Performance

Report

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| Name of service: | Moran Sylvania |
| Service address: | 27-29 Sylvania Road Sylvania NSW 2224 |
| Commission ID: | 0964 |
| Approved provider: | Moran (Sylvania) Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 21 October 2022 |
| Performance report date: | 20 December 2022 |

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 Sylvania (**the service**) has been prepared by J. Howard, 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: 20 of November

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the site audit conducted from 18 October 2022 to 21 October 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* The Approved Provider’s response to the site audit report, received 15 November 2022.
* 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 they were always treated with dignity and respect by staff, were cared for according to their preferences, and staff valued their identities, cultures and diversity. Staff described consumers’ unique cultural needs and preferences, including culturally significant care preferences, descriptions aligned with consumers’ care planning documentation.

Consumers and representatives confirmed the service recognised and respected their cultural backgrounds and provided care that was consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and described how information was communicated to ensure each consumer received care as per their care plans; for example, the service worked with external service providers who offered multilingual/multicultural services and specialised in providing this type of assistance.

Consumers and representatives said consumers were supported to make choices about their care, who should be involved in decisions about their care and maintaining relationships of choice, including intimate relationships. Care planning documents identified consumers’ individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships. Consumers said they were given choice about when care was provided, and their choices were respected.

The service’s risk assessment processes supported consumers to take informed risks and 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 consumers’ wishes to take risks and to live life the way they chose. Care planning documentation showed completed dignity of risk assessments for all consumers who chose to engage in risk-based activities.

Consumers and representatives advised they were kept updated on any changes via the service’s newsletter, resident meetings and daily rounds by management and lifestyle staff. Care planning documentation confirmed that barriers to communication, such as language, vision, hearing, speech or cognition, were identified and corresponding interventions to support consumers’ communication needs recorded, including the use of aids and larger print font on reading materials. Information available to consumers to support decision making was clear and easy to understand.

Consumers described how their privacy was respected by staff. Staff confirmed all consumers’ personal information was kept confidential and was not discussed in front of other consumers, consumers’ files were kept locked, and computers are password protected. The service had protocols in place to protect consumer privacy. Staff were observed being respectful of consumers’ privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said consumers received the care and services they needed, and they were involved and had a say in the care planning process. Staff described the care planning process in detail, and how it informed the delivery of safe and effective care. The service used a range of validated risk assessment tools to inform care planning such as falls, pain, nutrition, and hydration. Care planning documentation showed comprehensive assessments and planning which reflected consumer’s needs, goals, and preferences, including the identification of risks to each consumer’s health and well-being.

Consumers and representatives said they discussed their current care needs, goals and preferences with the service, including advance care planning and end of life planning if consumers wished. Care planning documentation reflected what was important to individual consumers and their specific needs and preferences. Advance care plans were in place for consumers who consented to provide this information.

Consumers and representatives said they were actively involved in the assessment, planning and review of their care and services and staff regularly communicated with them. Staff described how they partnered with a range of service providers in assessing, planning and reviewing care and services for consumers. Care planning documentation showed staff held care conferences with consumers and representatives, with the involvement of a diverse range of external providers such as physiotherapists, speech pathologists, podiatry, and dietitian services in consumer care.

Consumers and representatives said they received a copy of, or were offered access to, consumers’ care plans. Some said they didn’t feel the need for a copy of their care and services plan as they were regularly consulted by staff and received constant updates. Staff described processes for documenting and communicating assessment outcomes, these were reflected in care planning documentation, which demonstrated that outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives said the service regularly communicated with them about their care and services, sought feedback, and made changes which met current needs, goals and preferences. Staff described how services were reviewed for effectiveness on a 6 monthly basis and when circumstances changed or when incidents impacted consumers’ needs, goals and preferences. The service had policies and procedures as well as assessments and charting tools which guided staff practice in relation to the review of care and services.

# 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 care that was safe and right for them, care was consistent with their needs and preferences, and supported their health and wellbeing. Staff described how the organisation supported them through ongoing training and development to deliver personal and clinical care that was best practice and met the needs of each consumer. The service had policies and procedures and systems for safe and effective care, and delivered care according to consumers’ needs, goals, and preferences.

Consumers and representatives confirmed the care provided was safe and right for them, and risks to their well-being such as falls, pressure areas, weight loss, and infection were assessed, explained, and managed to reduce risk. Staff described how they identified, assessed and managed high-impact or high-prevalence risks to consumers. Care planning documentation showed standardised assessments, charting and care planning tools, and clinical data was captured in the quality indicators reporting system. Staff said they monitored clinical data and performance and used it to inform continuous improvement, and staff practice was guided by the organisation’s range of clinical policies and procedures in managing high-impact and high-prevalence risks.

