Performance

Report

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| Name of service: | Marten Residential Care Centre |
| Service address: | 110 Strathfield Terrace LARGS NORTH SA 5016 |
| Commission ID: | 6964 |
| Approved provider: | Allity Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 24 August to 26 August 2022 |
| Performance report date: | 13 October 2022 |

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 Marten Residential Care Centre (**the service**) has been prepared by T Wilson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is Complaint as I found six of six Requirements Compliant.

Consumers confirmed they are treated with dignity and respect and their culture and identity valued. They are empowered to make choices, including risks they wish to take and are supported to maintain relationships of choice. Information is provided to them in a clear and concise manner which allows them to make informed choices about the services the wish to access. They confirmed their privacy is respected and they feel confident their information is kept safe.

Staff described treating consumers with dignity and respect by using their preferred name, following the information provided on the care plan about preferences and offering opportunities to reflect on their history. Staff could confirm they respect consumers’ privacy and support them to take risks and allow them to make choices about their care.

The service has policies and procedures to support choices that involve risk and management of those risks consumers wish to take. This information is documented and included in care planning documentation. Care plans showed assessment information and what is relevant for consumers to maintain their dignity and identity. The service allows consumers the level of privacy they wish to maintain and will provide them with a swipe key access to their room for privacy if they choose. Consumers and representatives are provided with documentation outlining their rights regarding privacy and can consent to what information they would like to be shared.

The Assessment Team observed consumers being treated with respect, including have their wishes respected when they did not wish to participate in activities. Staff were observed to respect consumer privacy and knock on doors before entering and information was observed to be kept secure.

# 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

This Quality Standard is Complaint as I found five of five Requirements Compliant.

Consumers confirmed the admission process in comprehensive with staff gaining a good understanding of their needs and preferences. Consumers feel like partners in the ongoing assessment and planning of their care with representatives confirming they are informed about incidents and they are provided updates on the outcomes of assessment and care planning. Care plans are readily available to consumers and representatives and advanced care directives are discussed on entry or when it is suitable.

Staff could describe the care planning and assessment processes and how they involve consumers and their representatives in these processes. Staff were able to demonstrate how referrals are made and how others including general practitioner, physiotherapists and dietitians are involved in providing care to consumers. Staff could detail how they approach end of life and advance care planning and ensure this information is contained within care planning documentation.

The service has policies and procedures to guide assessment and care planning processes including on admission and when to review, including following incidents or when things change. The documentation system allows tasks to be set including assessments, charting and care plan reviews. Care plans reviewed were found to contain comprehensive information, assessments were reviewed and updated following any changes to the consumer health and well-being.

# 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

This Quality Standard is Complaint as I found seven of seven Requirements Compliant.

Consumers and their representatives confirmed that clinical and personal care is delivered in a tailored manner which optimises consumer health and well-being, and staff are aware of their needs. Representatives confirmed they were confident in the end of life care and consumers are kept comfortable with their dignity preserved. Representatives said the service has taken appropriate and prompt action with consumers’ deterioration in health. There is timely referrals to other health professionals, and consumers are confident staff are following infection control procedures.

Staff are able to describe best practice guidance in relation to clinical care and how to access a range of policies and procedures to guide them. Clinical and personal care workers were able to demonstrate knowledge of consumers’ high impact and high prevalence risks and could detail how they identify, assess and manage such risks, which was corroborated through assessments and care plans. Staff confirmed how they would escalate deterioration in a consumer’s condition and how to refer consumers to other health professionals. Staff confirmed they have received training including infection control, end of life care and were able to demonstrate knowledge in relation to reducing the use of antibiotics.

Documentation viewed confirmed each consumer has received personal care in accordance with their wishes. Documentation confirmed the service completes and regularly reviews assessments, care plans and charting to identify, assess and monitor risk to consumers. The service provided evidence high impact and high prevalence risks were monitored and analysed, with trends used to inform and improve practice.

The organisation has policies and procedures to guide staff in practice of best practice care including how to provide specialised care, palliative care and end-of-life processes.

Clinical staff interviewed demonstrated knowledge and understanding of antimicrobial stewardship principles and could describe practical strategies used to minimise the spread of infection. Staff confirmed they have received the relevant training in relation to infection control.

# 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

This Quality Standard is Complaint as I found seven of seven Requirements Compliant.

All consumers interviewed confirmed they get safe and effective services that support their needs, goals and preferences and they are supported with emotional, spiritual and psychological needs. They are able to maintain connections with loved ones and are provided with social program to meet all needs that allows them to maintain ties within the service and the community. Consumers and representatives stated consumers' needs and preferences are well understood by care staff and other services are involved as needed.

Staff were able to describe what consumers like to do and how they support them with their physical, spiritual and emotional needs. Staff explained they work in collaboration with other organisations, individuals and service providers to support consumer care and provide the necessary equipment and support to meet consumer needs.

Documentation and care planning provides information about services and supports the consumers require. Documentation also identifies preferences that relate to their health and wellbeing, past interests, hobbies and occupation. It supports consumers are provided with mobility equipment and other support to maintain their independence. There is a variety of activities and outings available for consumers to choose from.

