Performance

Report

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| Name of service: | Sir Leslie Morshead Manor |
| Service address: | 26 Archibald Street LYNEHAM ACT 2602 |
| Commission ID: | 2903 |
| Approved provider: | Morshead Home for Veterans and Other Aged Persons Limited |
| Activity type: | Site Audit |
| Activity date: | 11 July 2023 to 17 July 2023 |
| Performance report date: | 15 August 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 Sir Leslie Morshead Manor (**the service**) has been prepared by K. Richards, 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 consumers, representatives, staff, management, and others.

The provider did not submit 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 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff treated them with dignity and respect, with their identity, culture, and diversity valued. Staff spoke about consumers in a respectful manner, and described the strategies in place to support consumers identity, culture, and diversity. Care planning documents contained relevant information about consumers’ identity, culture, and diversity to support staff in the delivery of dignified and respectful care and services.

Consumers and representatives said consumers’ cultural backgrounds and practices were supported by the service. Staff demonstrated knowledge of consumers’ cultural background, needs and preferences, and described ways they provided culturally safe care and services consistent with information in care planning documents.

Management and staff described how consumers were supported to exercise choice and independence, such as through assessment and planning processes, and asking consumers for their direct input. Consumers and representatives said consumers made decisions about their care, how it should be delivered, and who should be involved. Care planning documents contained information about consumers’ choices and ways to support consumers, including maintaining relationships of choice.

Management and staff said they supported consumers to live life on their terms, through consultation and assessment processes, which helped consumers make informed decisions about any associated risks. Care planning documents demonstrated risks were assessed and discussed with consumers, with risk mitigation strategies in place.

Management and staff outlined ways information was provided to consumers in an easy to understand and timely manner to help them make decisions, including for consumers with communication considerations. Information to support consumers in exercising choice was observed throughout the service environment, such as activity schedules and newsletters.

Consumers said their privacy was respected by staff. Management and staff described ways they respected consumers’ privacy and maintained the confidentiality of information, such as knocking on a consumer’s door before entering, and applying password protection to electronic records. Staff were observed following privacy protocols in practice and respecting 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Assessment and planning considered risks to consumers’ health and well-being to inform the delivery of safe, effective care and services though assessment tools, consultation of other providers of care and services, and procedures to guide staff. Management and staff advised consumers were supported to do things with an element of risk, with risk mitigation strategies in place. Care planning documents identified risks associated with the care of consumers, and ways to safely support the delivery of consumers’ care and services.

Management and staff explained end of life planning was discussed during admission to the service and at other times as appropriate. Care planning documents contained information about consumers’ current needs and preferences, and ways to support consumers’ advance care and end of life wishes.

Consumers said they were involved in the ongoing assessment, planning, and review of their care and services, including other people they wished to involve, as evidenced in care planning documents. Staff explained how the service partnered with other organisations and providers of care to consider each consumer’s unique care needs through assessment and planning processes.

Consumers and representatives said the service regularly communicated with them concerning any changes to care and services and staff explained things to them as needed. Consumers and representatives said, and documentation confirmed they were provided a copy of the care plan. Management and staff described ways the outcomes of assessment and planning were communicated to consumers and others involved in their care, such as through direct conversations, telephone calls, and emails.

Consumers and representatives advised consumers’ care and services were regularly reviewed. Care planning documents demonstrated care and services were reviewed for effectiveness every 6 months, or as circumstances changed which impacted on the needs, goals, and preferences of 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers received safe, effective personal and clinical care which met their needs, and optimised their well-being. Management and staff demonstrated knowledge of best practice principles in relation to the delivery of clinical and personal care. Care planning documents contained information to support the delivery of safe, effective, individualised care in line with consumers’ needs and preferences. Policies, procedures, and guides were in place to support staff across areas of clinical care, such as restrictive practices, wound care, and pain management.