Consumers said symptoms such as pain were managed well and if their conditions deteriorated their wishes were known and staff knew what to do. Staff said they were equipped to provide end of life care, through registered staff and a palliative care service available to support care staff in providing quality care. Care planning documentation included an advance care plan and the needs and goals and preferences of the consumer receiving end of life care. The service has policies and procedures which guided staff in the management of palliative and end of life care.

Consumers and representatives said the service recognised and responded to changes in condition in a suitable and timely manner. Staff explained how deterioration was discussed during handover and triggered a nursing and medical officer review, a hospital transfer if needed and a subsequent review of care planning documentation. Care planning documentation and progress notes reflected responses to deterioration or changes in a consumers’ condition. Clinical protocols and observations demonstrated that deterioration was recognised and responded to quickly, and plans were in place for when changes occurred.

Consumers and representatives said consumer care needs and preferences were effectively communicated within the service and they received consistent and reliable care. Staff described their role in communicating changes in consumers’ conditions, care planning documentation provided adequate information to support effective and safe sharing of information and reflected that staff notified consumers’ medical practitioners and representatives when changes occurred that required referral to external care and services. The service used an electronic care management system which supported information sharing within the service and with others where responsibility for care was shared.

Consumers and representatives confirmed the timely involvement of other providers of care and services in delivering care. Staff said referrals were made through email, the electronic messaging system and telephone; care planning documentation reflected referrals made to dietitians, speech pathologists, clinical nurse consultants and medical officers for consumers. The service was supported by contracted allied health practitioners, led by an in-house senior physiotherapist five days a week.

Consumers and representatives said they were satisfied with the measures the service had in place for the minimisation of infection-related risks. The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and outbreak management including for COVID-19. Staff confirmed their attendance at training for these areas of care and demonstrated an understanding of precautions required to prevent and control infection and to minimise the need for antibiotics. The service had a staff and consumer vaccination program and maintained records for influenza and COVID-19 vaccinations.

# 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 said they receive safe and effective services that supported them to maintain their independence, well-being and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documentation identified consumers’ choices and provided information about services and supports consumers needed to do the things they wanted to do. Consumers were observed engaging in a range of activities of interest to them such as reading, gardening and participating in bingo games.

Consumers described services and supports available to promote emotional, spiritual and psychological well-being, which included weekly church services held at the service and reported feeling connected and engaged in meaningful activities. Staff provided examples of how they supported consumers in their emotional and psychological well-being, such as consumers who enjoyed participating in a pet therapy program. Care planning documentation recorded consumers’ individual emotional support strategies and how these were implemented.

Consumers felt supported to participate in activities within the service and outside in the community as they chose, and said the service enabled them to maintain social and personal connections that were important to them. Care planning documentation identified people important to individual consumers and activities of interest to the consumer, such as attending group activities or spending time alone. Staff described how consumers were supported to maintain social contacts and personal connections through family visits or outings to events outside the service.

Consumers and representatives said their care preferences and needs were known by staff and effectively communicated to others responsible for their care. Staff described how consumer care and other needs were shared internally at handovers and recorded in electronic care management system. The service had processes and systems in place for identifying and recording consumers’ conditions, needs and preferences for daily living, including when these changed and care planning documentation was updated accordingly.

Staff described referrals for consumers to a range of services, which included exercise physiologists and physiotherapists. Care planning documentation showed consumers received a range of lifestyle supports which included cultural activities and hairdressing services. Consumers said where the service was unable to provide suitable support, they were referred to an appropriate external provider.

Consumers and representatives said the service provided meals that were varied and of suitable quality and quantity and they were offered a range of other options if they didn’t like menu options. Staff described how they met individual consumers’ dietary needs and preferences and ensured food safety requirements were met. Menus showed a variety of food available to consumers and care plans accurately reflected consumer dietary preferences.

Consumers felt safe when using the service’s equipment and said their equipment was easily accessible and suitable for their needs. Consumers said they were comfortable raising issues if equipment needed repair, knew how to raise issues and confirmed items were replaced when necessary. Staff described processes used to ensure mobility equipment was safe, suitable and well maintained, including for external contractors. Equipment used for daily living activities was observed to be safe, suitable, clean and well-maintained.

# 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 said they were comfortable and felt a sense of belonging and independence in the service. The service environment was observed to be calm, friendly and welcoming, with communal and private areas for consumers and their visitors to use. Consumers’ rooms were light, airy and personalised, with their own furniture, decorations, soft furnishings and bedding. The service had sufficient lighting throughout, signs were printed in large lettering, and handrails provided in all corridors to support consumers to find their way and move around easily.

