Performance

Report

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| Name of service: | Moran Engadine |
| Service address: | 99 Caldarra Avenue Engadine NSW 2233 |
| Commission ID: | 1015 |
| Approved provider: | Moran Australia (Residential Aged Care) Pty Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 to 16 August 2023 |
| Performance report date: | 28 September 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 Moran Engadine (**the service**) has been prepared by G Cherry, 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 Assessment Contact - Site; the Assessment Contact - Site 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 September 2023.
* Performance report dated 3 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 |

Findings

The Quality Standard was not fully assessed. One of six requirements was assessed and found compliant.

Previously the service did not demonstrate staff treat all consumers with respect and dignity particularly in relation to the provision of personal care and use of respectful wording in documentation. In response, the service’s plan for continuous improvement (PCI) details actions including review all care planning documentation, staff education/guidelines and development of performance management protocols.

The service demonstrated improved processes to ensure each consumer is treated with dignity and respect and their identity, culture and diversity valued. Most consumers and representatives provided positive feedback of staff. The assessment team observed staff and consumer interactions to be caring, professional and respectful. Documents (including policy guidelines) demonstrate use of respectful language and care plans aligned with consumer preferences and cultural needs. Staff demonstrate knowledge of consumer preferences specifically relating to diversity and cultural needs. Management advised further staff education planned in relation to demonstrating respectful behaviours.

# 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)(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

The Quality Standard was not fully assessed. Three of seven requirements were assessed and found compliant.

Requirement 3(3)(a)

Previously the service did not demonstrate consumers receive safe/effective care in relation to falls, diabetes, pain, and behaviour management. In response, the service’s PCI details actions including review care plans to ensure contemporaneous care provision requirements (and monitoring process), provision of staff education/training, establishment of a falls committee and regular clinical governance meetings.

Appropriate systems ensure consumers receive safe and effective personal/clinical care tailored to individual needs and as per best practice guidelines. Consumers/representatives express positive feedback relating to clinical care provision, including staff knowledge and practices and increased communication relating to changes in care needs. Documentation details appropriate management relating to pressure injury/wound care, restrictive practices, pain, falls, diabetes management, and some complex care needs. Documentation demonstrates care provision aligns with assessment/care planning directives/best practice guidelines, issues of concern escalated to registered nurses, medical officer/specialist assistance sought and/or timely transfer to hospital. The assessment team found for two consumers, care directives not being adhered to, management committed to development of appropriate documentation to guide care delivery. A process ensures medical officer involvement, consumer/representative informed consent obtained in relation to restrictive practices, including psychotropic medications. Registered nurses and care staff demonstrate knowledge of individual consumer’s needs.

In their response, the approved provider refuted accuracy of evidence bought forward by the assessment team, demonstrating consumer’s care as per needs. In consideration of compliance, I am swayed by the volume of consumer satisfaction, staff demonstration of knowledge, demonstration of effective systems and immediate responsive actions to address deficits bought forward by the assessment team. I find requirement 3(3)(a) is compliant.

Requirement 3(3)(b)

Previously the service did not demonstrate a system of monitor/review and proactively manage of high impact/prevalence risk relating to consumers experiencing falls and the impact of consumer unmet behaviours on other consumers. In response, the service’s PCI details actions as mentioned in requirement 3(3)(a).

Effective organisational processes manage high impact/prevalence risks associated with consumer care. Documentation details each consumers risks, and mitigation/management processes required. Care planning documentation details effective risk management relating to falls, wound, behaviour management, and weight loss. Changed behaviours are identified, risk-mitigating strategies implemented and specialist referrals to ensure appropriate responsive care, non-pharmalogical strategies are trialled prior to medication administration. Consumers and representatives provide positive feedback relating to clinical care provision, staff knowledge and mitigation strategies to minimise risks. Regular medication management reviews are conducted to ensure ongoing medication requirements and prevention of polypharmacy. Observations demonstrate appropriate management of individual consumer risks. Policy documentation guide staff in organisation expectations. Incidents are recorded/analysed and strategies implemented to prevent recurrence where possible. Consumers details are discussed/managed through regular clinical data monitoring, trending, and implementation of risk mitigation strategies. The assessment team note for one consumer, while care plan review demonstrates identified risks, limited directives were documented to guide staff relating to mitigation strategies of infection-related risk.

