Performance

Report

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| Name of service: | The Manor Nursing Home |
| Service address: | 2 Guy Street KINGS MEADOWS TAS 7249 |
| Commission ID: | 8784 |
| Approved provider: | OneCare Limited |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 12 May 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 Nursing Home (**the service**) has been prepared by G.Hope-Simpson, 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.
* 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 said staff are kind, they are treated with respect, and their identity and culture is valued. Staff understood consumers rights for respect and detailed how they communicate and exercise choice for consumers with cognitive impairments. Staff demonstrated they are familiar with consumers’ backgrounds and described ways they enable and support consumers’ choices and preferences on a day-to-day basis. The service has policies and procedures for inclusive, consumer centred approach to delivering care and services.

Consumers said their identity, culture and diversity is valued. Staff described how they respect each consumers identity and culture by addressing consumers by their preferred name, acknowledging their choices, and delivering care respectfully. Staff were aware of consumers from different cultures and explained how care and services are tailored to ensure their culture was valued. Policies and care planning documentation evidenced cultural needs are supported.

Consumers said the service supports them to make and communicate decisions affecting their health and well-being, and they can change these decisions at any time, others are included in decision making where the consumer chooses this. Care planning documentation, assessments, case conferences and communication accurately identified consumer choices, consumers make changes to their care plan, and nominated decision makers were recorded where a consumer chooses this.

Consumers said the service supports them to understand benefits and possible harm when they make decisions about taking risks and they are involved in decisions involving risk. Dignity of risk assessments were imbedded in care plans where consumers choose to take risks, they are reviewed with each care plan review. Staff have dignity and respect training, and the consumer welcome pack provides information on dignity of risk.

Consumers said they get information in a way they can understand and confirmed they are involved in meetings, are encouraged to ask questions about their care and are offered hard copies of care plans, meeting minutes and calendars. Consumers are referred to optometrists and audiologists as required, and specialised aids are used when needed such as picture cards. Information is read to consumers who have barriers to communication, for example, there is a brochure with information to contact the translation services when required.

Consumers said the service protects their privacy and ensures confidentiality, staff respect their personal space and privacy when their friends, partners or significant others visit. Care planning documentation specified consumer preferences regarding privacy, such as asking that staff knock on the door prior to entering. Care planning documentation included privacy consent and next of kin information. The Assessment Team observed some personal consumer information on display, which was immediately removed by management. On balance, the Assessment Team found Requirement 1(3)(f) met.

# 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 their care is well planned, and staff take the time to understand how to support them. Staff said they discuss with family and consumers any risks as part of the assessment and planning of care to ensure risks versus preferences are included in care plans. Staff described other health professionals and medical officers involved in care planning and assessment including specialists such as a dietitian, speech pathologist, palliative care team, and physiotherapy.

Consumers and representatives said they are involved in the assessment of consumer needs, care and services are planning according to what is important to them. Staff described how assessment and planning is completed to identify consumer needs, goals and preferences including for advance care directives. The services governance system guides staff in end-of-life care and provides strategies, policies and procedures supporting a consumer centred approach to assessment and planning for care and services.

Clinical staff described partnering with consumers/representatives during assessment and planning including involving other care and services to meet consumer needs such as medical officers and allied health care providers. Management described policy and procedures guiding consumer assessment in partnership with the consumer and/or representative, as well as allied health providers. Care planning documentation evidenced integrated and coordinated assessment and planning involving a range of organisations, individuals, and service providers.

Consumers and representatives said the service regularly communicates with them about consumer care, they are offered a copy of their care plan, staff explain their care plan to them, and they consider it meets their needs, goals, and preferences. Staff said outcomes of assessment and planning are communicated through the care management system and at handover. The electronic care management system evidenced communication to staff, consumers, representatives and other providers where required.

Consumers and representatives acknowledged they are regularly contacted when circumstances change, when incidents occur or when consumer’s needs, goals or preferences change. Staff said they knew how to manage incidents, including reporting to the clinical team. The incident register and the care management system demonstrated the service has effective reporting systems and a review of the consumer’s needs, goals or preferences as changes or incidents dictated.

# 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 are receiving care that is safe, tailored to them and meets their needs and preferences. Staff described consumers’ needs, preferences, personal and clinical care and how it is delivered as per their care plan. Care planning documentation confirmed staff are following documented strategies and clinical management policies to deliver individualised care to consumers. The service has policies and procedures in place to guide and inform staff to deliver best practice personal and clinical care.

Consumers and representatives said high impact or high prevalence risks are effectively managed by the service. Staff explained high impact high prevalence risks and the strategies in place to manage these risks. Care planning documentation showed evidence of assessment and planning, with consideration to care risks which are highlighted to guide clinical staff and care staff. Policies and procedures are available to staff in relation to the management of high impact high prevalence risks such as falls prevention management, nutrition and weight loss management, skin integrity and wound management and pain management.

