Performance

Report

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| Name of service: | MiCare Margriet Manor |
| Service address: | 722 Mount Dandenong Road KILSYTH VIC 3137 |
| Commission ID: | 3585 |
| Approved provider: | MiCare Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 June 2023 to 16 June 2023 |
| Performance report date: | 21 July 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 MiCare Margriet Manor (**the service**) has been prepared by S Byers, 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 provider’s response to the assessment team’s report received 5 July 2023

# 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 they are treated with dignity and their culture and identity is respected. Staff demonstrated knowledge of individual consumers, including their life stories, cultural preferences and choices. Care plans documented individual care needs specific to each consumer’s background, culture, religion, and spiritual requirements. The Assessment Team observed staff interacting with consumers in a kind and respectful manner throughout the Site Audit including passing by consumers acknowledging them by name, knocking on the door and asking permission before entering.

Consumers and representatives were satisfied the service supports them to make choices about their care and the way services are delivered. Staff described supporting consumers to maintain relationships and how they communicate these decisions. Care plans reflected consumers’ goals and preferences for care including the people they wish to be involved in their care.

Consumers and representatives provided positive feedback and described how the service enables them to live their best life. Where risks to a consumer’s health and well-being have been identified, the risks are assessed and documented in the consumer’s care planning documents. Staff described assisting consumers to participate in activities of their choice. Care plans record discussions held with consumers and representatives around risk minimisation for activities the consumer wishes to engage in. Consumer care documents include risk assessments and signed dignity of risk documents that are reviewed and evaluated.

Consumers and representatives expressed satisfaction with the service’s processes of communication. Consumers are informed of daily lifestyle activities on offer with the monthly activities calendar observed on display throughout the service. The daily menu is displayed on each table in the dining rooms and the monthly menu choices form is provided to consumers and representatives in advance to select meal preferences. Management routinely visit the consumers in their rooms and have an open-door policy facilitating discussion of health and care concerns. The Assessment Team observed flyers and notice boards containing information on the activities available and other relevant information on display.

Consumers and representatives said they are satisfied their personal information is kept confidential and their privacy is respected. Consumers said staff are very respectful when providing care and always ensure the door to their room is closed before care is delivered. Management described the strategies in place to ensure consumers personal information is kept confidential including electronic databases with individual log ins and password-protected applications. The Assessment Team observed a range of actions taken by staff to protect consumers’ privacy.

# 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 were satisfied assessment and planning, including the consideration of risks informs the delivery of safe and effective care. Staff and management described how they assess risk and how the assessment and planning process informs care delivery. Clinical staff described the consumer admission and ongoing assessment and planning process, and how clinical review processes monitor and review the needs of consumer care. Care documentation demonstrated validated assessment tools are used to assess risk. The service has assessment and planning policies in place to guide staff practice in initial and ongoing risk assessment and planning.

Consumers and representatives confirmed being involved in advance care discussions. Consumer files reflected current information in relation to each consumer’s individual needs, goals and preferences, including advanced and palliative care preferences. The organisation’s end of life policy is readily available to guide staff in safe and effective end of life care.

Consumers and representatives expressed satisfaction with their involvement in care planning. Staff described how they ensure assessment and planning is based on partnership with consumers and representatives. Consumer files demonstrated ongoing consultation and partnership with a multi-disciplinary team, such as, the medical practitioner, geriatrician, dietitian, physiotherapist and wound care specialist.

Consumers and representatives confirmed they are well informed about consumers’ care and are aware they can request a copy of the care plan. All representatives said they have been involved in consumer care consultations with clinical staff and the medical practitioner. Staff described how outcomes are discussed with consumers and representatives during care consultations and that care plans are readily available. Care documentation demonstrated that outcomes of assessment and planning were effectively communicated to the consumer or their representative in a timely manner.

Consumers and representatives expressed satisfaction with how the service reviews care and services following changes in care needs and incidents. Staff demonstrated understanding of the various types of reviews required depending on the incident or change in circumstances. Care documentation demonstrated care and services are regularly reviewed for effectiveness during 3 monthly evaluation processes and care plans are reviewed and evaluated with input by the medical practitioner and allied health professionals.

# 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 were satisfied they receive personal and clinical care that is safe and right for them. Clinical care documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in collaboration with specialist services, and reflect consumers’ clinical care is assessed, monitored and reviewed. Staff interviews demonstrated best practice principles are followed in relation to skin integrity, pain and restrictive practices to optimise health and well-being. Consumers subject to restrictive practices had behaviour support plans in place, with evidence of informed consent and ongoing medical review.

Consumers and representatives were satisfied risks associated with the consumers care are effectively managed. Care planning documents demonstrated risks are identified, assessed and include individualised strategies and care interventions with review and monitoring to minimise and manage the risks. Management and staff described the high impact and high prevalence risks to consumers at the service and how risk is minimised to ensure safe care.

