Performance

Report

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| Name of service: | Menaville Nursing Home |
| Service address: | 121 Frederick Street ROCKDALE NSW 2216 |
| Commission ID: | 2226 |
| Approved provider: | Fresh Fields Management (NSW) No 2 Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 May 2023 to 19 May 2023 |
| Performance report date: | 9 June 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 Menaville Nursing Home (**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.
* the providers response to the site audit report received on 9 June 2023
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said consumers were treated with dignity, respect and felt valued. Staff described recording consumers’ backgrounds and preferences upon entry, and this was reflected in care documentation. Staff were guided by policies and procedures regarding dignity, respect and choice.

Consumers and representatives confirmed consumers’ cultural backgrounds were respected and informed care and services. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, accordingly, including offering traditional meals or communicating in various languages. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers and representatives said they could make decisions regarding consumers’ care and services. Staff were knowledgeable of consumers’ choices and described supporting consumers to maintain relationships. Care documentation reflected consumers’ individual choices regarding care and the relationships they wished to maintain.

Consumers gave positive feedback regarding support provided if they wished to take risks. Management confirmed consulting with consumers and representatives upon entry to assess risks and obtain informed consent. Care documentation contained ‘Dignity of Risk’ agreements which were reviewed every 6 months in line with organisational policy.

Consumers and representatives said they received timely information which they could understand, including for clinical updates, meals and activities. Staff described communicating information to consumers, including those with impairments or linguistic diversity by use of cue cards or support from representatives. Newsletters and an activity calendar were readily available to consumers.

Consumers said their privacy was respected and their personal information kept confidential. Staff confirmed they knocked on doors, awaited consent to enter and sought consumer consent prior to providing care. Consumer information was secured in nurses’ stations and the service’s password protected electronic care management system.

# 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 confirmed involvement in care assessment and planning. Staff described undertaking assessments upon entry, and care documentation evidenced risk assessments, mitigation controls and records of assessment outcomes. Staff were guided by policies and procedures regarding care assessment and planning.

Consumers and representatives confirmed care plans detailed consumers’ needs and preferences, including end of life wishes. Staff said end of life wishes were discussed upon entry and during care reviews, if the consumer was comfortable to discuss. Care documentation evidenced consumers’ needs and preferences, including their end of life wishes.

Most consumers said they were regularly consulted about the care for the consumer, however, others advised, they would like more involvement in formal care review processes. Staff described collaborating with consumers and representatives to evaluate care and services every 4 months and reviews occurred in response to changes or incidents. Care documentation evidenced integrated and coordinated assessment, planning and review involving a range of health professionals.

Consumers and representatives confirmed staff explained care changes and clinical matters in a way they could understand, and they were offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes over the phone, through email or in person. Care documentation evidenced staff communication and availability of care plans to consumers and representatives.

Consumers and representatives said staff regularly discussed consumers’ care needs with them and promptly addressed changes. Management confirmed care plans were reviewed every 4 months or following changes or incidents. Documentation evidenced appropriate review of care in response to changing consumer need.

# 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 provided positive feedback regarding personal and clinical care which was tailored to their needs and preferences. Care documentation evidenced consumers were receiving care that was safe, effective, tailored to needs and preferences and developed in consultation with allied health professionals. Staff were guided by policies and procedures regarding best practice care, however some staff were unfamiliar with restrictive practices.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff confirmed clinical and environmental measures were used to prevent or manage risks. Records evidenced clinical incidents were recorded, investigated and used to inform prevention strategies.

Staff said they ensured consumer comfort during the palliative process and care documentation for a recently passed consumer confirmed the consumer’s comfort and dignity was maintained. Staff were guided by palliative care policies outlining best practice procedures.

Consumers and representatives said staff promptly recognised changes in condition or deterioration and responded appropriately. Staff described being able to identify changes to consumers’ mobility, appetite and behaviours. Care documentation evidenced prompt identification of and response to changes in consumers’ mental, cognitive or physical function.

Consumers and representatives confirmed staff effectively communicated information between themselves and others involved in the consumer’s care. Staff described exchanging information through handover and were observed exchanging information on incidents, care needs and appointments.

Consumers and representatives said referrals to other individuals and organisations was timely and appropriate. Staff confirmed referrals were made in consultation with consumers and representatives and care documentation reflected referrals to physiotherapists, dieticians and speech therapists.

Staff described applying best practice infection control procedures when delivering care and minimising the use of antibiotics. Management confirmed infection rates were monitored and reported. Staff were observed screening visitors for infection, wearing personal protective equipment and practising hand hygiene.

# 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 said they were supported to engage in activities of interest which promoted their independence and quality of life. Staff confirmed activities were developed in consultation with consumers and an activities calendar reflected recreational events, religious services and nationally recognised days of importance.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described supporting consumers by facilitating religious services for various denominations and providing one to one support. Care documentation evidenced consumers’ emotional, social and spiritual needs and preferences.