Staff described end-of-life care measures such as strategies for pain, comfort, pressure area, mouth and eye care and personal hygiene required to ensure comfort and pain management is optimised. Care planning documentation demonstrated the service ensures dignity for consumers nearing end-of-life and the needs and preferences of consumers are adhered to. The service has policies and procedures in place to guide staff practice in relation to recognising and responding to clinical deterioration, palliative and end-of-life care.

Consumers and representatives said they are confident the service will respond in a timely manner and address any deterioration in their health status. The service has policies and procedures to guide staff with the management of clinical deterioration of a consumer. Communication processes within the service were in place to assist with the identification and actioning of changes including through handovers, incident reports, progress notes and clinical charting. Staff were observed to attend shift handover to ensure information regarding consumers is consistently shared and understood.

Consumers and representatives said that timely and appropriate referrals occur when needed and consumers have access to relevant health care supports. Staff described the process for referring consumers to allied and health care professionals and how this informs care and services provided to consumers. Referral documentation was noted for consumers including referrals for geriatricians, speech pathologists, physiotherapists, dietitians and medical officers.

The service has policies and procedures related to antimicrobial stewardship, infection control management and COVID-19 outbreak management to guide and inform staff. Consumers and representatives said they are happy with how the service has managed the COVID-19 outbreaks and infections. Staff confirmed they had received training in relation to infection prevention and control. Staff demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antimicrobials.

# 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

Most consumers and representatives said they get safe and effective services and supports for daily living that meet their needs, goals and preferences. Staff described individual activities provided for consumers such as downloading shows onto an iPad for a consumer who enjoyed armchair travel shows. Care planning documentation confirmed what is important to consumers and what they like doing to optimise their quality of life, health, well-being, and independence.

Consumers and representative said they are offered emotional, spiritual, and psychological support by the service and described receiving one on one support from the care staff, lifestyle staff, volunteers, and allied health workers. Staff said they recognise when a consumer is feeling low, and they make time to sit and have a chat with the consumer. Staff were observed sitting and talking with consumers.

Consumers and representatives said they are offered services and supports to enable consumers to participate in the community, have relationships and do things of interest to them. Staff provided an extensive list of local community and health organisations with whom the service has made links and who provide support to consumers living in the service such as the migrant resources centre, complimentary therapies, local taxis and Indigenous community resources. Consumers were observed moving freely around the service, taking part in a variety of activities, having visitors in their rooms and returning from external activities.

Consumers and representatives said information about their daily living choices and preferences is effectively communicated, and staff who provide daily support understand their needs and preferences. Staff said the handover process keeps them informed with updates to consumer care and service and care planning documentation is accessible on the electronic care management system. Lifestyle staff and the physiotherapy team said they are kept informed by other staff of any changes and keep others well informed. Care planning documentation and case conference notes identified the consumer’s conditions, needs and preferences and what had changed for the consumer.

Consumers and representatives confirmed timely and appropriate referrals to individuals and others. Staff said each consumer is assessed on entry to the service, individual community ties are identified and ways to keep the consumer connected are facilitated. Care planning documentation evidenced collaboration with external services to support the diverse needs of the consumers. Brochures and resources were available to support referrals to local external organisations.

Consumers and representatives said they are satisfied with the variety, quality, quantity and temperature of meals, and consumers confirmed they could ask for an alternative meal if they did not like what was on the menu. The daily menu was displayed in the dining room offering consumers a choice of main meals or a salad. Staff were observed to be encouraging and assisting consumers with their meals and offering choices with meals. Care planning documentation noted consumers’ dietary needs, dislikes, allergies and preferences.

Consumers and representatives said they felt safe when using the service equipment; it was clean, easily accessible and suitable for their needs. Consumers and representatives were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items were repaired or replaced quickly when required. Maintenance staff described how maintenance requests are prepared and logged and signed off when completed. Maintenance documentation identified current and preventative maintenance for hoists, weigh chairs and other equipment used by consumers.

# 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 and representatives said they feel comfortable and at home in the service, and consumers can personalise their rooms with photos and items important to them. Staff described how consumers are free to move independently through the service and open doors allow consumers access to the communal garden areas. Consumers were observed moving freely between their rooms into the communal lounge/dining areas for meals and to socialise.

Consumers and representatives said the service is kept clean and well-maintained, and they can move freely and independently around the service both inside and outside. Cleaning staff described the cleaning schedule used and how the cleaning regimen was increased during the COVID-19 pandemic to ensure high touch points were cleaned regularly. Maintenance staff explained the service’s preventative and reactive maintenance schedules and documentation.

