Performance

Report

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| Name of service: | The Manor Fairfield East |
| Service address: | 91 Bligh Street Fairfield East NSW 2165 |
| Commission ID: | 2536 |
| Approved provider: | Villawood Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 12 January 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 The Manor Fairfield East (**the service**) has been prepared by M. Nassif, 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.

# 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 are treated with dignity and respect, and staff value their identity, culture, and diversity. Documentation reflected cultural needs and preferences of consumers sampled. Staff described the cultural needs and preferences of sampled consumers in alignment with care planning documentation.

Consumers said care and services are culturally safe for them. Staff demonstrated familiarity with consumers cultural needs and preferences, and this was reflected in assessment and care planning. The service had a culturally diverse community of consumers from various backgrounds.

Consumers described how they were involved in the planning of their care including others who they wished to be involved. Care planning documents reflected consultation/involvement of consumers and others important to them. Staff were observed supporting consumers to make choices about what they wanted to do, such as activities they would like to participate in, where they would like to sit and what they would like to eat.

Consumers described how they are supported to take risks and how they were involved in discussions about their choices and assessment and planning. Staff demonstrated awareness of consumers choices and strategies to support them. The service had a suite of assessments in place to support consumers to make choices and take risks which included strategies to mitigate risks.

Consumers said they are kept well informed about they want and/or need to know. Staff feedback and documentation demonstrated how the service provided consumers and representatives with information. Information was observed to be provided to consumers in a clear and easy to understand way.

Consumers described how their privacy is respected by staff. Staff described various ways consumers information is kept confidential for example all computers are password protected. The service had a suite of policies and processes to protect 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 that their care is well planned. Staff described the assessment and care planning processes and how they are involved in the process. Validated assessment tools are consistently used by staff in assessment and planning of consumers’ care and services. Care planning documents evidenced that the service identified and assessed risk with consumers during assessment and planning and risk management strategies are included.

Consumers said their care and services are planned around what is important to them and included consideration of how they want their care and services delivered. Care planning documents had either an advance care directive or an end-of-life pathway stored on the care management system. The service’s governance system contained guidance for staff to follow for end-of-life care.

Consumers and representatives said they are actively involved in the assessment, planning and review of care and services. Staff described their role in partnering with consumers and/or their representatives to assess, plan and review care and services. Care planning documents evidenced integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers and representatives said the service regularly communicated with them about consumers’ care. Management confirmed consumers and representatives are offered a copy of care and service plans.

Consumer and representatives were familiar with the care planning review process and said that they were notified of any changes to care, referral to other services and medication changes. Care planning documents evidenced they are reviewed a minimum of 4 monthly, following incident, following hospital admission, and following changes in care needs.

# 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 said they are satisfied the care meets consumers’ needs and optimised their health and well-being. Staff demonstrated that they were familiar with the personal and clinical needs of consumers. Care planning documents evidenced care that is safe, effective, and customised to each consumer is delivered. Consumers who are receiving restrictive practices have a consent and assessment, alternatives are trialled, and behaviour support plans are in place and restrictive practices are used as a last resort.

Care planning documents evidenced key risks to consumers were assessed and documented and identified effective strategies to manage identified risks. Consumers and representatives were satisfied that risks are effectively managed. Staff accurately described the risk for consumers and the care provided to manage those risks.

Consumers and representatives felt confident when consumers need end of life care, staff will support them to be free from pain and to have those important to them with them. Care planning documents contained information on consumers end-of-life needs, goals, and preferences. Staff described how they support consumers who are approaching end of life, and then supporting their representatives when they reached the end of their lives.

Consumers were confident that staff would identify a change in their condition, and they are able to respond appropriately. Staff described how they identified signs of deterioration and described different situations where a change in a consumer’s condition, health or abilities should be identified and what response they should take. This was consistent with care planning documents.

Consumers said they benefit from the service coordinating multiple agencies working together and sharing information about them. Staff described how changes in consumers care and services are communicated through verbal handover processes, meetings, accessing care plans, accessing the care management system or messages through electronic notifications. Care planning documents evidenced of updates, reviews and communication alerts and clinical hand over sheets contained current and accurate information relating to consumer care.

Consumers said that the service has referred them to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they are satisfied with the referral processes. This was reflected in care planning documents. Staff described the process for referring consumers to other health professionals and allied health services.

Consumers and representatives said the service is clean and staff practice good infection control. The service had plans in place that explained how the service will prepare for, identify, and manage outbreaks. Staff said they had received training on infection minimising strategies.

# 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 are satisfied that the service supports them to do the things they want to do explained how services and supports for daily living have improved their independence, health, well-being, and quality of life. Care planning documents recorded strategies and options to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Staff described how they access these records to assist consumers to stay well and healthy and do as much for themselves as possible.