Management and staff identified high-impact, high-prevalence risks associated with the care of consumers, such as falls and behaviour management, and explained how risks were managed and minimised. Care planning documents demonstrated high-impact, high-prevalence risks were assessed in consultation with consumers and other providers of care, with risk mitigation strategies in place.

Management and staff explained how the delivery of care and services changed for consumers nearing end of life and ways they supported consumers’ dignity and comfort, including consideration to consumers’ physical, emotional, and spiritual well-being. Care planning documents for a named consumer evidenced the consumer received end of life care which supported their dignity and comfort. The named consumer’s representative said they were very happy with the end of life care the consumer received.

Staff described how they identified and responded to changes in consumers, such as completing referrals to other providers of care such as medical officers and specialists. Care planning documents evidenced deterioration or changes in consumers were identified and responded to in a timely manner.

Staff explained information about consumers was shared within the service and with others responsible for care through verbal and documented processes. Consumers and representatives said consumers’ preferences and needs were communicated effectively with them and external providers.

The service had an established network of individuals, organisations, and providers that staff referred consumers to. Consumers said they were referred to appropriate providers, organisations, or individuals to meet their needs in a timely manner, as evidenced in care planning documents.

Infection related risks were minimised through infection prevention and control protocols. Dedicated staff were responsible for the oversight and implementation of an outbreak management plan. Staff provided examples of how they would prevent and control infections, and practices to promote appropriate antibiotic prescribing. Staff were observed following appropriate infection prevention and control protocols, such as wearing personal protective equipment (PPE) and conducting hand hygiene.

# 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 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers were supported to participate in activities they liked, and were provided appropriate support to optimise their independence and quality of life. Staff demonstrated knowledge of consumers’ interests and needs which aligned with information in care planning documents. Staff described how consumers’ diverse interests, needs, preferences, and levels of mobility and function were supported.

Consumers advised their emotional, spiritual, and psychological needs were supported. Staff explained how they supported consumers’ emotional, spiritual, and psychological well-being, with relevant information available in care planning document to support the delivery of care. Staff said they identified consumers experiencing low mood through changes in their demeanour or body language and provided emotional support and reassurance, with matters escalated for clinical assessment as appropriate.

Consumers and representatives said consumers were supported to participate within and outside the service, keep in touch with people important to them, and do things of interest. Staff described how consumers were supported with social and community participation. Documentation reflected consumers were supported to join activities within the community and pursue interests.

Staff explained information about consumers was shared and communicated through verbal and documented processes. Care planning documents contained adequate information to support the delivery of safe, effective care and services.

Consumers said they were referred to appropriate providers, organisations, or individuals to meet their needs, as evidenced in care planning documents. Management and staff advised a range of external services were engaged to support consumers’ diverse lifestyle needs and interests, such as volunteers, religious services, musicians and performers.

Overall, consumers considered meals were of suitable quality and quantity. One named consumer said the service would have benefited from more fresh food, however, reflected they enjoyed the homestyle meals provided. Consumers advised the service was aware of their dietary needs and preferences, and were able to provide feedback about meals. Staff were observed assisting consumers with their meals as appropriate, and menus reflected consumers were provide a wide range of options for each meal service.

Consumers and representatives said consumers had access to various equipment to support them with their daily living needs. Staff described the processes in place to maintain the safety and cleanliness of equipment. Documentation demonstrated equipment was regularly serviced.

# 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 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was welcoming, easy to understand, and home-like. Management and staff described ways consumers were supported to feel welcome, and features of the service environment which optimised consumers’ sense of independence, interaction and function. The service environment was observed to be welcoming, with sufficient lighting, handrails and signage to support consumer navigation.

Consumers and representatives considered the service environment was safe, clean, and well maintained, and reflected consumers were able to move around indoor and outdoor areas freely as they wished. Staff explained the processes and systems in place for maintaining the safety and cleanliness of the service environment. Documentation demonstrated preventative maintenance and faults were attended to in a timely manner.

