Performance

Report

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| Name of service: | Martyn Claver Aged Care |
| Service address: | 200 Megalong Street LEURA NSW 2780 |
| Commission ID: | 2310 |
| Approved provider: | Siena Management Services Pty. Limited |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 15 February 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 Martyn Claver Aged Care (**the service**) has been prepared by D. McDonald, 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

Consumers said they felt respected, their identity and diversity were valued, and added they were living with dignity. Staff spoke about, and were observed to interact with consumers respectfully.

Consumers advised staff delivering care and services understood their needs and preferences and knew what to do to make sure they felt respected, valued, and safe. Staff described how they adapted the way care and services were offered so they were culturally safe for each consumer. Policies, procedures and guidelines demonstrated an inclusive and consumer centred approach.

Consumers said the service supported them to make and communicate decisions affecting their health and well-being, and the service included others where and when the consumers chose to have them included. Staff were observed to ask consumers about their preferences, including what meal choices and where they’d like to eat meals. Consumer files evidenced those chosen by the consumer were identified as their representative.

Consumers advised they were involved in decisions involving risk and advised the service took into consideration their ability to comprehend benefits and possible harms. Staff described how consumers were supported to have choice and control over risk taking activities, such as leaving the service independently. Policies, procedures and the electronic care management system supported staff in the assessment and review of risk.

Consumers said the service protected their privacy and confidentiality, and staff respected their personal space and privacy when friends, partners, or significant others visited. Staff described how they maintained the privacy of individuals, including storing files securely and not touching or cleaning personal items without the consumer’s consent. A privacy policy outlined how the service maintained and respected the privacy of personal and health 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

Consumers and representatives said they were partners in the planning of care and services and received the care and services they needed. Staff described the care planning process, and how it informed the delivery of care and services. Care documentation contained comprehensive assessments and planning, reflecting risks to the consumer and the planning of care to reflect their needs, goals, and preferences.

Consumers and representatives advised assessment and planning addressed the consumer’s needs, goals, and preferences. Staff described what was important to consumers in terms of how their care was delivered. Care planning documentation reflected consumers' individualised needs and preferences, including planning for end-of-life care.

Consumers said assessment and care planning was coordinated and they were confident the right people were involved. Staff described the processes in place to ensure the service partners with consumers to assess, plan and review care and services. Care planning documentation demonstrated integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers said staff have explained their care plan to them and advised that while they did not need a copy, they knew it was available upon request. Staff described processes for documenting the outcomes of assessment and planning in the care and services plan. Documentation evidenced the consumer or their representative were involved in developing the care and services plan and they were included when the service conducted care plan reviews.

Consumers and representatives said they were included in the reviewing of care routinely or when an incident or decline in their condition occurred. Management advised, some routine care plan reviews were overdue, however a consultant had been engaged to review and update those that were overdue. Care documentation supported, planned strategies were reviewed following an incident, such as a fall, to ensure those falls prevention strategies remained effective.

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# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives confirmed the care provided met the consumers’ needs and supported their health and well-being. Care plans included a comprehensive overview of each consumer’s care needs including, but not limited to, restrictive practice, mobility, nutrition, skin care, pain and complex clinical care. Staff explained how care is monitored through the completion of charts.

Consumers and representatives offered positive feedback about the management of high impact or high prevalence risks. Care documentation contained effective identification of risk, and the strategies to manage these were recorded. Staff accurately described the care strategies implemented for consumers at risk of pressure injuries, falls, pain and inappropriate use of restraint.

Staff described, and documentation confirmed, the comprehensive assessment, care, and communication processes incorporated in consumers end of life pathways. Care documentation identified consumers’ personal choices and preferences, including an advance care plan where one was in place. Documentation confirmed care staff had been trained on how to care for consumers receiving end-of-life care including providing support for their representatives.

Consumers and representatives offered positive feedback about the recognition of deterioration or changes in consumer condition. Staff described a range of signs related to deterioration in clinical and cognitive status including changes in mobility, mood, and behaviour. Care documentation demonstrated deterioration in a consumer’s health, capacity, and function were recognised and responded to promptly.

Consumers and representatives confirmed changes to consumers’ conditions were communicated. Staff described how verbal and written handover processes, accessing care plans, and electronic notifications were used as communication tools. Care documentation provided adequate information to support the effective and safe sharing of the consumer’s condition, preferences, and care needs.

Consumers and representatives gave positive feedback regarding referral processes. Staff described the process for referring consumers to health professionals and allied health services. Consumers’ care documentation included inputs from physiotherapists, podiatrists, and speech pathologists supporting the referral process was timely and effective.

Consumers and representatives provided positive feedback about the service’s management of COVID-19 precautions and infection control practices. Staff said they had received training on infection-minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes. Well stocked personal protective equipment stations, hand hygiene stations, and hand sanitisers were observed throughout the service, as well as appropriate clinical waste 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 described how they optimised their independence, contributing to their health, well-being, and quality of life. Care documentation identified the individual services and supports consumers needed to do the things they want to do. Staff explained what was important to consumers and what they like to do, and this aligned with the information in the consumer’s care plan.

Staff explained various strategies they used to support consumers who were feeling low including chatting, having a cup of tea or referring consumers for clinical assessment. Consumers described services and supports available to provide emotional, spiritual, and psychological well-being, including being engaged in activities satisfying to them. Care documents recorded consumers’ individual emotional support strategies and how these were implemented.

Consumers said they felt supported to participate in activities within the service and outside the service as they chose. Staff gave examples of support provided to consumers to engage in the community, have social and personal relationships and to do things of interest to them. The lifestyle program offered a range of group and individual activities to support varying consumer interests.