Consumers expressed how they could talk to a lifestyle staff member if they needed. Staff described how they escalate consumers emotional needs to a lifestyle staff member and how the lifestyle staff member follows up. Care planning documents included consumers’ emotional, spiritual, and psychological needs and preferences and strategies to support the consumers.

Consumers described how staff support them with their life choices. Staff described how the service is the consumers home and how they support consumers to do the things of interest to them. Care planning documents identified what is important to consumers and included strategies to support these choices.

Consumers described how staff know their needs and preferences. Staff described various ways consumers information is shared. The service had an electronic care planning system and other process such as verbal handover to ensure consumers’ needs and preferences are shared.

Consumers said that they have consented to information being shared with others about them and as a result they have continuity of services and supports. Care planning documents evidenced timely and appropriate referrals occur.

Consumers said they received meals of a quantity and quality that meet their needs and preferences. Staff demonstrated that they were aware of consumers’ nutrition and hydration needs and preferences and how to support consumers’ independence including preferred meal size, dietary or cultural needs and any support they need to enjoy food or drinks.

Consumers said they feel safe when they are using equipment and they know how to report any concerns they have about the safety of equipment. Staff described how the service has trained them to safely use the equipment and explained how they would identify any potential risks to the safe use of the equipment. Staff described the responsibilities they share for the safety, cleanliness, and maintenance of equipment.

# 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

Staff described how consumers are supported to make the facility feel like home. Consumers said that they can personalise their rooms, including bringing in the furniture and possessions of choice. This was consistent with observation which also showed signage displayed to assist consumers to move around the service.

Consumers and representatives said the service is cleaned very well, and maintenance is done quickly. This was consistent with observations. Consumers were observed moving freely around the facility in the loungerooms, and gardens. The service had a schedule maintenance program that was up to date.

Consumers said that equipment is well maintained and clean. Staff said that they have access to equipment needed for consumer care. Records showed that technical equipment such as wheelchairs, walkers, and hoists are serviced by qualified contractors.

# 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 are encouraged and supported to provide feedback regarding care and services and feel comfortable raising concerns. Staff and management described the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint.

Consumers and representatives said they are aware of other avenues for raising a complaint. Staff described how they act as advocates for consumers and were aware of how to access interpreter and advocacy services for consumers as required. The service displayed information on advocacy services on the noticeboards.

Consumers and representatives said management promptly addressed and resolved their concerns following the making of a complaint, or when an incident has occurred. Staff and management described the process that is followed when feedback or a complaint is received including escalation to senior clinical personnel or management if applicable.

Consumers were satisfied with the improvement of the service based on their feedback. Staff described how information from feedback and complaints are used to improve the quality of care and services. Documentation demonstrated that feedback and complaints are trended, analysed, and used to improve the quality of care and services. Improvement actions taken in response to feedback and complaints are evaluated in consultation with consumers and or representatives.

# 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 representatives said there are sufficient staff to meet consumers’ needs and staff respond promptly to call bells. Staff said there is sufficient staff to provide care and services in accordance with the consumers’ needs and preferences, and that staff have sufficient time to undertake their allocated tasks and responsibilities. Management outline the options available to fill unplanned leave.

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner. This was consistent with observations. Staff demonstrated an in depth understanding of consumers, including their needs and preferences.

Consumers and representatives felt confident that staff are suitably skilled and competent to meet consumers’ care needs. Management described how they determine whether staff are competent and capable in their role. The service had a recruitment and selection procedures inclusive of the assurance that staff have the required qualifications and credentials.

Consumers and representatives said staff are well trained and equipped to perform their roles. Staff described the training, support, professional development, and supervision they receive during orientation and on an ongoing basis. Training records demonstrated the service orientates, trains and monitors staff training and competencies to ensure the workforce has the skills to perform their roles effectively.

Management advised, and staff confirmed, the service has probationary and ongoing performance review systems in place. Management outline the various ways staff performance is monitored such as through observations, competencies and consumer and representative feedback.

# 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 the service is run well and they are 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 are encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they receive. Documentation confirmed consumers are engaged.

The governing body received various consolidated monthly reports outlining information relating to internal audits, consumer, representative and staff feedback and complaints, continuous improvement initiatives, reported hazards and risks, and clinical and incident data analysis. The governing body uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery.

The service had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, budgets are reviewed each month and risk assessments are conducted to ensure all equipment for consumer care is available.

The service had a documented risk management framework and policies on the management of high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Staff demonstrated awareness of these policies and how it applied to their roles.

The service had a clinical governance framework relating to antimicrobial stewardship, minimising the use of restraint and an open disclosure. Staff demonstrated awareness of these policies and how it applied to their roles.

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)