Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | J.H.F. McDonald Wing Nursing Home |
| **RACS ID:** | 3462 |
| **Name of approved provider:** | Central Gippsland Health Service |
| **Address details:** | 48 Kent Street MAFFRA VIC 3860 |
| **Date of site audit:** | 13 August 2019 to 15 August 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 19 September 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the *Aged Care Quality and Safety Commission Rules 2018* (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 30 October 2019 to 30 October 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Standard 6 Feedback and complaints | | Met |
| Standard 7 Human resources | | Met |
| Standard 8 Organisational governance | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

## Introduction

**This is the report of an assessment of J.H.F. McDonald Wing Nursing Home (the Service) conducted from 13 August 2019 to 15 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 14 |
| Representatives | 2 |
| Administration officer | 1 |
| Administration/consumer services coordinator | 1 |
| Aged care finance officer | 1 |
| Aged care quality officer | 1 |
| Associate nurse unit manager / RN | 1 |
| Cleaner | 1 |
| Contractor | 1 |
| Diversional therapist | 1 |
| Endorsed enrolled nurses | 2 |
| Engineering supervisor | 1 |
| Food services assistants | 2 |
| General manager aged care /Director of Nursing Maffra Hospital | 1 |
| Infection prevention and control coordinators | 2 |
| Nurse unit manager | 1 |
| Patient services assistant/food services assistant | 1 |
| Registered nurse | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

#### Organisation statement:

2. The organisation:  
  
a) has a culture of inclusion and respect for consumers; and   
b) supports consumers to exercise choice and independence; and   
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements in relation to Standard 1 Consumer dignity and choice.

Consumer experience interviews showed 100% of consumers said they are treated with respect always or most of the time and that staff explain things to them. One hundred percent said they have a say in their daily activities and are encouraged to do as much as possible for themselves. Consumers described the ways their social connections are supported both inside and outside the service. Consumers said they feel heard when they tell staff what matters to them and are encouraged to make decisions about their life, even when it involves an element of risk. Consumers described in many ways how they are supported to live the lives they choose to live. Consumers said the organisation protects the privacy and confidentiality of their information and they are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The organisation demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and could readily identify or provide information on consumers’ individual preferences and interests. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers and in delivery of care that is tailored to the person. Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Staff gave examples of how they maintain the privacy of consumers. Electronic and filing systems support the protection of confidential information.

The organisation monitors and reviews its performance in relation to these requirements. Regular meetings, consumer surveys, feedback and complaints mechanisms are used to ensure consumers are satisfied staff treat them with respect, support them to maintain their identity and live the life they choose.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:  
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.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found that all five requirements in relation to Standard 2 Ongoing assessment and planning with consumers were met.

Of consumers and representatives randomly sampled, 100% said they have choice in their daily activities. Consumers said their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers reported feeling safe and confident staff listen to their goals and preferences, and the organisation seeks input from other professionals to ensure they get the right care and services to meet their needs. Consumers and representatives described their involvement in advance care planning discussions as wished. Consumers said their care and services are regularly reviewed with many questions asked. Reviews also occur when something goes wrong or their needs or preferences change.

Staff could describe how consumers and others contribute to the consumer’s care including medical practitioners, allied health professionals, family and key stakeholders. They described how they work together to deliver a tailored care and service plan. The development of an initial care plan for consumers transferring from the acute service does not consistently occur as expected. Monitoring and review occur in line with consumer preferences and generally as needed. Documentation reviewed showed plans including advance care plans had been regularly reviewed with changes made. Staff demonstrated an understanding of adverse incidents or near-miss events with these documented and reviewed by the service to inform continuous improvement.

The organisation monitors and reviews its performance in relation to these requirements. The assessment and care evaluation process is generally monitored to ensure care plans are developed on entry to the service, risk assessments inform care planning and that ‘Information for observation’ forms are updated as required. The monitoring process is informed by mechanisms such as audits, meetings and feedback.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:   
  
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.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being

#### Summary of Assessment of Standard 3:

#### Requirements:

The Assessment Team found that all seven of the requirements in relation to Standard 3 Personal care and clinical care were met.