Consumers and representatives confirmed the food is tasty and is served in a quantity to their liking and alternates are provided if a consumer would like something different to the menu. Feedback is sought through surveys, and changes are made to ensure it meets consumers’ expectations.

Equipment used to support consumers to mobilise and engage in lifestyle activities was observed to be clean, well maintained and fit for purpose. There is a maintenance schedule to ensure equipment is safe and clean.

# 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

This Quality Standard is Compliant as I found three of three Requirements Compliant.

All consumers and representatives interviewed provided positive feedback about the service environment including it is clean and comfortable, and they enjoy being able displaying their personal items in their rooms. They can move around the service easily and have access to the various outside courtyards and gardens.

The service was observed to be clean except for one carpeted area which was malodorous and stained but was cleaned once it was raised with management. The stains remained and the service advised the area has new carpet ordered but is currently delayed due to COVID 19. Equipment was observed to be clean and suitable to be used in an aged care facility.

There is a reactive and proactive maintenance schedule which is overseen by central office to ensure maintenance occurs as it should. Cleaning is overseen on site and scheduled to ensure areas are not missed.

# 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

This Quality Standard is Compliant as I found four of four Requirements Compliant.

Consumers and representatives confirmed they are aware of how to make a complaints, provide feedback and suggestions and felt supported by management in doing so. They have access to interpreters, advocacy and know how to access external complaint handling services. Complaints are resolved in a timely manner, and management is transparent when dealing with their concerns.

Staff confirmed they support consumers to make suggestions, compliments or complaints, and know the organisation's complaints handling processes. They liaise with consumers’ representatives when consumers have difficulty communicating to assist them in raising concerns or complaints with the service. Staff sampled were familiar with the open disclosure concept and understood the importance of following it when things went wrong.

The organisation has processes in place to ensure all feedback is captured, monitored, analysed, trended and reviewed for areas of continuous improvement. Management explained the complaints management process including how feedback and complaints are used to improve care and services. Staff have been trained in the open disclosure process.

# 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

This Quality Standard is Compliant as I found five of five Requirements Compliant.

All consumers and representatives interviewed confirmed they are satisfied with staffing levels and said the service provides quality care and services to meet consumer's needs. Consumers and representatives were complimentary of staff saying they are kind and caring and competent in their roles and were confident in their abilities to provide safe and quality care.

Most staff confirmed there are sufficient staff to meet the needs of consumers and they are supported by management to have the tools and training to undertake their duties confidently. Staff confirmed they have induction training and are able to provide feedback about training and support needs. Staff interviewed stated they participate in performance reviews, where they can discuss their performance and identify areas they would like further support or training in.

Management described how the service provides an onboarding process which includes a site orientation, mandatory training sessions, and buddy shifts. Management was able to provide documentation to show that all mandatory training for staff was up to date.

The service has policies and procedures in place to guide staff in their duties, with responsibilities clearly defined. Additional processes also monitor, assess and ensure that members of the workforce have the appropriate registrations and qualifications specific to their individual roles. There is a performance management framework to support management which includes actions relating to staff performance.

# 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

This Quality Standard is Compliant as I found five of five Requirements Compliant.

Consumers confirmed they are actively involved in the development and delivery of care and services by providing feedback verbally and through surveys and attending resident meetings. Management said the feedback is collated through various mechanisms and continuous improvement items identified and enacted. It was observed the improvements and initiatives were displayed on notice boards throughout the service.

All consumers sampled said they feel safe living at the service and felt it was well run by management. The organisation has up-to-date policies, procedures and frameworks in place which describe responsibilities, accountabilities and service’s expectations and a range of reporting mechanisms to ensure the Board and sub-committees are aware and accountable for the delivery of care and services.

There are effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff have access to information they need to guide them in their day to day work. The service has spending delegations to ensure the budget is managed effectively. Processes are in place to support the service to ensure staff are selected, trained and supported to meet the organisation’s values and job specifications of each role. The organisation’s legal counsel monitor changes to aged care law to ensure regulatory obligations are met. Feedback and complaints are governed by the site’s leadership team and reported at relevant meetings, including to organisational sub-committees and the Board.

The service has clinical incident management policies, procedures, risk registers and escalation requirements in place to guide staff practice. Risk assessments detailing individual risk assessments have been completed as per the policies. High impact and high prevalence risks associated with the care of consumers is discussed through weekly Multi-Disciplinary meeting. The service supports consumers to live the best life they can and has policies and procedures to guide staff with this risk. Incidents, including abuse and neglect are documented and processed through the service’s incident management system.

The service has a clinical governance framework which includes clinical policies and procedures, a range of meetings and clinical reports. Clinical processes support the management of antimicrobial stewardship, minimising the use of restraint and open disclosure. Clinical and care staff sampled were aware of these policies and followed them when providing clinical care to consumers. Care and clinical staff sampled could describe open disclosure principles and could provide examples of when this occurred. Monthly reports viewed showed clinical data is trended at the service and at an organisational level and then used to identify opportunities for improvement.

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)