



Performance Report

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Name:	Manoah House
Commission ID:	7215
Address:	3/86 Mills Road West, MARTIN, Western Australia, 6110
Activity type:	Site Audit
Activity date:	9 October 2023 to 11 October 2023
Performance report date:	15 November 2023
Service included in this assessment:	Provider: 1372 Association for Christian Senior Citizens Homes WA Inc Service: 4743 Manoah House

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 Manoaah House (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives and others.
- the provider's response to the assessment team's report received 10 November 2023.
- Other information held by the Commission.

¹ The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

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

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: <ul style="list-style-type: none"> (i) make decisions about their own care and the way care and services are delivered; and (ii) make decisions about when family, friends, carers or others should be involved in their care; and (iii) communicate their decisions; and (iv) 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 and representatives said staff treated them with respect and dignity and valued their culture and diversity. Staff explained how they referred to consumers' care plans to ensure they were respectful of their identity, diversity, and preferences. Care planning documents recorded the consumer's history, culture, preferences, and identity, and this information was consistent with consumers' interview responses.

Consumers and representatives said they felt safe in the service and the care and services were delivered in line with consumers' cultural needs and preferences. Staff knew consumers' cultural backgrounds and their personal history and individual values. The service had written policies and procedures to support consumers' rights to privacy, respect and culturally safe care.

Consumers and representatives said consumers were supported to exercise choice and independence when making and communicating decisions about their care, and who participated in their care. Consumers and representatives also said they were encouraged to make personal connections and maintain important relationships. Staff provided examples of consumers making independent decisions about their care and services. Care planning



documents reflected consumer's individual choices about how their care was delivered, who else participated in their care, and how to support their important relationships.

Consumers and representatives felt supported to pursue an activity or preference that may involve risks, to live the best life they could. Staff explained how risk assessments were conducted to help consumers understand the potential harms when making choices involving risks. Staff confirmed they respected consumers' choice to take risks and supported them to live the life they chose. Care planning documents identified risks chosen by consumers and the strategies put in place to mitigate these risks.

Consumers and representatives said the service provided current, easy to understand information to assist them make informed choices. Staff described how they communicated current information to consumers and representatives and supported their choices. Up to date information such as monthly newsletters, lifestyle calendars, menus, newspapers, feedback forms and various posters were available throughout the service.

Consumers and representatives said staff respected their privacy, and their personal information was kept confidential. Staff said they respected consumers' privacy such as by knocking on doors before entering and closing doors to deliver care. Staff explained how they kept unattended computers locked and used passwords to access consumers' personal information. The service had an up-to-date privacy policy which was included in the consumer handbook.

Standard 2

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: <ul style="list-style-type: none"> (i) 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 (ii) 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.

Consumers and representatives confirmed they were involved in developing the consumers' care plans which were held in the service's electronic care management system. Clinical staff described how the assessment and care planning processes informed the delivery of safe and effective care, including any risks to consumers' health and well-being. The service had a range of documented policies and procedures to guide staff through the assessment and care planning process.

Consumers and representatives confirmed the assessment and care planning process addressed consumers' current needs, goals and preferences, and developed an advance care directive and end of life care plan. Management and staff confirmed they developed an advance care directive with consumers around the time of admission, or when they wished. Consumers' advance care directives and end of life care plans were uploaded into the electronic care management system as well as a paper-based folder, to ensure all staff could access them.

Consumers and representatives said they could provide regular input into the assessment and care planning process. Staff confirmed care and services were constantly reviewed in partnership with consumers and representatives. Care plans showed the involvement of consumers, representatives, medical officers and other health professionals.



Consumers and representatives said the service communicated the outcomes of assessments, and care planning in a timely manner, and they were always offered a copy of their care plan. Staff confirmed they had ready access to consumers' care plans on the electronic system and they could communicate any updates to consumers and representatives.

Consumers and representatives said their care and services were reviewed for effectiveness regularly, and when circumstances changed, or incidents occurred. Management and clinical staff explained how they reviewed care plans 6-monthly, and if there were any changes or incidents. Records showed 6 monthly care plan reviews had been completed in line with the service's written policies and procedures.

Standard 3


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: <ul style="list-style-type: none"> (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: <ul style="list-style-type: none"> (i) standard and transmission based precautions to prevent and control infection; and (ii) 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 they received personal and clinical care, which was safe, optimised their health, and tailored to their needs and preferences. Staff described consumers' personal and clinical care and how it was tailored to meet their needs and preferences. Care planning documents and associated clinical management policies and tools were consistent with best practice personal and clinical care.

