Performance

Report

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| Name of service: | Minchinbury Manor |
| Service address: | 57 John Street ROOTY HILL NSW 2766 |
| Commission ID: | 0601 |
| Approved provider: | Australasian Accommodation Aged Care Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 18 May 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 Minchinbury Manor (**the service**) has been prepared by G.Hope‑Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 28 April 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 staff treat them with respect and they feel valued as individuals and their cultural background was recognised. Staff identified culturally and linguistically diverse (CALD) consumers, and said they ensured consumers received the care required, that aligned with their care plan. Staff spoke about consumers in a respectful manner and demonstrated they were familiar with consumers’ individual backgrounds and preferences. Care planning documentation evidenced consumers’ culture, diversity and identity was acknowledged.

Consumers and representatives said consumers were supported to make choices about their care and when family and friends should be involved, and to maintain relationships of choice. Care planning documentation identified the consumer’s individual choices around how care was delivered, who was involved in their care and how the service supports them in maintaining relationships.

Consumers described how the service supported them to take risks. Staff demonstrated they were aware of the risks taken by consumers, and said they supported the consumer’s wishes to take risks to live the way they choose. Care planning documentation included dignity of risk forms and assessments to support consumers to continue risk taking activities.

Consumers and representatives confirmed they were kept informed through printed information, verbal reminders and email correspondence. Staff described how the service informs consumers of changes in the lifestyle calendar. The Assessment Team observed activity schedules and daily meal options on noticeboards throughout the service.

Consumers said they felt the service was considerate of their privacy and did not express any concerns about the confidentiality of their personal information. Staff described the practical ways they respect the personal privacy of consumers at the service. The Assessment Team observed the nurses’ stations to be locked and staff knocking on consumers doors before entering.

# 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 that were consulted in assessment and planning during admission and they get the care and services they need. Staff described the care planning process in detail, and how it informs the delivery of care and services. Most care plans identified the needs goals and preferences of consumers. The Assessment Team found however, some consumers’ assessed needs were not effectively communicated within the service. This same evidence will be considered in Requirement 4(3)(d).

Consumers and representatives said the service identified and addressed the current needs, goals and preferences of consumers and could describe advanced care planning being discussed on admission. Staff described how they ensured assessments and care planning were reflective of current needs and could describe the service's approach to end-of-life (EOL) discussions and planning. All consumer care files reflected current needs of consumers and included advanced care plans.

Most consumers and representatives said they were actively involved in the ongoing assessment and care planning process and could explain who was involved in their care. Staff described the importance of consumer-centred care planning and explained how they initiate conversations around care planning with consumers and representatives in person. Care planning documentation showed evidence of involvement from the consumer and their representatives, and a diverse range of external providers and services such as Medical Officers (MOs), geriatricians, and Allied Health Professionals (AHPs).

Consumers and representatives confirmed they were involved if changes were made to their care and services plan. Clinical staff explained how they updated families who regularly visited in person and contact families over the telephone or by email. The service uses an electronic care management system (ECMS) to record details of assessment and planning. The Assessment Team observed copies of care plans in each consumer’s room.

Representatives of consumers confirmed staff regularly discussed consumer care needs and any changes requested were addressed in a timely manner. Management and clinical staff described how and when consumer care plans were reviewed and updated. Most care planning for consumers identified evidence of review on both a regular basis and when circumstances changed, or when incidents occurred.

# 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 said they received safe effective personal and clinical care that was best practice, tailored to meet the individual consumer’s needs and optimised their health and well-being. Care files including assessments, care plans, progress notes, medication charts mostly reflected individualised care was safe, effective, and tailored to the specific needs and preferences of the consumer. While some documentation gaps were identified, these had not had an identifiable impact to the care of any consumer.

Consumers and their representatives expressed satisfaction with how high impact and high prevalence risks were managed. Staff were knowledgeable about risks to consumers and ways in which they were mitigated, and management described how the service and organisation had adapted to prevalent risks. Care planning documentation outlined falls prevention strategies such as bed sensors, chair sensors, physiotherapy exercises, and hip protectors.

One representative reported they were happy with EOL care received by their loved one. Staff described how they approach conversations around EOL and how they care for EOL consumers through supporting regular family contact, comfort care and symptom control. Care planning documentation included an EOL care plan, and the needs, goals and preferences of the consumer who received EOL care.

Consumers and representatives said the service recognised and responded to changes in conditions and implemented strategies to assist the consumer in a suitable and timely manner. Staff explained how deterioration would be discussed and trigger an MO review and hospital transfer if needed and prompt a review of care planning documentation. Care planning documentation and progress notes demonstrated the identification of, and response to, deterioration or changes in consumers’ condition.