Consumers said, and observations demonstrated equipment and fittings were clean and suitable for consumers’ individual needs. Staff outlined their roles and responsibilities in maintaining the safety and cleanliness of furniture, fittings, and equipment.

# 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 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives described ways they were supported to provide feedback or make a complaint, such as through feedback forms, meetings, and directly to management or staff. Staff explained how they supported consumers with varying communication needs to provide feedback and complaints. Policies, procedures, and systems were in place to support consumers and others in providing feedback and complaints.

Consumers and representatives advised they were aware of external complaints pathways, such as advocacy and language services. Management and staff explained how they supported consumers to access external advocacy and language services. Information was observed throughout the service environment to inform consumers of their feedback and complaints rights, and ways to raise and resolve complaints through advocates and language services.

Staff demonstrated an understanding of open disclosure principles, and explained what they would do to resolve matters. For example, staff said they would acknowledge concerns and provide an apology, remain transparent during investigations, and inform consumers and representatives throughout the process. Documentation evidenced complaints were resolved in an appropriate manner with an apology provided.

Management explained complaints and feedback information was reviewed and analysed to identify trends, and inform improvements to the quality of care and services. The service’s continuous improvement plan and other documentation demonstrated consumers’ feedback and complaints were identified, addressed, and satisfaction monitored to improve the quality of care and services.

# 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 5 of the 5 Requirements have been assessed as compliant.

Consumers considered there was an appropriate number of staff available to deliver care and services, and their calls for assistance were answered in a timely manner. Management explained the workforce planning and management processes and systems in place to deliver safe, quality care and services, including accounting for unplanned leave. Documentation evidenced appropriate number and mix of staff were deployed, with monitoring processes in place.

Consumers and representatives said staff were kind, caring, and respectful and recognised consumers’ identity and diversity, as observed. Management said a code of conduct, training, and education guided staff to interact with consumers with respect to their identity, culture, and diversity.

The service had policies, procedures, staff training, and systems to ensure staff were qualified, and had up to date qualifications and knowledge to effectively perform their role. Management explained they maintained oversight of staff competency in various ways, such as through recruitment processes, orientation and onboarding training, and pairing new staff with an experienced staff member.

The workforce was supported to deliver the outcomes required by these standards through formal recruitment processes. Most consumers and representatives were satisfied staff were well trained, although one said consumers may benefit from staff receiving specialised dementia care training. Management and staff said, and documentation confirmed staff received training and support through the service’s orientation program, annual training, and education covering topics relevant to the Quality Standards.

Management said staff performance was monitored through formal performance appraisals, and informal feedback and monitoring. Staff said, and documentation confirmed annual appraisals were up to date, with a minor number of overdue reviews commenced during the site audit.

# 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 5 of the 5 Requirements have been assessed as compliant.

Management described the ways consumers were supported to provide input about care and services, such as through consumer and representative meetings, feedback forms, surveys, and care plan reviews. Documentation demonstrated consumers were encouraged and supported to provide feedback about care and services.

The organisation’s governing body is accountable for the delivery of safe, inclusive, quality care and services through various mechanisms such as a clear organisational reporting lines and areas of responsibility, committees, audits, and reviewing reports. Management provided examples of changes made to the service endorsed by the governing body, such as painting areas of the service environment.

Management and staff feedback and documentation demonstrated effective organisation wide governance systems were in place, relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, financial governance was supported by monitoring, review, and reporting, and approval processes.

The service demonstrated risk management systems, practices, and policies effectively managed risks relating to: high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live their best life, and the management and prevention of incidents. Management and staff described how risks and incidents were identified and responded to, and reported to the Commission in line with legislation. Consumers were supported to live their best life through risk assessments and implementation of risks mitigation strategies.

The clinical governance framework was supported by policies and procedures, guidelines, training, reports, and meetings. Staff provided examples of how they implemented antimicrobial stewardship principles, minimised the use of restraint, and practiced open disclosure.

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