Consumers said the service was clean, safe and well maintained and their rooms were cleaned regularly, and maintenance issues were dealt with promptly. Consumers were observed moving freely in and outdoors, including leaving the service through the main doors. Consumers and staff confirmed sufficient equipment is available and described what to do if they identified a hazard or safety issue. Indoor and outdoor areas of the service were observed to be clean, free from obstructions and had clear pathways. Consumers were observed enjoying different areas of the service with family and other visitors.

Furniture in communal areas and consumers’ rooms was observed to be comfortable and suitable for purpose. Mobility aids were observed to be in reach of consumers and were well maintained and cleaned regularly. Staff described how they knew equipment was safe and appropriate for consumer use and what to do if any maintenance was required. All rooms, fittings and furniture were observed to be clean and in good condition.

# 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 were encouraged and supported to make complaints and provide feedback and had no concerns talking with staff or management if they wished to provide feedback or make a complaint. Information was displayed on noticeboards and in service publications regarding the internal complaints system and how to access the external complaints system. The service had multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, raising issues at meetings, or speaking directly with management via telephone including after hours.

Consumers and representatives said they were comfortable raising concerns with management and staff, would escalate their complaint if it was not resolved to their satisfaction, and confirmed they were aware of other avenues for raising a complaint, such as through an external advocacy service. Staff described how they assisted consumers to raise a complaint or provide feedback and demonstrated they understood the internal and external complaints and feedback systems, which included advocacy and translation services available for consumers and/or representatives.

Consumers and representatives said staff and management were quick to respond to and resolve complaints. Staff said if consumers or representatives approached them directly with a complaint, they would try to resolve the issue immediately, but would escalate the issue to management if they could not resolve the issue. Staff received training on open disclosure and demonstrated an understanding of the principles of open disclosure. A consumer described how the service apologised for an issue the consumer had raised and confirmed the service resolved the issue satisfactorily.

Consumers and representatives described how complaints and feedback were used to improve the care and services and inform changes implemented at the service. Management described how feedback and complaints formed part of the service’s continuous improvement processes. A current continuous improvement plan and complaints register demonstrated processes were in place for complaint resolution and the complaints log showed the service used an open disclosure approach when handling complaints.

# 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 described staff as caring and willing to assist them. A representative advised staff were supportive to both them and the consumer since the consumer entered the service. Staff interactions were observed to be caring and respectful, with staff taking time to interact with consumers when assisting and providing care and services.

Consumers said staff were well trained and knew how to look after them and attend to their care needs. Staff confirmed the service ensured they were well trained and attended refresher training on an ongoing basis. The service maintained an accurate training register, which reflected a record of all staff qualifications, management reviewed training records monthly to ensure staff were qualified to deliver quality care to consumers.

The service demonstrated it had implemented appropriate systems which ensured appropriately trained and skilled staff were recruited and supported to deliver quality care and services. The service provided ongoing training and development to all staff and kept detailed records of training. Mandatory training was provided annually, and training records demonstrated staff training was up to date.

The service had a clear process for assessing, monitoring, and reviewing the performance of staff and human resources documentation outlined the staff performance framework which included annual performance appraisals and mandatory education. Staff demonstrated an awareness of the service’s performance development processes and confirmed they participated in annual performance appraisals.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they were encouraged and supported to provide input into how care and services were delivered, and the service encouraged this through regular consumer and representative meetings, surveys, and an open-door policy as consumers and representatives could approach management directly. Minutes of consumer and representative meetings demonstrated consumer feedback was a standing agenda in all meetings.

The governing body visited the service regularly to ensure quality standards were being met and promoted a culture of safe, inclusive and quality care. Key issues regarding care and services to ensure quality of care were discussed at regular board meetings. Management described various committees which reported to the governing body, in addition to the information provided to the board at regular meetings.

The service had effective, organisation-wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Information, feedback and data from the service was collated and reported to governance committees and the governing body. The service had policies and procedures in place which supported governance systems.

The service demonstrated an effective risk management system with practices in place to effectively manage high impact and high prevalence risks, abuse and neglect, and to support consumers to live their best lives. Staff were trained and knowledgeable in relation to their responsibilities surrounding risk and incident management, including serious incident reporting and elder abuse and neglect. Management said the organisation planned and prioritised risks and mitigated risks as required. The service had policies and procedures relating to risk management in place.

The service demonstrated it had a clinical governance framework in place, which encompassed antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management explained areas of responsibility for clinical leadership; how data was collected and used to inform safety and quality; and the service’s approach to clinical audits and data. Staff understood and described their accountabilities and responsibilities under the clinical governance framework in relation to antimicrobial stewardship, the use of restrictive practices, and the open disclosure process.

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)