Consumers and representatives said they are consulted regularly and were confident the service will maximise their dignity and comfort. Staff described how they approach end of life conversations and how they care for consumers by supporting family visits, and regular comfort care including repositioning and pain management. All consumer files sampled reflected advanced care needs, goals and preferences.

Consumers and representatives were satisfied changes to the consumers health status are recognised and responded to in a timely manner. Care planning documents and progress notes demonstrated the identification of, and timely response to deterioration or changes in a consumers' condition. Clinical staff described how deterioration or changes are identified, actioned, and communicated.

The service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Consumers and representatives were satisfied that the consumer’s needs and preferences are effectively communicated within the organisation. Staff described how information is shared and demonstrated how changes are documented. Consumer files demonstrated progress notes and care plans reflect current information about the consumers’ health status to support effective sharing of consumer information.

Consumers and representatives were satisfied with the services referral processes. Care planning documents demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services. Management and clinical staff described the service’s referral processes and provided examples of referrals actioned.

Staff demonstrated knowledge and understanding of infection control practices and antibiotic stewardship. The service has two appointed Infection Prevention Control (IPC) Leads who have completed relevant training. The service has access to an organisational infection control team to provide further support and guidance to prepare, respond and recover from outbreaks such as COVID-19. The organisation has an outbreak management plan that is supported by organisational policies to support the minimisation of infection related risks through implementation of infection prevention and control principles and the promotion of antimicrobial stewardship.

# 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

Most consumers and representatives were satisfied with the supports of daily living the consumer receives to meet their individualised care needs, goals, and preferences. Consumers provided positive feedback about the activities provided by the service. Leisure and lifestyle staff demonstrated an understanding of individual consumers’ needs, goals, and preferences. While some deficits were identified in consumer care planning documentation, most documents were tailored and reflected information about the consumers cultural, spiritual, emotional, leisure and recreational support needs. Management described improvement actions in place to address the deficits and these were recorded in the services Plan for Continuous Improvement.

Consumers and representatives expressed satisfaction with how supports and services promote their emotional, spiritual, and psychological well-being. Staff demonstrated understanding of individual consumers’ needs and preferences including how they support consumers who prefer to spend some time alone and this aligned with consumer documentation.

Consumers provided positive feedback about spending time with family and feeling involved in the community. Leisure and lifestyle staff demonstrated their understanding of what was important to individual consumers and this aligned with consumer care documentation. Management explained that all activities scheduled in the monthly social calendar are based on consumers’ choices and preferences. Sensory stimulation activities including multi-fabric aprons, hand massage, and playing relaxing music is implemented in the sensory unit in collaboration with staff. The Assessment Team observed consumers socialising and participating in group activities.

The service demonstrated it has systems and processes in place to effectively share information regarding consumers’ conditions, care needs and preferences within the organisation and outside the organisation where care is shared. The Assessment Team observed the various tools the service utilises to communicate information between other organisations and individuals.

The service demonstrated timely and appropriate consumer referrals to individuals and providers of other care and services. Care planning documents detail how the service collaborates with external providers to support the needs of consumers. Management demonstrated understanding of referral processes.

Consumers and representatives provided mixed feedback regarding the variety, quality and quantity of meals. Consumers confirmed attending food focus groups and were satisfied the chef is responsive to their feedback. Management described how the menu is planned to meet the needs and preferences of consumers and how they use an electronic catering management system to record dietary preferences and requirements. All meals are cooked offsite and prepared onsite, in addition to meals made at the service, the organisation has developed a ready meals delivery service which is available to the public. The ready meals are also available to consumers if they want an alternative to what is on the menu. Catering management explained the menu is rotated every 28 days and changed twice yearly. The menu is reviewed by a dietitian following consumer and representative feedback and is designed to have 2 options for lunch and dinner as well as a variety of snacks available throughout the day. The dining experience was observed to be a positive environment with consumers socialising and staff assisting consumers, where needed.

Consumers and representatives were satisfied with the cleanliness of equipment. Leisure and lifestyle staff explained they have adequate equipment to facilitate activities and the equipment is safe, clean, and well maintained. The Assessment Team observed shared equipment to be clean with signage reminding staff to clean after use.

# 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 environment is welcoming, easy to understand and consumers are encouraged to personalise their rooms. Management explained how the services high care unit has been designed to support consumers and includes a circular layout to reduce a consumers likelihood of reaching an impasse while mobilising. The Assessment Team observed consumers’ rooms to be personalised and consumers interacting in communal areas of the service.

Consumers and representatives were satisfied the service is well maintained, comfortable and they can move freely indoors and outdoors. Staff demonstrated understanding of maintenance processes. Maintenance and cleaning schedules demonstrated both preventative and reactive maintenance and cleaning is completed. The Assessment Team observed the service to have wide corridors, with handrails along the walls throughout. The service environment was clutter-free, doors to the outdoor courtyards were unlocked and consumers were observed moving freely between the indoor and outdoor environment.