Consumers said staff were aware of their needs and preferences and they didn’t have to repeat themselves to multiple staff members. Staff described ways in which they shared information and were kept informed of changing conditions, needs and preferences. Care documentation included contact information for representatives and others the consumer chose to involve in decision making and supporting delivery of care.

Consumers' care documentation showed the service collaborated with external providers to support the diverse needs of consumers. Consumers and staff provided examples of referrals to external external specialist support services and personal services such as the hairdresser.

Consumers said the service offered a varied menu and meals were of a suitable quality and quantity. Staff explained how consumer dietary information was obtained and communicated with the kitchen to support consumers receiving meals according to their likes, dislikes and dietary needs. The meal service was observed to be comfortable, unhurried and staff were available to support consumers who needed assistance.

Consumers said they felt safe and staff were skilled in using the equipment such as lifters. Staff said they had easy access to equipment, stated it was regularly maintained and described processes for reporting faults and issues. Equipment used for activities of daily living was observed to be clean and safe, suitable, and well maintained.

# 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

Staff described how consumers were supported to make the facility feel like home, and how they support consumers to maintain independence. The service environment was observed to have good lighting throughout, with handrails in all corridors assisting consumers to move around easily. Consumers said the service encouraged them to bring furniture from home and they were comfortable with bringing their personal items.

Consumers and representatives reported the facility was cleaned and maintenance was done quickly. Staff described schedules to ensure efficient and thorough cleaning of consumer rooms and communal areas. Consumers were observed moving freely around the facility in the loungerooms and gardens, and the service was observed to be safe, clean and well maintained.

Staff explained how shared equipment used for moving and handling consumers, for example hoists, slings, and shower chairs, were cleaned, and describing procedures for reporting maintenance issues in line with service policy. Firefighting equipment was observed to be regularly maintained and oxygen supplies were stored safely.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they felt encouraged, safe and supported to provide anonymous or direct feedback or make complaints. Staff described a variety of feedback and complaint avenues available to consumers and representatives, including directly with themselves. The service had processes and systems in place for consumers, representatives, visitors and staff to provide feedback or make a complaint, and these were included in the improvement process.

Consumers and their representatives said though they were aware of other avenues for raising a complaint, they were comfortable raising concerns with the service. Staff described how communicating consumer concerns to management, or completing feedback forms was acting as an advocate. The consumer handbook, feedback forms and brochures, included the contact information for external assistance from the Commission, advocacy and translation services.

Policies and procedures guide staff through the complaints management and open disclosure process. Consumers and representatives confirmed an apology was provided when a complaint was made or when things went wrong. Staff described the process followed when receiving feedback or a complaint and confirmed all complaints were escalated to senior personnel and management for investigation and follow-up.

Consumers and representatives said they were confident feedback was used to improve the quality of care and services and gave examples of changes implemented as a result of their feedback. Complaints registers and continuous improvement plans evidenced, how feedback, complaints and incidents were recorded, actioned, resolved and used to inform continuous improvement.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives offered positive feedback about staff responding to consumers’ requests for assistance and the quality of care provided. Staff confirmed they felt supported by management and said they were aware management was committed to recruiting more staff suitable to the needs of consumers at the service. Staff were observed promptly responding to call bells during the Site Audit.

Consumers and representatives advised staff engaged with consumers in a respectful, kind and caring manner, and they were gentle when providing care. Staff demonstrated personal knowledge and understanding of the individual characteristics of consumers, including their needs and preferences. Management advised they monitor staff interactions with consumers and representatives through observations, formal or informal feedback and complaints processes.

Consumers and representatives said staff perform their duties effectively, and they were confident staff were sufficiently skilled to meet their care needs. Staff reported having undertaken mandatory training, additional training and attending ad-hoc sessions. The service was observed to monitor staff competencies through a training completion register.

Staff confirmed they received training and knew how to operate equipment to assist in the provision of the care required by consumers. Management explained staff were recruited using a formal recruitment process including interviews, referee checks and qualification checks. Management confirmed processes and systems were in place to support new and current staff through the recruitment and orientation programs as well as ongoing training and development was provided for all staff.

A suite of policies and procedures guided management in monitoring the performance of the workforce, including probationary processes, performance reviews and performance management when issues were identified. Management confirmed most staff performance appraisals were completed for the year to date, and advised they were following up with the staff due for their performance reviews.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives confirmed the service was well-run and they were asked to provide feedback on the care and services. Management advised consumers and representatives were actively engaged in the development, delivery and evaluation of care and services and they were supported to do so through customer experience surveys, feedback mechanisms and consumer meetings.

Management provided examples of changes driven by the governing body as a result of consumer feedback, experience and incidents and described how the governing body used the information from consolidated reports to identify the service’s compliance with the Standards, to initiate improvement actions, and to monitor care and service delivery. Management explained changes were communicated with consumers and representatives through daily rounds, newsletters, communication boards, direct discussion, and via email.

The service demonstrated how effective organisation-wide governance systems were in place to guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Staff said they can readily access the information they need to deliver safe and quality care and services, and to support them to undertake their respective roles through the electronic management system, meeting minutes and handovers.

An effective risk management system was in place to identify and manage risks to the safety and wellbeing of consumers. Management described how incidents were analysed, used to identify risks to consumers and inform improvement actions. An electronic management system was used to collect incident data for analysis and trending. The service subscribes to a best practice benchmarking program which was used to conduct audits and surveys and gather quality indicator data.

A clinical governance framework was used to guide clinical practice which included policies and procedures on clinical risk management, antimicrobial stewardship, falls minimisation and the identification and response to potential reportable incidents. Staff provided examples relevant to their work, such as minimising the risk of infections through ensuring strict adherence to hand hygiene, appropriate use of personal protective equipment and timely identification of infection-related symptoms.

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)