Most consumers said they thought staff communicated well between each other and their needs, preferences and conditions were communicated to others where necessary. Staff communication described strategies, and the Assessment Team observed them in action and the documentation of these. However, the Assessment Team identified the dietary needs of some consumers were inconsistently documented in the service’s ECMS and the kitchen dietary list. This evidence is considered under Requirement 4(3)(d) where it is more relevant.

Consumers and representatives said referrals were timely, appropriate and occurred when needed, and consumers had access to a range of health professionals. Staff provided examples of referrals to individuals and other organisations and providers of care. Most care planning documentation and progress notes confirmed the input of others and mostly demonstrated referrals were made and documented where appropriate.

Consumers and representatives reported they observed staff adhering to good infection prevention and control (IPC) practices. Staff demonstrated knowledge of key infection control practices, and these topics were also part of mandatory education for all staff. The service’s IPC lead said that infection control training was mandatory for all staff, and they would perform training regularly on current IPC protocols. The Assessment Team observed staff practicing IPC during the Site Audit.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team recommended Requirement 4(3)(d) as not met.

**Requirement 4(3)(d)**

The Site Audit Report reflected some care planning documentation for consumers did not provide adequate information to support safe and effective care in relation to dietary requirements. The Assessment Team found that information about meal textures recorded on the kitchen dietary requirement sheets kept on meal and servery trolleys and referred to by hospitality staff was inconsistent with the assessed texture requirements recorded in consumers’ care planning documentation. The Site Audit Report identified three consumers whose food texture requirements had been recorded incorrectly in this manner, as well as details of details of a fourth consumer who reported they often receive meals that are not in alignment with speech pathologist recommendations. Lastly, the Assessment Team found dignity of risk forms for some consumers choosing to disregard speech pathologist recommendations for food texture were not always in place as required. When these deficits were brought to the attention of management, they gave an undertaken to review all consumers with dietary requirements at the service and ensure all related documentation was consistent across the service. The service also took immediate action to complete open disclosure with all impacted consumers and an improvement plan was devised, to develop a new process for communicating dietary requirements to hospitality staff. AN improvement item was added to the service’s plan for continuous improvement (PCI).

The Approved Provider responded on 28 April 2023 and acknowledged the deficits identified during the site audit. The response contained documentary evidence to show the service has implemented appropriate actions to improve systems and ensure consumer dietary requirements are recorded accurately, and consumers are supported to take risks with reference to foods they consume in a safe and informed way. The response contained an updated PCI addressing deficits and gave an account of improvement actions implemented since the site audit. They included implementing a dietary needs flow chart, ensuring all consumers on a modified diet had been reviewed by the speech pathologist and reviewing all dignity of risk forms for those consumers who are on modified diets, and wish to enjoy food outside of specialist recommendations. Changes were made to the way dietary requirements were communicated to hospitality staff, with responsibility now delegated to RNs. Toolbox talk sessions concerning the changes procedures were implemented to support staff with the change process. Furthermore, the Approved Provider has revised the meal service policy to reflect the process for actioning diet changes.

I have considered the evidence in the site audit report and the Approved Provider’s response. The response demonstrated the service has taken onboard the site audit findings and implemented a range of appropriate improvement measures. I am satisfied with the Approved Provider’s response and actions implemented since the site audit. I consider the service has effective continuous improvement systems and processes in place, to ensure compliance with this Requirement is maintained. I have had regard to the lack of identified impact to consumers as a result of shortfalls in communication of dietary requirements, and I find the service’s actions since the audit have satisfactorily addressed risks identified. For these reasons, I find the service complies with Requirement 4(3)(d).

Regarding the remaining Requirements: Consumers and representatives said they feel supported to participate in activities they like, and they are provided with appropriate support to optimise their independence and quality of life. Lifestyle staff explained how consumers’ preferences and needs were collected and communicated. Staff were aware of what consumers like to do and this aligned with the information in consumers’ care plans. The Assessment Team observed consumers of varying levels of ability engaged in daily living activities on several occasions during the Site Audit.

Consumers described how the service promoted their emotional, spiritual and psychological well-being. Staff described how they were supporting consumers emotional and spiritual needs and care planning documentation included information on to support this. The activity schedule demonstrated activities to support spiritual and physiological well-being of consumers were being carried out.

Consumers said they felt supported to participate in activities within the service and in the outside community as they choose. Staff provided examples of consumers who were supported to maintain hobbies of interest, both inside and outside of the service. Care planning documentation identified the people important to individual consumers and the activities of interest to that consumer.

Consumers said they were supported by other organisations, support services and providers of other care and services. Staff described referral partners and specific consumers who utilised these services. Care planning documentation confirmed external referrals to other organisations and services.

