Performance

Report

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| Name of service: | Mooroopna Place Residential Aged Care Service |
| Service address: | 30-50 Knight Street MOOROOPNA VIC 3629 |
| Commission ID: | 3359 |
| Approved provider: | Shepparton Retirement Villages Inc |
| Activity type: | Site Audit |
| Activity date: | 12 December 2022 to 14 December 2022 |
| Performance report date: | 20 March 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 Mooroopna Place Residential Aged Care Service (**the service**) has been prepared by R Beaman, 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.

# 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 did not provide a 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

This Quality Standard is Compliant as six of six Requirements have been assessed as Compliant.

Consumers confirmed they were treated with dignity and respect and felt their culture, background and diversity was considered and valued, with care delivered in a way that felt safe and met their needs goals and preferences. Consumers and representatives stated consumers were able to exercise choice and independence in the way care was delivered, whom they wished to have included in those decisions and how that information was communicated.

Consumers and representatives confirmed they were confident the service kept consumer personal information private and confidential and felt consumers were supported to undertake activities of their choice where risk may be involved in a safe manner. Consumers confirmed information is provided to them in a timely manner and in a way that is easy for them to understand.

Documentation showed consumer choice for care and service delivery was included in care plans and that information was communicated to staff to guide delivery of care in a way that meets consumers’ needs, goals, and preferences. Sampled care plans showed where risks are involved, risk assessments are completed and ways to support consumers to undertake activities of risk in a safe manner are recorded.

Staff demonstrated knowledge of consumer preferences for care delivery and described ways in which they deliver care that maintains consumers’ dignity. Staff were able to describe ways in which care was delivered in a culturally safe manner, including respecting various cultural backgrounds and how care is delivered to value those.

Accordingly, 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

This Quality Standard is Compliant as five of five Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers are involved in the assessment and planning process from admission. They provided positive feedback about how the assessment process was undertaken and how consumers were included in that process and consumers confirmed they were satisfied with the way staff communicated with them through this process. Documentation confirmed consumers and representatives, where appropriate, are consulted during the assessment process and outcomes of those processes are recorded in the consumer’s care plan that is accessible to consumers.

Consumers confirmed other providers of care, including allied health, medical officers and other external service providers of their choice are involved in assessment and planning, when required, and documentation reflected this.

Staff demonstrated understanding of the assessment and planning process and their role within it. Staff described the ways in which they involve consumers or others of their choosing in the assessment and planning process from admission and through regular assessments.

Documentation showed assessments are completed with consideration of risks to consumers’ health and well-being as part of the admission process. Sampled consumer care files showed assessments had been undertaken and outcomes documented within care plans and communicated to consumers and to others who share the provision of care.

Accordingly, 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

This Quality Standard is Compliant as seven of seven Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers receive personal and clinical care that is safe and right for them. Documentation showed care plans are tailored to individual needs and high impact or high prevalence risks, including falls, medication, wound, and behaviour management are recorded with appropriate strategies to guide staff practice.

Sampled consumer care files showed where deterioration is detected, there are processes in place to manage consumers safely and effectively and this is done in a timely manner. Documentation showed there are effective processes in place for timely referrals for consumers and while end of life needs, goals and preferences are respected, communicated and the consumer’s comfort and dignity maximised, the Assessment Team found consumer wishes are not always documented in consumer care files. Management confirmed they were aware of the gap in their care documentation and already had an action in place to improve this.

Staff demonstrated knowledge of consumers’ needs, goals, and preferences in relation to personal and clinical care and described ways in which they manage risks and communicate any changes in condition to other providers of care. Staff confirmed they receive regular infection control training and updates and demonstrated knowledge of the processes in place to minimise the spread of infection.

Consumers and representatives confirmed they observe staff adhering to infection control practices, including wearing appropriate personal protective equipment and regular hand hygiene.

Accordingly, I find Standard 3 Personal care 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

This Quality Standard is Compliant as seven of seven Requirements have been assessed as Compliant.

Consumers sampled provided positive feedback about the services and supports they receive for daily living confirming they are tailored to their needs, and they are supported to maintain their quality of life. Most consumers were satisfied with the quality and quantity of meals, however, while some consumers provided negative feedback about meals, consumers also confirmed the service was including them on ways to improve meals and advised there had been improvements.

Consumers and representatives confirmed information is communicated and shared appropriately in relation to consumers’ care and service needs in relation to lifestyle services. Consumers confirmed they are supported to maintain friendships of choice and do things of interest to them and can choose when they wish to participate or not. Consumers were observed to engage in facilitated and self-directed activities.

Staff demonstrated knowledge of consumers’ likes and preferences in relation to the lifestyle program and described ways in which they were able to support them to engage in things that interest them and the ways they provide additional emotional and spiritual support when they identify consumers may require this.

