Performance

Report

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| Name: | Moline House |
| Commission ID: | 7082 |
| Address: | 7 Deanmore Road, KARRINYUP, Western Australia, 6018 |
| Activity type: | Site Audit |
| Activity date: | 26 March 2024 to 28 March 2024 |
| Performance report date: | 1 May 2024 |
| Service included in this assessment: | Provider: 701 Amana Living Incorporated  Service: 4610 Moline House |

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 Moline House (**the service**) has been prepared by Genna Tonarelli, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, management, consumers, representatives, and others; and
* an email from the provider received, 9 April 2024, confirming they will not be providing any further comment or information in response to the assessment team’s report.

# 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 confirmed staff treat consumers with dignity and respect. Staff know their consumer’s cultural and spiritual needs well and support them to engage in practices, activities and ceremonies that are of importance to them. Observations revealed that staff interactions with consumers were friendly and familiar, and representatives spoke highly of staff.

Consumers and representatives described various ways the service delivers culturally safe and respectful care, tailored to individual cultural and religious identities, preferences, and independence levels. Specific needs, requests, preferences are documented in consumer care plans and executed by staff as part of everyday care delivery. This includes understanding how consumers prefer their care and services to be delivered and who or what holds importance to them.

Consumers are supported to exercise choice and independence in determining how they receive care and services, including who is involved, empowering them to live their best lives. Staff provided various examples demonstrating how they promote consumer choice, recognising and supporting personal relationships and connections important to consumers, while ensuring their privacy is respected during visits or interactions.

Information to consumers and representatives is communicated clearly and is easy to understand, to support consumers to exercise choice. The service disseminates information, including changes to consumer care and needs, through various forums, such as a service newsletter individual emails, one-on-one conversations. Staff were observed inviting consumers to exercise choice in meal selections and lifestyle activities.

Consumer feedback and observations indicates staff upheld their privacy during are delivery, with practices such as knocking on doors and announcing themselves before entering rooms. Consumers and representatives expressed confidence in the services ability to safeguard confidential information, further reinforced by the organisation’s policies aimed at respecting and protecting consumers’ privacy and confidentiality. Evidence documented in Requirement 8(3)(c), of the assessment team’s findings confirms that the consumer’s personal information is securely stored in an electronic care management system and electronic incident management system, with access restricted through password protection.

Based on the evidence and reasons outlined above, I find Standard 1 Consumer dignity and choice compliant.

# 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

The service completes a suite of clinical and risk assessments for consumers on admission. Initial assessments identify clinical and care needs, risks, and daily supports, along with strategies and services to manage conditions and mitigate risk. The information gathered supports the preparation of detailed and individualised consumer care plans, ensuring safe and effective care delivery.

Care planning documentation demonstrated a consumer-centred approach, identifying preferences, goals, and significant connections/relationships. Allied health professions and chaplains employed by the service contribute to the care planning process. Consumers and representatives actively participate in the development, review, and reassessment of their care plans, with copies made available to them as required. Consumers and representatives said the service records end of life wishes and advance care planning, with staff confirming this information is gathered upon admission and stored electronically. Consumer files also contain preferences for resuscitation and circumstances for hospital transfer.

The service has procedures in place to guide staff on when and how to undertake care reviews or reassessments. Consumer care plans are reviewed annually or when there are changes in the consumers, or incidents impacting their needs, goals, or preferences. Staff conduct regular care conferences to discuss ongoing needs and strategies, documenting outcomes as necessary.

Staff ensure continuity of care by accessing care plans (electronically or in hardcopy), participating in staff handover discussions, reviewing electronic alerts, and facilitating daily care meetings. Documentation confirms investigation into incidents are conducted, with the mitigating strategies recorded in care planning to avoid reoccurrence.

Based on the evidence and reasons outlined above, I find Standard 2 Ongoing assessment and planning with consumers, compliant.

# 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 expressed satisfaction with both their personal and clinical care, confirming it was tailored to their needs, goals, and preferences. Consumers and representatives said staff are knowledgeable about their needs and delivered care accordingly. Staff said they customise care to meet consumer needs, ensuring adherence to best practices. Clinical staff provided examples of how they deliver personal and clinical care clinical care to optimise consumers’ health and wellbeing. Care documentation was observed to be up-to-date and reflective of consumers’ conditions, needs and preferences, enabling staff to deliver safe, effective, and individualised care.

The service effectively manages high impact or high prevalent risks associated with consumer care, giving examples of how risks are mitigated. Clinical staff demonstrated an understanding of consumer’s clinical needs and described strategies to address individual consumer risks. The service demonstrated systems for identifying monitoring and managing risks including seeking input from external support groups or allied health professionals when necessary.