Consumers said they were satisfied with the variety, quality and quantity of food currently being provided at the service, and felt the meals mostly met their needs and preferences. Consumers at the service with dietary needs were generally accommodated and staff were knowledgeable regarding their needs. The service had feedback mechanisms such as a food focus groups which allowed consumers to provide feedback on the performance of the kitchen.

Consumers reported equipment was cleaned and safe to use and it was readily available when they required it. Staff described how equipment was maintained and cleaned. The preventative maintenance schedule demonstrated regular servicing of equipment relevant to services and supports for daily living.

# 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 they find the service’s environment to be welcoming and easy to understand. Staff described aspects of the service that help consumers feel welcome and optimise each consumer’s sense of belonging and ease of navigation. Staff and management said every effort was made to help consumers feel like they were at home at the service.

Consumers and representatives said they thought the service environment was safe, clean and well-maintained and allowed them to move around freely. Staff described how the service environment was cleaned and maintained. The maintenance logbook was noted to have no outstanding reactive maintenance issues identified. The Assessment Team observed consumers independently moving between wings and to outdoor areas during the Site Audit.

Consumers reported equipment was cleaned and maintained by staff. The Assessment Team observed, and consumers confirmed, that their equipment was checked and maintained regularly. The call bell was observed to be in working order.

# 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 understood how to provide feedback or make a complaint. Management described how they encouraged and supported consumers to provide feedback and make complaints through various avenues such as feedback forms and direct conversation with staff or management. Management said complaints raised through feedback forms were filed in a feedback folder. The service's feedback forms were located in communal areas and locked letterboxes outside reception.

Consumers and representatives said they were aware of and had access to advocates, language services and other methods for raising and resolving complaints. Clinical and care staff could describe advocacy and interpreter services and explained how they would assist a consumer to access these services if needed. The Assessment Team observed information displayed throughout the service regarding complaints, including details for advocacy and language services.

Consumers and representatives said the service responded to and resolved their complaints or concerns when they were raised or when an incident occurred. Staff demonstrated an understanding of open disclosure and explained how they would apologise to a consumer and their representatives in the event of something going wrong. The Assessment team reviewed the complaints register and noted evidence of complaints which included an apology and explanation of the complaint and what steps had been taken to rectify the complaint.

Consumers and representatives said their feedback was used to improve services. Management described complaints and the actions taken in response, as well as how feedback and complaints had been used to inform continuous improvement across the service such as improvements in cleaning. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their 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

Consumers and representatives said there was enough staff and they do not have to wait a long time for call bells to be answered. Management described how they ensured there was enough staff to provide care to consumers and noted they do not use agency staff. The Assessment Team reviewed the roster for the past month and noted all shifts were filled, and staffing was in line with the staffing requirements for the service.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff were observed to always greet consumers kindly and demonstrated they were familiar with each consumer’s individual needs and identity. The Assessment Team reviewed documentation evidencing that culture and diversity training was included as part of the annual training calendar.

Consumers and representatives said all staff were well trained and competent in their roles and they were confident staff were sufficiently skilled to meet their care needs. Staff said they were confident the training provided had equipped them with the knowledge to carry out care and services for consumers. The Assessment Team reviewed registrations and police checks for staff.

Consumers and representatives said staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff interviewed said the service provides mandatory, required, and recommended training to support them to provide quality care. The Assessment Team reviewed training records that evidenced all mandatory training modules had been completed by staff and performance appraisals were up to date. Staff described the annual performance appraisal process and the outcome of their last performance appraisal.

# 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 expressed satisfaction in the management of the service, said they feel like they were involved in their own care, and were supported to be a partner in their own care. Documentation reviewed, demonstrated consumers were involved in the evaluation of care and services.

Management described the role the governing body play in ensuring safe and quality care was delivered within the service. Management said regular internal audits, feedback, clinical indicator reports, along with continuous monitoring of the service’s practices all inform the strategic planning process for continuous improvement to ensure compliance with the Quality Standards.

Management and staff were able to describe processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance arrangements and processes for workforce governance, feedback and complaints. The Assessment Team found however, the service’s restrictive practice policy did not provide specific guidance regarding the review of environmental restraint. When raised with management, steps were taken amend the policy. The Assessment Team noted there were some inconsistencies in how information was documented and communicated throughout the service, as considered under Requirement 4(3)(d).

The service had effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents using an incident management system. Although the Assessment Team found one incident had not been reported in line with legislative requirements at the time of the Site Audit, the service lodged a reportable incident during the Site Audit and outlined a credible to plan to ensure similar incidents were reported within required timeframes.

The service demonstrated a clinical governance framework was in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding these concepts and gave practical examples to demonstrate how the principles applied 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-2)