Consumers and representatives said high impact, high prevalence risks to consumers were effectively managed by the service. Staff explained the key high impact and high prevalence risks to consumers in the service and the strategies in place to manage these risks. Care planning documents showed risks were assessed and managed appropriately in the delivery of consumers' personal and clinical care. Documented policies and procedures were available to



guide staff in the management of high impact and high prevalence risks such as falls, weight loss, skin integrity, wounds and pain.

Consumers and representatives confirmed consumers' advance care directives and their end of life wishes were discussed with them and documented. Staff explained how they maximised the dignity and comfort of consumers nearing the terminal stage of life. Management explained when a consumer was nearing the end of life they completed a palliative care assessment and end of life intervention plan, and were guided by medical officers and representatives in relation to the involvement of palliative care specialist services.

Consumers and representatives were confident the service would respond in a timely manner and address any deterioration in the consumer's health status. Staff articulated how they identified and responded quickly to a deterioration in consumers' health, and this was confirmed in care documentation.

Consumers and representatives said information about consumers' condition, needs and preferences was documented and communicated with themselves, and the other people involved in their care delivery. Staff were aware of consumers' current care needs and preferences and said the handover process was effective. Care planning documents contained adequate information to support safe and effective care and services.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other relevant health care services. Clinical staff described the process for referring consumers to other health care professionals and how this informed the delivery of care and services. Referral documents included timely referrals to medical officers, dietitians, and allied health professionals. The service had written policies and procedures in place to guide staff in the referral processes.

Consumers and representatives were happy with how the service prevented and managed infectious outbreaks, including COVID-19. Staff confirmed they received mandatory training in infection, prevention and control and antimicrobial stewardship. The service had 2 dedicated infection prevention and control leads, and documented policies and procedures which underpinned their infection, prevention and control processes and antimicrobial stewardship.

Standard 4

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: <ul style="list-style-type: none"> (i) participate in their community within and outside the organisation's service environment; and (ii) have social and personal relationships; and (iii) 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 the supports for daily living met consumers' needs, goals, and preferences and optimised their independence, well-being and quality of life. Management and staff described how they supported consumers independence and ensured their needs and preferences for daily living were met. Care planning documents confirmed consumers' needs and preferences for daily living were captured on entry and regularly reviewed and updated. Consumers were observed enjoying their interests and participating in daily activities, independently or with assistance from staff.

Consumers and representatives said consumers had daily access to emotional and spiritual supports and external psychological supports, if needed. Management and staff described the Christian based origin and philosophy of the service, and the spiritual, religious and emotional supports available to consumers. Care planning documents confirmed the emotional, spiritual and psychological supports provided to each consumer.

Consumers and representatives said the service supported their social and personal relationships and facilitated their interests, both within and outside the service. Management and staff described how they supported consumers to participate in activities they enjoyed,



make social connections and maintain personal relationships. Consumers were observed socialising, participating in activities in the service, events in the community, and engaging in personal relationships.

Consumers and representatives said staff effectively communicated changes to consumers' needs, goals and preferences to those involved in providing support. Management and staff described the effective communications systems in place to ensure changes in consumers' needs and preferences for daily living were captured, documented and acted on.

Consumers and representatives said they could ask for any support for daily living they wanted, including assistance from other individuals and organisations. Consumers said they were very well supported by volunteers from the independent living village onsite, and other volunteer organisations and churches. Staff explained how timely referrals were made and said most consumer referrals were to volunteer organisations, and occasionally to Dementia Support Australia (DSA) and Older Adults Mental Health Services (OAMHS).

Consumers and representatives were satisfied with the variety, quality and quantity of food offered and said they could ask for an alternative if they wanted something different. Meals were freshly cooked onsite daily and served by staff in the main dining room. Catering staff collected verbal feedback from consumers regarding their meals daily, in addition to getting feedback from the Resident and Relative meetings. The menus were reviewed by a dietician and showed a choice of balanced nutritional offerings including hot meals, vegetables, salads and sandwiches.

Consumers and representatives said their equipment was suitable, clean and maintained in good order. Management and staff explained how all personal equipment was assessed for suitability by the physiotherapist and occupational therapist, and cleaned and maintained regularly. Equipment used for activities for daily living was observed to be clean, safe and in good order.

Standard 5

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: (i) is safe, clean, well maintained and comfortable; and (ii) 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 was welcoming and their rooms were very comfortable, with lots of space and doors to access the outside. All consumers had personalised their rooms, and there was signage, wide hallways, good lighting and handrails to support consumers' independence, interaction and sense of belonging. Management explained the features and dementia friendly design principles incorporated into the service environment.

Consumers and representatives said the service was very clean and comfortable, well maintained, and they could move freely both indoors and outdoors. Management and staff described the process to log maintenance requests which were attended to daily by onsite tradesman. Management said consumers could come and go from the service at any time, including late at night. The service appeared clean, safe and comfortable, with consumers moving around freely and using the different spaces.