In their response, the approved provider supplied evidence of how staff are alerted when additional infection prevention precautions are required. In consideration of compliance, I am swayed by the volume of consumer satisfaction, staff demonstration of knowledge, demonstration of effective systems and immediate responsive actions to address deficits bought forward by the assessment team. I find requirement 3(3)(b) is compliant.

Requirement 3(3)(g)

Previously the service did not demonstrate effective development/improvement processes ensure staff familiarity of antimicrobial stewardship practices and how this effects consumers, plus staff lack of adherence to infection control practices and use of personal protective equipment. In response, the service’s PCI details actions including provision of staff education and completion of competency assessments, increase waste collection, discussion of antimicrobial stewardship at meeting forums.

Some consumers/representatives expressed dissatisfaction relating to bathroom cleanliness. Although staff demonstrate knowledge relating to infection prevention, the assessment team observed inappropriate staff practices relating to use of personal protective equipment (PPE) in particular, mask wearing, and lack of standard precaution requirements. Documentation did not detail appropriate strategies to mitigate infection prevention relating to consumers living with current infections and/or being administered cytotoxic medications, nor regular review of consumers prescribed long term antibiotics. Observations by the assessment team noted lack of appropriate PPE to minimise infection related risks, malodour in some areas, plus furniture, carpets and linen were observed to be stained and/or unclean. Management advised of previous training relating to PPE usage and acknowledged current inappropriate practices. They advised of cleaning processes while awaiting approval of replacement carpet.

In their response, the approved provider (while noting some inappropriate wearing of masks) submitted evidence of multiple methods of minimising infection-related risks. They amended electronic system to ensure staff are alerted to cytotoxic medication use, provided additional staff education/training methods of monitoring compliance. They provided evidence of review processes relating to antibiotic use to ensure currency. In consideration of compliance, I am swayed by evidence supplied by the approved provider of methods to manage/minimise infection related risks, review of antibiotic prescribing and overall antibiotic stewardship. I find requirement 3(3)(g) is 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The Quality Standard was not fully assessed. Two of seven requirements were assessed and found compliant.

Requirement 4(3)(a)

Previously the service did not demonstrate review, improve processes ensure consistency for consumers living in the Dementia Support Unit in relation to daily living needs, goals, and choices. In response, the service’s PCI details actions including increased consumer communication relating to lifestyle preferences, adjusting programs to suit (including outings and engagement of local child care centre), recruitment of an additional lifestyle officer and volunteers to enable 7-day coverage, consumer engagement in staff awards, resources/equipment provision to support staff in undertaking activities, introduction of a program to inform staff of consumers life history/needs, access cards provided to consumers/visitors to enable additional access and weekend reception staff to support visitor access.

Consumers/representatives consider services and supports for daily living meet consumer’s needs, goals/preferences which enhance independence, well-being, and quality of life. Staff demonstrate knowledge of individual consumers' needs, preferred activities and how they support consumers to achieve satisfactory outcomes. Lifestyle staff explain partnering consumers/representatives in creating a life event/preference care plan including, past and current interests, social, cultural, and spiritual needs/traditions important to them. Consumers are engaged in planning group and individual programs of choice. Care planning documentation reflects comprehensive details relating to consumers likes and activities.

Requirement 4(3)(f)

The service demonstrates meals are varied and of suitable quality and quantity. Consumers/representatives express mixed feedback relating to meal provision. Processes include consumers in menu development and methods to provide feedback on food quality. Meals are cooked on site, with meal options and seasonal fruit available. Hospitality and catering staff demonstrate knowledge of individual dietary needs/preferences and how changes are communicated/accommodated including varying consistency/modifications.

