist, and occupational therapist.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team reported consumers are receiving care that is safe and right for them and meets their needs and preferences. Management described how clinical practices are delivered in line with best practice requirements, and the service has a suite of policies and procedures to direct appropriate personal and clinical care in line with best practice guidelines. The Assessment Team observed staff delivering consumer care in line with sampled care plans. For consumers sampled management of fall incidents, pain, skin integrity, wounds, restrictive practices, behaviour support, catheters, oxygen therapy, and blood glucose monitoring was safe, effective and optimising consumer health and well-being. Risks associated with the delivery of this clinical care were identified and managed effectively.

Staff interviewed by the Assessment Team identified strategies to address consumer’s end of life care needs, including how they identify consumers nearing the end of their life, and ensure comfort is maximised and their dignity preserved. For consumers sampled nearing the end of their life, the Assessment Team found the consumer, their representative, palliative care specialists and other appropriate health professionals were involved in their care planning and delivery to maximise comfort and dignity.

The service demonstrated consumer deterioration is identified, escalated, and responded to in a timely manner. Nursing staff interviewed identified how they clinically assess consumer deterioration by conducting observations, vital signs, and neurological monitoring, as well as taking into consideration staff verbal escalations. Staff described how they involve consumers, representatives, medical officers, allied health staff and the management team in assessing and addressing consumer deterioration. Care documentation reviewed confirmed these processes occur. The service demonstrated effective processes to ensure timely and appropriate referrals to relevant providers of care. The service communicates effectively to relay information about consumer’s condition, needs, and preferences. This includes through handover processes, the electronic care planning system, and consumer review processes.

The service demonstrated effective implementation of standard and transmission based precautions, and appropriate antibiotic prescribing and use to minimise infection-related risks. Staff had received relevant training in these areas and demonstrated good infection control practices. Management demonstrated monitoring of infections and promotion of antimicrobial stewardship principles.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said they felt supported by the service to do things of interest to them. This included participating in activities as part of the service’s lifestyle program and spending time on independent activities of choice. Consumers felt supported to maintain social, emotional, and religious connections which are important to them. Consumers felt supported to maintain social relationships and connections within and outside the service. All consumers and representatives interviewed said they felt information about consumer’s daily living choices and preferences is effectively communicated, and staff who provide support understand consumer’s needs and preferences.

Staff conduct assessment and planning with consumers on admission to the service to identify individual preferences including leisure likes, dislikes, interests, and social, emotional, cultural, and spiritual needs and traditions. Staff interviewed demonstrated knowledge and understanding of individual consumer’s needs, goals, and preferences to optimise their independence, health, well-being, and quality of life. The service provides a variety of spiritual and emotional services including church services, visiting ministers, and support on religious days. The the activity program includes bus outings to the community with various destinations such as shopping trips, morning tea or lunch at a café and scenic drives.

The Assessment Team reviewed care documentation identifying consumer’s conditions, needs and preferences regarding services and support for daily living, including any identified changes. The broader health care team has access and input to the electronic care planning for consumers, facilitating effective information sharing. Care documentation reviewed by the Assessment Team evidenced collaboration with external services to support the diverse needs of the consumers including referrals to the local church, the local library, and the community visitor scheme. Management spoke of partner organisations who work with the service to ensure appropriate care and services are available to consumers.

Consumers and representatives expressed satisfaction with the quality, variety, quantity, and temperature of the meals provided at the service. The chef said if a consumer does not like the food on the menu, they can request an alternative meal. During the Site Audit, staff were observed to be helpful, encouraging, and offering meal choices to consumers. Staff members were knowledgeable about individual consumer's dietary requirements and preferences, in line with care planning documentation.

Consumers and representatives said equipment provided is safe, suitable, clean, and well-maintained. Consumers reported they have access to equipment, including mobility aids, shower chairs and manual handling equipment, as well as lifestyle equipment, to assist them with their daily living activities. Staff demonstrated processes to ensure cleaning of shared equipment and reporting of maintenance issues.

# 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

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said the service environment is open and welcoming, and they feel at home. They said it is quiet, easy to navigate, and maintained at a comfortable temperature. Consumers and representatives said they are happy with the cleanliness and maintenance of the service, and they have free access to indoor and outdoor areas. Consumers and representative advised furniture, fittings, and equipment are safe, clean, well maintained, and suitable for them.

The Assessment Team observed single rooms with private ensuites for consumers, and consumers decorate their rooms with memorabilia, photographs, and other personal items The Assessment Team observed the service is clean and tidy, and walkways are clear and free of obstructions with equipment stored in designated storerooms. The Assessment Team reviewed regular audits conducted by the service to monitor and ensure the facility is safe, clean and comfortable.