All consumers said the fittings, furniture and equipment supplied by the service was safe, clean, well-maintained and suitable for their needs. Staff explained how consumers assessed by the physiotherapist and/or occupational therapist to determine their needs. Management described the effective preventative and reactive maintenance processes in place. The furniture, fittings and equipment appeared to be safe, clean, safely stored, and well-maintained.

Standard 6

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 said they knew how to make complaints or give feedback and were supported to do so. Staff described how they encouraged and assisted consumers and representatives to make complaints or provide feedback. Training records showed the service provided mandatory training on managing complaints and feedback and using open disclosure. Feedback forms and locked feedback boxes were available at the front reception and a communal area. A written feedback policy guides staff in encouraging consumers to provide feedback and make complaints.

Consumers and representatives knew they could raise concerns externally, and they had been provided with information about external advocacy and language services, should they be required. Staff and management described the external resources available to support consumers who had concerns. The service had posters and leaflets advertising the Commission and advocacy supports such as the Older Persons Advocacy Network and the Charter of Aged Care Rights. The feedback register showed complaints were and responded to appropriately.

Consumers, representatives and staff provided examples of the service responding promptly and appropriately when things went wrong, including offering an apology. Management and staff explained how the service responded promptly to resolve complaints and how open disclosure occurred. Staff and management understood open disclosure and explained how they would apologise to a consumer in the event of something going wrong.

Consumers, representatives and staff described how feedback and complaints were used to improve care and services. The service's complaint register, and Continuous Improvement Plan demonstrated feedback and complaints were recorded, analysed and used to improve the quality of care and services. Meetings minutes showed feedback and complaints were recorded along with proposed improvement actions.

Standard 7

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 and representatives said there were enough staff and they rarely had to wait for attention. Staff said there were enough staff, and any vacant shifts were filled by other staff. Management said the service does not currently have 24/7 registered nurse coverage however, they were working on a range of strategies to address this. Rosters showed there were no unfilled shifts for the period reviewed. Management said call bells were always answered promptly and this was observed to be the case.

Consumers and representatives said staff were kind, caring and respectful of consumers' identity, culture and diversity. Staff knew consumers who required specific care tailored to their identity or culture. Management demonstrated a commitment to consumer centred care which was kind, caring, respectful of each consumer's identity, culture and diversity. Staff were observed interacting with consumers in a kind, caring and respectful manner.

Consumers and representatives said the workforce was competent and had the knowledge to perform their roles. Staff confirmed they had the qualifications and knowledge for their respective roles and said they were encouraged to upskill. Management explained how they conducted thorough checks during recruitment, to ensure the workforce had the qualifications, competencies and registrations required to perform their roles.

Consumers and representatives said staff were well trained and knew what they were doing. Management described their recruitment, training and support programs including the orientation and probationary support period and the ongoing mandatory training. Staff said they received lots of training support and had appropriate equipment to carry out their work.

Management described the processes used to regularly assess, monitor and review the performance of every member of the workforce. Staff confirmed the performance review



processes included regular competency assessments and annual performance appraisals. Written policies and procedures were in place to support the workforce in delivering the organisation's vision, mission and values and meet the Commission's Code of Conduct for Aged Care.

Standard 8


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: <ul style="list-style-type: none"> (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints. 	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: <ul style="list-style-type: none"> (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) 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: <ul style="list-style-type: none"> (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure. 	Compliant

Findings

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

Consumers and representatives stated they were supported to be involved in the development, delivery and evaluation of care and services through a range of mechanisms such as care reviews, feedback and complaints, Resident and Relative meetings, consumer surveys and audits. Management and staff explained how the service encouraged consumers and representatives to be involved in the development, delivery and evaluation of care and services, in accordance with documented policies and procedures.

Consumers and representatives said the service took responsibility for delivering safe, inclusive quality care and services. Management explained how the Board was selected and operates to



ensure the governance arrangements promoted a culture of safe, inclusive and quality care and services and the Board was accountable for their delivery. The policy and procedure frameworks for both clinical governance and risk management, aligned with the Quality Standards, with clear roles and responsibilities for every role and level within the service.

Management described how the organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. Management and staff knew how to access the policies and procedures under the governance framework.

Management demonstrated the service had effective risk management systems and practices in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff confirmed they could access these policies and had received training on these topics. Management described how the organisation monitored various clinical indicators to manage risks and prevent incidents.

The organisation had a robust clinical governance framework which included documented policies and procedures covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood their responsibilities under the clinical governance framework and staff confirmed they had received training on these policies and systems.