Consumers said they were supported to undertake activities within the service and community, and staff described support available to enable consumers’ participation and maintenance of important relationships. Care documentation identified those of importance to consumers and activities of interest.

Consumers and representatives said the service effectively shared consumers’ information with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and support from external providers through handovers and shared documentation. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Consumers said they were supported by other individuals and organisations who provided support and services. Staff described collaborating with other care providers, including pastoral carers, volunteers and entertainers, to supplement activities. Care documentation evidenced the service’s established network of providers to support consumer needs and preferences.

Consumers gave positive feedback regarding the variety, quality and quantity of meals, including options to cater to cultural preferences. Staff advised menus were developed in response to consumer feedback and were knowledgeable of consumers’ dietary needs and preferences. Documentation reflected consumer needs and meal service was observed to be timely and organised.

Consumers confirmed they had access to equipment such as mobility aides and recreational equipment. Staff advised shared equipment was cleaned following each use and was in ample supply. A preventative maintenance schedule reflected regular equipment servicing and equipment was observed to be suitable, clean and 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

Consumers and representatives said the service was welcoming and provided a sense of belonging. The service environment included easily accessible lounge, sitting and outdoor areas, and consumers were encouraged to personalise their rooms. The service environment was observed to be clean and inclusive of dementia-friendly design principles.

Most consumers and representatives confirmed the service environment was safe, generally kept clean and they could move around freely, others identified some consumer rooms required additional cleaning. Staff described daily general cleaning and monthly deep cleaning in accordance with a schedule, and processes to request and resolve maintenance issues. Records confirmed maintenance requests had been promptly resolved.

Consumers said they had access to safe, clean and well-maintained equipment. Staff confirmed shared equipment was cleaned after each use and they performed safety checks prior to use. Equipment servicing was performed by qualified contractors and records evidenced staff regularly monitored a preventative maintenance schedule.

# 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 were aware of processes to provide feedback or make a complaint, including through discussion with staff. Management confirmed consumers were encouraged raise concerns or make suggestions through feedback forms, email or during consumer meetings. Meeting minutes evidenced consumers feedback was given and recorded.

Some consumers and representatives said they were aware of advocacy services and all consumers said they were comfortable raising issues with staff in the first instance. Most, staff were knowledgeable of advocacy and translation services, however others were unfamiliar with external complaints agencies. Posters and brochures displayed provided information on advocacy and language services.

Consumers and representatives said staff promptly responded to their complaints and worked to resolve their concerns. Staff described processes to respond to feedback and complaints, including the use of open disclosure. Complaints documentation reflected all registered complaints had been resolved.

Consumers confirmed their feedback and complaints were used to improve care and services. Management described changes made in response to feedback during consumer meetings. The service’s plan for continuous improvement identified trends in feedback and complaints and the completion of responsive actions.

# 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

Most consumers provided positive feedback regarding staffing numbers and confirmed their care needs were met with the calls for assistance responded to quickly. Management described utilising a casual staffing pool, or agency staff as a last resort, to address shift shortages and the processes in place to monitor call bell responses. Rostering documentation reflected sufficient coverage by care and clinical staff.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were observed interacting with consumers in a kind and caring manner, addressing consumers by their preferred name and providing assistance for consumers to mobilise. Staff were guided by policies relating to diversity and inclusion.

Consumers and representatives said staff were sufficiently skilled to meet consumers’ needs. Management described orientation processes for new staff and pairing with experienced staff to ensure competency. Records evidenced valid staff registrations and security vetting and position descriptions detailed required training, competencies and experience.

Consumers and representatives felt staff had been trained to do their job. Staff confirmed participating in mandatory training, and management advised additional education would be provided to cover deficiencies in staff knowledge of restrictive practices and advocacy services. Education records evidenced a high proportion of staff had completed training in manual handling, hand hygiene and infection control.

Management confirmed staff completed biannual performance appraisals and underperformance was promptly addressed to identify knowledge gaps and provide additional training. Records confirmed completion of scheduled performance appraisals and the staff handbook described the process as an opportunity for feedback and professional development.

# 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 said they were involved in the development and delivery of care and services through meetings, discussions and surveys. Management confirmed consumers and representatives were also involved through annual case conferences, monthly consumer meetings, a food focus committee, feedback and complaints mechanisms and surveys.

Management described the organisational structure that supported accountability by the governing body. The service routinely advised the governing body of clinical data for analysis of trends and identification of improvement actions. Management described changes driven by the governing body to improve service efficiencies.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Management said staff underwent training to report serious incidents and ensured staff felt comfortable raising concerns. Records evidenced serious incidents had been managed in line with legislative requirements.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Management confirmed antimicrobial stewardship and restrictive practices were discussed in clinical risk meetings to ensure best practice. Frameworks, policies and guidelines assisted staff to maintain best practice and staff described the practical application of such practices in their daily duties.

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)