Consumers and representatives are satisfied with staff’s ability to recognise and respond to deterioration or changes in consumer’s condition, capacity, or function. Staff could describe the signs of deterioration and provided strategies for managing and monitoring changes internally, as well as referring consumers to an appropriate allied health professionals, medical practitioners, or hospitals in a timely manner. Strategies to minimise risk associated with deterioration or change are regularly reviewed for effectiveness and updated in progress notes.

The service implements infection control measures, including standard and transmission-based precautions as well as practices to promote appropriate antimicrobial prescribing and use. Consumers said staff practice good hygiene and indicated confidence in the service’s ability to manage outbreaks. Staff demonstrated familiarity with infection control measures, policies and procedures and described strategies to minimise infection related risks to consumers. Regarding antimicrobial stewardship, staff described how they apply antimicrobial stewardship principles to their everyday practices, and the service has organisational policies regarding appropriate antibiotic prescribing and use to minimise antibiotic usage and antimicrobial resistance. Consumer incident reports demonstrated prescribed antimicrobials were generally administered over a short duration and the consumers were monitored, tested, and assessed appropriately.

Based on the evidence and reasons outlined above, I find Standard 3 Personal and clinical care, compliant.

# Standard 4

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

Findings

Consumers described how the service supports their needs, preferences, interests and independence through daily supports and services. Consumers and representatives confirmed the service acknowledges their spiritual, cultural, and emotional needs, providing access to services that cater to these aspects. Consumers and their representatives indicated they are encouraged to participate in the community and maintain personal connections and relationships of importance to them. Additionally, consumers said they have a good relationship with staff, noting they feel comfortable confiding in them when upset.

Staff gave examples of how they ensure consumers receive appropriate services and supports for daily living that promote their well-being and quality of life. These examples include engaging a chaplain for spiritual assessments and holy communion, facilitating friendships among consumers during mealtimes and activities, arranging one-on-one activities for those who prefer individual engagement and implementing a No One Dies Alone (NODA) service to support those nearing end-of-life. The service also maintains a planned lifestyle program, featuring various therapy activities, bus trips and cultural event celebrations.

The service has established systems and processes for effectively communicating consumers’ needs, conditions, and preferences. Staff utilise different communication methods both internally and externally when responsibility is shared, ensuring timely referrals to external psychology services to promote consumers’ phycological wellbeing. Consumers expressed satisfaction with staff communication, noting they do not need to repeat information to staff members about their needs and preferences relating to care and services.

Consumers and representatives are satisfied with the meal service and dining experience, and confirmed they have choice in meals or meal alternative options. Consumer feedback, documentation and observations indicate meals are varied and of suitable quality and quantity. The service runs a monthly rotational menu, with all meals cooked offsite and reheated at the service. The dining space was observed to be clean with most consumers appearing to enjoy their meals and some consumers using specialised plates and utensils. Food allergies, preferences and dietary requirements for food and fluids are integrated into care plans.

Equipment used to support lifestyle activities and daily living, including wheelchairs, hoists, and walkers, was observed to be safe to use, clean and well maintained.

Based on the evidence and reasons outlined above, I find Standard 4 Services and supports for daily living, compliant.

# 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 representative are satisfied the service environment is safe, clean, and well maintained. Observations reflect a safe, environment with no obstruction of pathways or emergency exits or safety concerns. Corridors are wide and the shared living spaces are spacious, welcoming, and decorated in a way that promotes a sense of belonging, including the swan room which is decorated to resemble a public bar. The reception is fitted with a large board with staff photographs, names and roles for all consumers and visitors to see, and notice boards and posters were observed around the service environment to promote special events, menus, the lifestyle activity programs.

All consumer rooms are fitted with a sitting area, small kitchenette, adjoining room and ensuite, and are individualised with personal memorabilia and effects relevant to the consumer’s culture, and interest.

Consumers said the service environment is comfortable and they can move freely both indoors and outdoors. Emergency evacuation provisions are in place, with diagrams observed being displayed on notice boards around the service.

The service has preventative and reactive maintenance schedules, as well as mechanisms for the reporting of maintenance issues and/or hazards, to ensure a safe environment. A maintenance officer to respond to day-to-day matters, planned works and emergency situations as they arise. The organisation has a maintenance logbook which is used by staff to record environmental risks and by management to prioritise maintenance/upgrade work orders in line with risk and budgetary measures. External contracts are engaged to respond to immediate hazards or maintenance where required.

Based on the evidence and reasons outlined above, I find Standard 5 Organisation’s service environment, complaint.

# 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 confirmed they encouraged and supported to provide feedback and could describe the various channels they use to make compliments, suggestions, or complaints. This includes speaking with the services manager, submitting written feedback, participating in monthly and quarterly quality indicator surveys, attending resident meetings, speaking with clinical staff, or providing suggestions via suggestion boxes located around the service. Staff and management described how they aid and support consumers/representatives to provide written feedback, including engaging occupational therapists and physiotherapists, and described how the feedback policy has a customer-centric focus.