Consumers and representatives provided positive feedback about the furniture, fittings and equipment. Staff said maintenance issues are resolved quickly. The Assessment Team observed equipment, and furniture to be well maintained and clean.

# 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 feel supported to raise complaints and feedback, were aware of other external methods including advocate services, however preferred to raised concerns directly with staff and management. Staff described how they support consumers to make complaints and feedback by listening to any concerns and escalating issues to management, where required. Management explained the service has several mechanisms in place for complaints and feedback, including feedback forms and meetings. For example, food focus and resident and relative meetings. Management said they promote external methods for raising and resolving complaints by including relevant contact details in a newsletter and displaying promotional signage. The Assessment Team observed suggestion boxes and posters promoting external complaints services displayed throughout the service.

Consumers and representatives expressed satisfaction with how complaints are managed and that management is responsive. Staff demonstrated understanding of open disclosure processes. Management described how they review incidents and open disclosure processes and deliver education where gaps are identified. Feedback and complaints documentation demonstrated complaints are recorded and appropriate follow-up actions were taken in a timely manner.

The service demonstrated systems and processes are in place to ensure complaints and feedback are reviewed and used to improve care and services. Management provided examples where trends identified from consumer feedback and complaints were used to make improvements. For example, consumer complaints regarding food resulted in an improved breakfast menu and daily menus displayed in dining areas and consumer rooms to highlight meal choice. The service’s Plan for Continuous Improvement reflected most improvement initiatives are derived from feedback and complaints received from consumers and representatives.

# 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 service demonstrated effective systems are in place to ensure safe and quality care and services are provided. The Assessment Team observed that registered nurses are rostered onsite 24 hours per day at the service. Management advised the organisation has introduced a new model of care service delivery to support person-centred care. The new model adopts universal workers who are responsible for the delivery of direct care, housekeeping tasks, personal support, and medication administration. Support services including lifestyle, cleaning, and maintenance are provided by staff with appropriate skills and qualifications. Consumers and representatives said the staff are always busy; however, all consumers and representatives interviewed expressed satisfaction that there is sufficient and skilled staff available when the consumer needs care and assistance. Management described the strategies implemented to recruit new permanent and casual staff to fill shifts. Roster documentation for the fortnight prior to the Site Audit demonstrated most shifts were filled. Call bell reports demonstrated call bells are responded to promptly and delayed response times are discussed at staff meetings. The Assessment Team observed sufficient staffing levels across the service.

Consumers and representatives were satisfied that staff are respectful, kind, and caring when providing care. Consumers described how staff do not rush through tasks and assist them to maintain their independence. Staff demonstrated they are familiar with consumers’ backgrounds, cultures, and individual needs. The Assessment Team observed staff greeting consumers and visitors by their preferred name and interacting in a kind, caring and gentle manner when providing care to consumers.

Consumers and representatives were satisfied that staff know what they are doing, commenting that clinical staff provide safe care. Positive feedback was received regarding the skills and knowledge of staff in other service domains such as leisure and lifestyle and administration roles. The service demonstrated that the workforce is competent and has relevant qualifications and skills to perform their roles.

Staff confirmed attending a range of mandatory and elective education sessions offered either face-to-face or with the online learning system. Management described the various methods by which they identify staff learning needs including appraisals, incident and audit reports and feedback and complaints. Training records show staff undertake regular mandatory training, as well as ad-hoc training as a result of changes to regulations or legislation.

The service demonstrated it has formal and informal processes in place for monitoring and reviewing the performance of each member of the workforce. Staff confirmed participating in annual performance appraisals and expressed satisfaction with the support they receive in relation to their 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

Consumers and representatives said they are engaged in care planning and service provision, confirmed they are invited to attend consumer engagement meetings and said they are kept informed of any changes that are occurring in the service. The service demonstrated it has effective systems in place to involve consumers and representatives in the planning, delivery and evaluation of care and services. Management demonstrated that consumers actively participate in residents’ meetings and are involved in contributing ideas and suggestions in relation to food and the living environment.

Consumers and representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. The organisation has a suite of policies, procedures and reference material that support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders. The Board is supported by committee and sub-committee structures which facilitate a hierarchy of oversight, adherence to accountability at an organisational and service level, and the continuous monitoring of care and services through the review of key performance indicators, incidents, and consumer feedback and complaints.

Consumers and representatives said the service is well run, and management is approachable. The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service maintains a Plan for Continuous Improvement that reflects a range of local and organisational improvements. Regulatory compliance is managed at an organisational level, and any updates or changes to legislation and its policies and procedures are communicated to staff at a service level.

The service has risk management systems in place to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at the service and organisation levels. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers. Management and staff discussed how to identify and respond to allegations of abuse or neglect of consumers and how to document and report incidents. Management demonstrated that the monitoring of incidents occurs with incidents being recorded and investigated in the organisation’s risk management system.

The service has a clinical governance framework in place that provides an overarching monitoring system for clinical care supported by accessible policies in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

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)