Consumers and representatives said equipment provided by the service is well-maintained, safe and clean, staff ensure the consumer’s call bells are working and are always placed within reach of the consumer. Maintenance staff confirmed they maintain all equipment used by consumers including the call bells, jobs are scheduled and carried out for routine, preventative and reactive maintenance.

# 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 and make complaints, however, they didn’t have any complaints and were satisfied with care and services provided. Staff described complaints/feedback mechanisms such as surveys, consumer/representative meetings, and food focus meetings. Policies and procedures for complaints, feedback and advocacy processes and locked suggestion boxes and complaints forms were observed throughout the service.

Consumers and representatives said they are made aware of and have access to advocates if required. Consumers with cognitive deficits are supported with cue cards and staff described advocacy services such as government services, the elder abuse hotline and the public guardian. Staff said they advocate for consumers to ensure their needs and preferences are met.

Consumers and representatives said they were confident if they had complaints, they would be handled properly and if things were to go wrong, they would be notified in a timely manner. Management demonstrated appropriate actions taken in response to things going wrong and the use of an open disclosure process. Staff knew how to escalate issues in response to complaints and when and how to use an open disclosure process. The complaints register demonstrated complaints and the resolution process including an apology offered where appropriate.

Consumers said the service had improved response times and resolutions to feedback and complaints and individual care and services had improved. The continuous improvement plan confirmed that feedback and complaints are reviewed and used to improve care and services. Policies and procedures were available to staff on the organisation’s intranet and training provided at the service for complaints, advocacy and open disclosure.

# 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 enough staff although during COVID-19, staff numbers were sometimes insufficient, they understood and helped where they could. Staff confirmed there are sufficient staff and management said the mix and number of staff is back to normal post COVID-19 outbreaks. Management said call bell response times are analysed weekly and solutions sought to manage delays in call bell response times.

Consumers and representatives said staff were kind, caring and respectful of their identity, culture and diversity. Staff demonstrated knowledge of consumers who required culturally specific care. Staff were observed interacting with consumers in a kindly, caring and respectful manner.

Consumers and representatives said staff are competent and have relevant knowledge and qualifications to effectively perform their roles. Staff said they have the required qualifications for their roles, and many were also undertaking higher level training to upskill. Position descriptions detailed essential and desired requirements for every role and staff records evidenced that qualifications are recorded for all staff including professional registrations which were up to date.

Management described their recruitment, training and support programs including onboarding, orientation process, the probationary period and associated competency training and assessments. Staff said they access regular online and face-to-face training and can request additional training. Training actions were observed in the continuous improvement plan.

Management described processes used to regularly assess, monitor and review the performance of every staff member including competency assessments and annual appraisals; staff confirmed processes as described by management. Workforce policies and procedures are in place to support the workforce in all matters relating to employment procedures, expectations and the organisation’s code of conduct which also references the new Aged Care Code of Conduct. The appraisal schedule for all staff demonstrated appraisals were up to date.

# 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 are involved in the development, delivery and evaluation of their care and services through consumer/representative meetings and at food focus meetings. Consumer-centred policies and procedures were in place for the assessment, evaluation and delivery of care and services and documentation including minutes of consumer-focused feedback and complaints meetings, care planning conferences demonstrated consumer engagement.

Consumers and representatives said the service provides safe, inclusive care and services and is accountable for the delivery of care. Management articulated the role of the Board and their overall accountability for the delivery of safe and effective care and services. Policies and procedures and the current Strategic Plan demonstrated the services’ commitment to inclusive care and services aligned with the Quality Standards.

Management described organisation wide systems underpinning the delivery of quality, safe and effective care and services and explained new initiatives to increase efficiencies and transparency in the delivery of care and services. The organisation has a range of electronic information management systems for the exchange of relevant information between management, staff, the Board and consumers/representatives. The service has an up-to-date continuous plan, structured and aligned to the Quality Standards.

Management demonstrated effective risk management systems and practices are in place to manage high-impact/high-prevalence risks associated with the care of consumers such as pressure injuries, wounds, clinical deterioration and falls. The organisation has a clinical governance framework overseen by the Board and the Clinical Governance Sub-Committee and the Board receives monthly reports on all high impact high prevalence incidents. Policies and procedures for identifying abuse and neglect of consumers were in place, supported by mandatory training for all staff.

Management demonstrated a robust clinical governance framework in place, updated in January 2023 including recent legislative amendments in aged care. Management and staff were familiar with anti-microbial stewardship principles including how to implement strategies such as ensuring consumers drink plenty of fluid. Policies and procedures were in place for the use of restrictive practices and reflected current legislation that restrictive practices must only be used as a last resort. Management demonstrated organisation wide policies and procedures for 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)