Management and staff described systems to support consumers to access external advocacy and language services. Consumers and representatives are aware of appropriate advocacy services and oversight bodies, locating the relevant contact details in their personal admission booklets. Management/staff coordinate presentations from advocacy services as part of their lifestyle programme for both consumers and their representatives to attend. Consumers/representatives are satisfied with steps taken by staff and management to respond and resolve complaints in timely manner and apologise when things go wrong. The service’s practices open disclosure by documenting all feedback and complaints, communicating with parties involved about steps taken to resolve concerns, and by discussing survey outcomes at resident and representative meetings. The service newsletter also includes a section on open disclosure, to provide a clear explanation of the complaint’s resolution process.

The service monitors and analyses feedback trends, to improve the quality and care, via an electronic system linked to the service’s continuous improvement plan. Management issues monthly surveys on varying topics relating to care/service delivery and holds monthly collaborative meetings with staff, consumer representatives, families, and friends to report on findings and welcome suggestions to support continuous improvement. Consumers/representatives and staff provided examples of positive complaint outcomes.

Based on the evidence and reasons outlined above, I find Standard 6 Feedback and complaints compliant.

# 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 confirmed they are satisfied with staffing numbers and said they promptly respond to requests for assistance. Staff affirmed they are allocated sufficient time to complete tasks and there are processes to adjust staffing levels according to consumer needs. There are systems and processes to ensure the mix and match of staff can provide quality care and services including both planned and unplanned leave.

Interactions between staff and consumers were observed to be compassionate and respectful. Consumers said they felt respected and cared for by staff during their interactions. Staff demonstrated awareness of each consumer’s individuality and diversity, providing examples of efforts to understand consumer cultural backgrounds and preferences. The service has policies and procedures to guide staff in these aspects.

Consumers and representatives expressed confidence in staff’s ability to deliver safe and effective care and said they are satisfied with their skill and knowledge. Management confirmed each role within the workforce has a job description and outlined formal processes to guide staff performance and improvement.

Staff reported participating in annual performance appraisal and completing mandatory assessments and training. The service has implemented a review planner to monitor employee reviews systematically. Management described procedures for recruiting, onboarding, and training new staff, including assigning an experiences ‘buddy’ to support them during their initial shifts. Staff confirmed completing mandatory training with ad-hoc training provided as needed to address any identified knowledge or skill gaps.

Based on the evidence and reasons outlined above, I find Standard 7 Human Resources compliant.

# 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 participate in the development, delivery, and evaluation of care and services by engaging with management and staff, including clinical personnel, in direct conversations, monthly and quarterly surveys, attending resident and representative meetings every two months, and participating in regular care conferences.

The organisation’s governing body, known as the Board, holds accountability for delivering safe, inclusive, quality care and services. Systems and processes are in place to ensure critical data regarding care delivery is collected, analysed, and reported to the executive level. Management utilises regular leadership and clinical care committee meetings to gather information on clinical indicators and risks, which is then reported to the board to support continuous improvement and staff training.

A comprehensive governance framework supports all aspects of the organisation, including information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback handling. Management ensures these areas are monitored and regularly reviewed. Electronic information is securely stored, and electronic platforms are used to record and report on all aspects of organisational governance, including continuous improvement initiatives. Financial governance is managed at a service level with oversight from operational and senior managers within the organisation. Clear policies govern rostering, staff performance, and regulatory compliance. There are processes to ensure legislative changes are communicated to staff and policies and procedures are updated accordingly.

The clinical governance and incident management frameworks are supported by policies and procedures to guide staff practices and implement preventive strategies to minimise risks. The framework defines accountability and responsibility for clinical and care governance across all levels of the organisation, from the board to care staff. Effective risk management systems and practices are in place to manage high-impact or high-prevalence risks, identify and respond to abuse and neglect, support consumers' quality of life, and manage and prevent incidents. Incidents are documented in a separate electronic care management system, and a reporting process guides staff on assigning risk ratings and reporting through the Aged Care Quality and Safety Commission's Serious Incident Report Scheme.

The service provides systems, procedures, and processes to support clinical staff in promoting antimicrobial stewardship, practicing open disclosure, and minimising the use of restrictive practices. Management provided examples to demonstrate how these are implemented, including the establishment of an Infection Control Lead to guide staff on antimicrobial stewardship, the use of a psychotropic and restraint register to monitor restrictive practices, and an open disclosure policy and training to guide staff practice.

Based on the evidence and reasons outlined above, I find Standard 8 Organisational governance, complaint.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)