Performance

Report

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| Name of service: | Point Cook Manor |
| Service address: | 9 Hewett Drive POINT COOK VIC 3030 |
| Commission ID: | 3976 |
| Approved provider: | Wickro Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 19 October 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 Point Cook Manor (**the service**) has been prepared by James 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:

* 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
* 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 considered they were treated with dignity and respect and their identities and diversity were valued. The Assessment Team observed staff providing care and services with respect for the dignity and diversity of consumers.

Care planning documentation included information about consumers’ cultural practices and backgrounds. Consumers felt safe and comfortable their cultural practices and identities were respected.

Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described strategies for supporting consumers to exercise choice and independence in care planning on a day-to-day basis.

Staff could identify consumers engaged in activities that contained an element of risk and described the strategies used to manage those risks. Consumers indicated risks associated with activities were discussed with them, so they could make informed choices to live the best lives possible.

Consumers and representatives advised they were provided with information that was current, accurate, timely and was communicated clearly, and enabled consumers to exercise choice. Staff described strategies for communicating information to consumers with cognitive impairments.

The Assessment Team observed staff respecting the privacy of consumers by knocking on doors and awaiting a response prior to entering and closing doors when providing personal care. Staff described strategies for respecting privacy and ensuring the confidentiality of personal information in line with organisational policies and procedures.

# 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 demonstrated the assessment and care planning process considered risks to the consumer’s health and wellbeing and informed the delivery of safe and effective care and services. Staff advised assessment and planning outcomes were documented in care plans and discussed with care and clinical staff, which guided the provision of safe and effective care and services.

Consumers and representatives confirmed they were provided with the opportunity to discuss their needs, goals and preferences, including their end-of-life care wishes and advance care planning. Staff demonstrated a shared understanding of what was important to consumers in relation to the delivery of their personal and clinical care.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, input was sought from health professionals. Consumers and representatives were satisfied with the quality of care and services they received.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they were able to access consumer care plans upon request. Staff indicated they involved representatives in the assessment and planning process.

Consumers and representatives confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred. Management advised clinical incidents were reviewed monthly at both a service and organisational level to identify strategies to minimise the risk of reoccurrence and to identify improvements, to improve outcomes for consumers.

# 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 and representatives indicated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies and procedures in place which supported the provision of care, such as wound management, restrictive practices, falls prevention and skin integrity and pressure injury prevention.

Consumers and representatives were satisfied high impact and high prevalence risks were effectively managed. Care planning documentation identified effective strategies to manage key risks and these were recorded in the service’s tools for assessment.

Care planning documentation detailed consumers’ advance care planning information, including choices and end-of-life preferences. Consumers and representatives were satisfied care was delivered in alignment with their needs, goals and preferences and confirmed staff spoke with them about advance care planning and end-of-life preferences.

Deterioration or changes in consumers’ health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff provided examples of how deteriorations or changes in consumers’ conditions was recognised and how the service responded.

Staff outlined the various ways changes in consumers’ care and services were communicated and shared within the organisation, and with others where responsibility for care was shared. Consumers and representatives were satisfied with the delivery of care including the communication of changes to consumers’ condition.

Care planning documentation showed timely referrals to medical officers, allied health therapists and other providers of care and services. Staff described the process for the referral of consumers to other health professionals.

Staff indicated they received training on strategies to minimise infection, including hand hygiene, the use of appropriate personal protective equipment and the service’s outbreak management process. Consumers and representatives stated they were satisfied with the service’s management of COVID-19 precautions and infection control practices.

# 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 were satisfied services and supports for daily living met their needs, goals and preferences and optimised their independence, well-being and quality of life. Care planning documentation identified the individual services which consumers required to support their needs, goals and preferences.

Consumers advised the service supported their emotional, spiritual and psychological well-being. Care planning documentation identified consumers’ emotional support strategies and how these supports were implemented.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Staff provided examples of the supports provided to consumers to engage in the community, have social and personal relationships and to do things of interest to them.