Documentation sampled reflected consumers’ likes, dislikes and requirements for meals and activities and recorded strategies to support their emotional, spiritual, and psychological needs.

Equipment used as part of consumers’ engagement with lifestyle and maintaining their independence was observed to be clean and safe, and documentation reviewed showed equipment was regularly checked.

Accordingly, 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

This Quality Standard is Compliant as three of three Requirements have been assessed as Compliant.

Consumers provided positive feedback about the service environment confirming it was clean and they felt safe living at the service. Consumers were observed interacting with other consumers and visitors in various communal spaces and utilising the outdoor garden spaces.

Consumers confirmed they are comfortable living at the service and were satisfied with maintenance processes, confirming furnishings and equipment are clean and well maintained.

The Assessment Team observed the service environment, furniture, fittings and equipment used for mobility, care delivery and lifestyle to be clean and well-maintained. While observations showed consumers may not have easy access to outdoor areas when they wished due to locked doors, the service put in place signage before the completion of the Site Audit visit to provide consumers with clearer instructions on accessing those areas.

Staff were observed undertaking regular cleaning of individual, communal and high touch point areas and demonstrated knowledge of the maintenance system and how to resolve and escalate any issues that required fixing.

Accordingly, I find Standard 5 Organisation’s service environment Compliant.

# 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

This Quality Standard is Compliant as four of four Requirements have been assessed as Compliant.

All consumers and representatives confirmed consumers know how to provide feedback, including complaints and are able and supported to do so. Consumers were satisfied their feedback and complaints are actioned in a timely manner and confirmed they are provided various ways to provide feedback and given information about ways to access external services, including advocates.

Feedback mechanisms were observed to be displayed throughout the service and documentation confirmed feedback is collated, actioned and outcomes discussed with those providing the feedback or complaints. Documentation confirmed consumers and representatives were provided with various ways to provide feedback and make complaints, including via written confidential forms, through resident meetings, or verbally directly to staff and management.

Staff demonstrated understanding of open disclosure and how to practice that when things go wrong. Staff described ways in which they support and assist consumers to provide feedback and make complaints, and the process they use to escalate those when they receive them. Staff were able to describe the process to assist consumers to access advocacy services if the requested this.

Documentation confirmed open disclosure is used when incidents occur, or a complaint is made. A feedback register is maintained and updated as feedback and complaints are provided and actioned. Documentation reflected feedback being used to drive continuous improvement.

Accordingly, 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

This Quality Standard is Compliant as five of five Requirements have been assessed as Compliant.

Consumers and representatives provided positive feedback about the way staff interact and treat consumers. Consumers confirmed they don’t have to wait long for assistance and felt staff are knowledgeable, trained and well equipped to perform their roles. Consumers described staff in ways that showed they deliver care and services in a kind, caring and respectful manner.

Overall, staff confirmed they are supported with the right mix and number of staff to complete their roles effectively. Staff described the various training opportunities they have and confirmed they have access to training and further education when they wish, or it is due for completion and a dedicated clinical educator to deliver training. Documentation confirmed mandatory training is completed and assessment of staff performance is completed at regular intervals.

The organisation has effective systems in place to monitor staffing levels, adherence to training and performance and ensuring staff have the relevant skills, knowledge, and qualifications to undertake the roles they are recruited for. Documentation confirmed staff are recruited with appropriate qualifications to the role they are undertaking.

Accordingly, 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

This Quality Standard is Compliant as five of five Requirements have been assessed as Compliant.

Consumers confirmed they are involved in the development and evaluation of their own care and services, including input into the development and evaluation of meals through a food focus group and their feedback about care and services is sought through resident relative meetings. Consumers and representatives confirmed staff support them to be involved in their care and services. Consumers and representatives were satisfied with the service and confirmed it was well run and consumers felt safe living there.

Documentation showed there are a range of ways the organisation’s Board is accountable for the delivery of safe, inclusive, and quality care through various committee meetings, including a risk sub-committee.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Staff described ways in which feedback drives continuous improvement and a register showed projects and actions to undertake those in place. Systems and processes are in place to ensure changes to legislation, or the Quality Principles are monitored and communicated when required.

Staff demonstrated understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks and mitigating risks to support consumers to live their best life. Staff confirmed they receive elder abuse training and described how they use the incident management system to manage and prevent incidents, including those that require reporting. Staff demonstrated knowledge of the clinical governance framework, including antimicrobial stewardship and the use of open disclosure. Documentation confirmed restrictive practices are monitored and, where applied, they are used as a last resort.

Accordingly, I find Standard 8 Organisational governance Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)