# 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard was not fully assessed. Three of five requirements were assessed and found compliant.

Requirement 7(3)(a)

Previously the service did not seek regular feedback from consumers/representatives regarding staff shortages impact, nor review staffing to address concerns and improve consumer care provision. In response, the service’s PCI details actions including registered nurse allocated on each floor during morning shifts, a medication competent care staff on each floor, ongoing recruitment program, changes in rostering to ensure staff availability meets consumer's needs, recruitment of an additional lifestyle officer enabling; a permanent general manager commenced early August 2023, increased emphasis of organisational expectations regarding responding to consumers requests for assistance and an enhanced recruitment selection process.

Consumers/representatives consider staff meet consumer’s needs and respond to requests for assistance in a reasonable time, noting recent improvements. Examples include demonstration of care and respect and improvement of staffing numbers. Registered nurses and care staff consider they have time to complete their duties. Management demonstrate how they monitor consumers current care needs to determine staff number/skill mix ensuring appropriate care delivery and a workforce to provide safe/quality care. A monitoring process records staff response times to consumers requests.

Requirement 7(3)(b)

Previously the service did not demonstrate an effect method of monitoring staff/consumer interactions. In response, the service’s PCI details actions including provision of education relating to culture, diversity, code of conduct including requirement to sign an agreement; an enhanced recruitment selection process and improvements as detailed in requirement 1(3)(a).

The majority of interviewed consumers/representatives’ express satisfaction that staff are kind/caring, and they are treated with respect. The assessment team observed staff and consumer interactions to be caring, professional and respectful. Staff follow a signed code of conduct and demonstrate in-depth knowledge of individual consumer’s needs, backgrounds and what is important to them. They were observed communicating to (and about) consumers in a respectful manner. Documentation details staff training relation to identity, culture, diversity, and staff confirm understanding of training objectives and outcomes. Management team and registered nurses monitor staff/consumer interactions.

Requirement 7(3)(e)

Previously the service did not demonstrate an effective method of review/improve staff performance processes to ensure completion regularly occurs. In response, the service’s PCI details actions including communication with staff relating to performance appraisals; management scheduled meetings with staff who had not completed a performance appraisal and a monitoring process is in place for those outstanding.

Management demonstrates processes to regularly monitor/review staff performance via a formal process during initial probationary period and ongoing. Staff performance is assessed via consumer and staff feedback, investigation of incidents, review of clinical data, staff meetings, and observations by management. The assessment team observed performance management/disciplinary processes and management directives in relation to lack of appropriate PPE use. Interviewed staff acknowledge participation in performance reviews noting an opportunity to raise training requests.

# Standard 8

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| Organisational governance | |  |
| 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

The Quality Standard was not fully assessed. One of five requirements was assessed and found compliant.

Previously the service did not demonstrate an antimicrobial stewardship program includes systems to monitor infections/antibiotic use; or an effective clinical governance framework relating to behaviour management. In response, the service’s PCI details actions including recruitment of new clinical care manager, provision of staff education/training, implementation of clinical governance systems including discussion of antimicrobial stewardship at meeting forums.

The organisation has a clinical governance framework and management demonstrate knowledge of their accountabilities and responsibilities. The assessment team note previous concerns relating to restrictive practices and open disclosure have been addressed however bought forward evidence relation to lack of antimicrobial stewardship and infection prevention processes (considered in requirement 3(3)(g).

In their response, the approved provider submitted evidence of multiple methods of minimisation of infection-related risks and antimicrobial stewardship. They amended electronic system to ensure staff are alerted to cytotoxic medication use, provided additional staff education/training methods of monitoring compliance, plus evidence of review processes relating to antibiotic use to ensure currency. It is noted antimicrobial stewardship is monitored and managed by Quality and Clinical governance forums. In consideration of compliance, I am swayed by demonstration of a clinical governance framework, including minimising the use of restraint and open disclosure. I note an effective organisational framework relating to antimicrobial stewardship. I therefore find requirement 8(3)(e) is compliant.

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