Staff advised information regarding consumers’ conditions, needs and preferences was shared regularly at shift handovers and documented within the service’s electronic clinical database. Care planning documentation included contact information for the consumer’s representatives and others the consumer had chosen to be involved in decision making.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation contained information about the external services utilised to provide care and supports to consumers.

Consumers indicated the meals provided were of suitable quality and quantity, and indicated they were offered alternate meals upon request. Staff were observed attending to consumers in line with their documented needs and preferences.

The Assessment Team observed that where equipment was provided, it was safe, suitable, clean, and well maintained. Staff advised they had access to equipment that was regularly maintained and outlined the process for reporting faults and issues.

# 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 advised they could make their way around the service easily and felt comfortable within the service. The Assessment Team observed staff greeting consumers in their rooms, in the corridors and being welcoming to visitors.

The service environment was observed to be safe, clean and well maintained, indoor and outdoor areas were accessible, and consumers were observed enjoying a variety of areas across the service. Staff provided copies of preventative maintenance schedules and processes for reactionary maintenance.

The service demonstrated that furniture, fittings and equipment were maintained to ensure safety and cleanliness and consumers have access to furniture and equipment that suited their needs. Staff advised they had access to safe and well-maintained equipment which supported consumers’ needs.

# 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 were encouraged, and felt comfortable to provide feedback and make complaints. Management and staff described the avenues available to consumers and representatives if they wanted to provide feedback or make a complaint, and the process they followed if a consumer or representative raised an issue with them directly.

Consumers and their representatives stated they were aware of other avenues for raising a complaint; however, they felt comfortable raising concerns directly with staff and management. The Assessment Team observed information regarding advocacy and complaint supports displayed throughout the service in multiple languages.

Management and staff described the process followed when feedback or a complaint was received, including escalation to senior clinical personnel or management if required. Consumers and representatives advised management acted promptly to resolve their concerns following the lodging of a complaint, or after an incident occurred.

Management described how feedback and complaints were trended, analysed, and used to improve the quality of care and services, through the service’s plan for continuous improvement. Consumers and representatives provided examples of changes made as a result of their feedback and 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 and staff indicated there were sufficient staff to meet the needs and preferences of consumers. The Assessment Team reviewed the service roster which demonstrated the service utilised a combination of registered and care staff to provide care across a 24-hour period.

Consumers and representatives advised staff engaged with them in a respectful, kind and caring manner. Staff demonstrated an in-depth understanding of the needs and preferences of consumers; this information was consistent with a review of care planning documentation.

Management indicated staff performance was monitored through feedback from consumers and representatives, input from other staff members and analysis of clinical data to help monitor the clinical outcomes and staff competencies. Staff expressed satisfaction with the support provided to them on an ongoing basis from other staff members and management.

Staff described the training, support, professional development and supervision they received during orientation and on an ongoing basis. Consumers and representatives expressed confidence in the competency of staff to perform their duties effectively and meet their care needs.

The organisation had a range of documented policies and procedures which guided the management of the workforce, the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance and the management of staff when issues were identified in performance. Staff confirmed the service had a probationary process and ongoing performance review systems in place.

# 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 were confident the service was well run and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service.

The organisation implemented systems and processes which monitored the performance of the service and ensured the governing body was accountable for the delivery of safe, inclusive, and quality care and services. Management described the various ways the organisation communicated with consumers, representatives and staff regarding updates on legislation, policies and procedures through regular staff meetings, email communication and training when required.

The service demonstrated there were effective, organisation-wide governance systems in place which guided information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

The organisation provided a documented risk management framework, including policies which described how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best lives they can and how to manage and prevent incidents. The service’s risk management system was communicated and reviewed through service and organisation meetings, resulting in improvements to care and services for consumers.

The organisation’s clinical governance framework ensured safe and quality clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of open disclosure principles. Management and staff demonstrated a shared understanding of the organisation’s open disclosure processes and the application of these processes to incidents, complaints and feedback.

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)