Performance

Report

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| Name: | Noble Manor Residential Aged Care |
| Commission ID: | 3783 |
| Address: | 33 Frank Street, NOBLE PARK, Victoria, 3174 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 29 May 2024 |
| Performance report date: | 20 June 2024 |
| Service included in this assessment: | Provider: 1122 Great Oaks Pty Ltd  Service: 5929 Noble Manor Residential Aged Care |

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 Noble Manor Residential Aged Care (**the service**) has been prepared by Gai-Maree Cain, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback on the clinical care consumers receive from the service and the effective management of consumers identified clinical needs including risks. Staff interviewed described their awareness of consumer’s individual care requirements and demonstrated sound knowledge in relation to management of consumers’ assessed risks in relation to falls, diabetes, wound care, and clinical deterioration. Care documentation evidenced staff are effectively monitoring, assessing, and managing consumers clinical needs including wound care, administration of time sensitive medication, and consumers’ post fall. Interviews with management and review of service documentation, including incident management records, clinical chartings and assessment and care planning, demonstrated effective management of high impact and high prevalence consumer risks. These included in relation to falls management, diabetes management, wound care, management, medication management, and clinical deterioration.

I have considered the information within the assessment contact team report, and I have placed weight on the information including the positive feedback from consumers, staff knowledge in managing consumers’ risks, and documentation review reflecting effective management of consumers’ risks.

It is my decision Requirement 3(3)(b) is 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 |

Findings

Consumers and representatives provided positive feedback in relation to consumer care and services and said there are sufficient staff on duty who are knowledgeable in providing consumers’ individualised care and clinical needs. Staff described their understanding of consumers’ individualised needs and confirmed the regular education and training they receive to ensure they are qualified and competent including training on the escalation process. A review of the service’s roster and interview with management and staff demonstrated a mix of staff rostered on site and on duty 24 hours a day 7 days a week. Management evidenced strategies to replace staff on planned and unplanned leave including maintaining an established casual bank to ensure staff availability, extension of working hours, and discussions with existing staff for additional shifts. A suite of other allied health professionals is engaged across the week in addition to the medication competent and trainee care staff.

In relation to the workforce responsibilities (including the 24/7 RN requirement and mandatory care minutes), a review of the service’s roster, interview with staff and management identified the service utilises a mix of registered staff and care staff across the service 24 hours, across 7 days of the week. There are RNs rostered on site and on duty 24/7 with additional support from several senior managers on site who are also RNs. Managers are available on call after hours for escalation of clinical and other matters and staff can utilise a range of escalation processes in place including medical officer on site, ambulance services, and the virtual emergency services. A suite of policies and procedures are available and provided to guide staff including in regard to clinical escalations, and staff’s understanding of these were confirmed on interview.

In relation to meeting the mandatory care minutes requirements, interviews with management and review of service documentation identified the service is currently not meeting its mandatory care minutes targets. However, the service demonstrated a range of strategies to ensure the delivery of safe and effective care, including the consideration of consumers’ holistic care when determining the support provided to consumers, the implementation of a robust well-being programme that includes mental health support and companionship, and the additional support provided on site by other allied health professionals.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, staff knowledge of the consumers’ care needs and escalation processes, and the additional support and engagement of other allied health professionals in consumers’ clinical care.

It is my decision Requirement 7(3)(a) is Compliant.

# 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 organisation demonstrated a robust clinical governance system in place which provides guidance to staff and the service to ensure the delivery of quality care and services to consumers. The organisation demonstrated systems and processes including a clinical governance committee who is responsible in the development and implementation of legislative requirements and operational responsibilities to ensure a strong safety culture.

In relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure, staff described understanding of the organisation’s policies and procedures and were able to provide examples of relevance to their work.

In relation to workforce responsibilities, I have considered information contained in the assessment contact report under this and other assessed Requirements which evidenced the service had a suite of policies and procedures to guide staff including in regard to clinical escalations and are supported by an on-call manager process.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the assessment contact team report including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high impact and high prevalence consumer risks, a competent and qualified workforce, and ongoing and continuous improvement actions.

It is my decision Requirement 8(3)(e) is Compliant.

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