The service demonstrated effective processes to ensure furniture, fittings and equipment are repaired or replaced as necessary. Maintenance is scheduled and carried out for routine, preventative, and corrective maintenance requirements, and maintenance schedules for preventative and reactive maintenance were up to date during the Site Audit.

# 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Consumers and representatives interviewed said the service encourages them to provide feedback and complaints. The service demonstrated a culture of encouraging and supporting feedback and complaints from consumers, representatives, staff, and others. Staff demonstrated knowledge of internal and external feedback and complaints methods and described how they support consumers to provide feedback and complaints. The service provides information to consumers and representatives on external complaint mechanisms including the Commission, and language and advocacy services available.

Consumers and representatives interviewed praised staff and management for their effective and timely response in addressing complaints and incidents. Staff confirmed they have received training on handling complaints and are aware of open disclosure procedures. Management explained their process for responding to complaints, which aligns with organisational policies and procedures. The Assessment Team reviewed the complaints and feedback register and found that complaints had been followed up in a timely manner with evidence of open disclosure principles applied.

Consumers and representatives expressed their confidence in the service's ability to use feedback and complaints to make improvements. They also shared their personal experiences of being involved in finding solutions to issues raised. The Assessment Team noted the complaints and feedback register indicated a commitment to regularly evaluating the organisation's performance in managing complaints and gathering insights to identify potential areas for 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers and representatives interviewed consistently confirmed the service is adequately staffed. Consumers and representatives said they receive timely provision of care and support without any sense of rushing from staff. The service demonstrated their roster is designed to address the diverse care needs of consumers, ensuring safety and quality of care. The service demonstrated a proactive approach to managing staffing gaps and unplanned leave, and has 24/7 registered nurse onsite support. Consumer and representative feedback consistently attested to the considerate and respectful treatment consumers receive from staff, acknowledging the service's emphasis on recognising and consumer’s identity, cultural background, and diversity. Organisational documentation showed a culture of kind and respectful care, and these principles are promoted and actively monitored by the service.

Consumers and representatives interviewed reported that staff members are skilled, knowledgeable, and capable of providing the required care and support. The service demonstrated a competent workforce, with all departments having qualified staff members who possess the necessary knowledge to perform their duties effectively. Management ensures all staff members meet the minimum qualifications required for their roles, have professional registrations, current police checks, and are not on the Aged Care Banning Orders Register. Staff members reported receiving robust support from management, particularly in completing orientation training and buddy shifts. Staff said they are required to complete ongoing training and core competencies to ensure they are supported to deliver the outcomes required by the Quality Standards.

The service proactively conducts regular assessments, monitoring, and reviews to manage the performance of their workforce. Policies that guide performance development and performance processes are effectively implemented at the service.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The organisation is engaging consumers in the development, delivery and evaluation of care and services through their new quality care advisory committee, resident meetings, surveys, and feedback forms. The organisation's governing body demonstrated they set clear expectations and policies that emphasise the importance of safety, inclusivity, and quality in all aspects of care provision. This includes establishing robust protocols for consumer safety, promoting diversity and inclusivity for staff and consumers, and implementing rigorous quality assurance measures. The governing body actively monitors and evaluates the organisation's performance against these standards, seeking continuous improvement opportunities. They allocate resources and support initiatives that facilitate the delivery of safe, inclusive, and high quality care.

The organisation has a robust governance framework which encompasses key operational systems and actively involves senior management, the Board, and staff at all levels. This included effective systems for information management, continuous improvement, regulatory compliance, financial governance, workforce governance, and feedback and complaint management.

The service demonstrated effective risk management systems and practices are in place to identify and manage risks to the safety and well-being of consumers. A review of documents shows risk management is embedded throughout the service’s operational systems, including as a standing agenda item for both quality and operational meetings, policies, and procedures, and learning and development. Management and registered nurses have oversight of the data collected and use this to analyse and provide practical support to the service to address and mitigate risks. Risks are identified, reported, escalated, and reviewed by management and reported to the Board. The service demonstrated timely reporting of incidents, investigations, and individualised actions taken for consumers to reduce the reoccurrence of incidents.

The clinical governance framework implemented at the service places consumers at the centre of care, emphasises quality and safety, promotes clinical leadership, and maintains a strong focus on governance, accountability, and continuous improvement. The clinical governance framework at the service is an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring, and improvement mechanisms that are implemented to support safe, quality clinical care and good clinical outcomes for each consumer. This framework was ensuring the effective oversight and management of restrictive practices, antimicrobial stewardship, and open disclosure at the service.

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)