Of consumers and representatives randomly sampled, 100% said they feel safe, get the care they need always or most of the time and are encouraged to do as much as possible for themselves. Consumers reported feeling safe and confident they are receiving quality care and that care is reviewed when changes occur. Consumers living with high impact or high prevalence risks described strategies implemented and staff support provided. Consumers spoke positively about end of life discussions expressing confidence in staff awareness and following of end of life wishes. Referrals to a range of allied health professionals were described with benefits reported from regular access to physiotherapy. Consumers spoke about the prescription of antibiotics when they have infections.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation. Staff could identify the highest prevalence risks for different cohorts of consumers and demonstrated knowledge in the management of these. Documentation for consumers living with identified high risks such as those associated with smoking, food allergies and diabetes indicate these are generally managed and include the documentation of the risk and interventions required or completed. Staff demonstrated their understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Care and service plans reviewed indicated the delivery of safe and effective care with advance care planning evident.

The organisation demonstrated they have access to a suite of policies and procedures underpinning the delivery of care. They review practice and policies to ensure they remain fit-for-purpose and informed by advice from consumers and other experts. Management is responsive to feedback. The organisation monitors and reviews its performance in relation to these requirements.

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   
i) is best practice and   
ii) is tailored to their needs and   
iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:   
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.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found that all seven of the requirements in relation to Standard 4 Services and support for daily living were met.

Of consumers and representatives randomly sampled, 100% said they have a say in their daily activities, are encouraged to do as much as they can for themselves and always feel safe. All consumers said staff explain things to them always or most of the time. Ninety two percent of consumers said they like the food always or most of the time. Where a consumer said they like the food some of the time, feedback related to their difficulty chewing with steps in progress to improve this. All consumers said they can provide feedback on meals with improvements such as toasted sandwiches and an increase in the variety of jelly adding to their enjoyment. Most consumers prefer to eat their meals in their rooms. Consumers described in various ways how they participate in the community and are supported to do activities of interest and importance to them. Consumers are satisfied with the range of equipment available and staff responsiveness to requests.

The organisation demonstrated it supports consumers to maintain relationships and connect with other people inside and outside the organisation. Staff seek advice from consumers about activities of interest to them. Staff described in various ways how they assist consumers to maintain their emotional, spiritual and psychological wellbeing including arranging transport. Staff demonstrated they make timely referrals to other organisations and volunteers support the program. There is a cinema for consumers enjoyment with staff and consumers observed enjoying a range of activities. The organisation’s chef provides meals of a suitable quality, variety and quantity with consumer preferences documented. The documentation of dietary information including allergies is not always consistent. A range of safe, suitable, clean and well-maintained equipment is available.

The organisation monitors and reviews its performance in relation to these requirements. A range of consumer meetings, surveys, audits and feedback mechanisms inform the program. The chef attended recent consumer meetings with improvements identified and implement. Monitoring of improvements occurs with further improvements planned.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:   
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.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that all three of the requirements in relation to Standard 5 Organisation’s service environment were met.

Of consumers and representatives randomly sampled, 100% said they feel safe here and 92% feel at home always or most of the time. The consumer who felt at home sometimes stated this is because it isn’t their home, though it is as good as it can be in the circumstances. Consumers and representatives said the home is welcoming with staff knowing them and offering hospitality. Consumers said they are able to provide feedback, maintenance is responsive and they enjoy the gardens.

The service was observed to be welcoming. Individual rooms are decorated with memorabilia, photographs and other personal items. The layout of the service enabled consumers to move around freely, with suitable furniture, fittings and areas for use as preferred. Signage to help consumers navigate the service is clearly displayed. Consumers had ready access to tidy outdoor areas with gardens, benches and communal tables, paths and handrails that enabled free movement around the area. Rooms are clean and well maintained. Monthly essential service maintenance occurs as required with annual compliance certified and the documentation of annual maintenance inconsistent. Staff generally know how access the key to the egress paths across the garden to the locked pool gates. Staff use maintenance reporting processes to indicate maintenance requirements and a range of schedules are used.

The organisation generally monitors and reviews its performance in relation to these requirements. Management has established relationships with contractors to support identified maintenance requirements in a timely manner and is responsive to feedback. Management implemented improved monitoring process for essential maintenance and improved access to the gate key.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:   
i) is safe, clean, well maintained and comfortable; and   
ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that all four of the requirements in relation to Standard 6 Feedback and complaints were met.

Of consumers and representatives randomly sampled 100% said staff follow up when they raise things always or most of the time. Consumers described how they use the feedback forms and the range of feedback provided. Consumers said they are satisfied with management’s responsiveness to feedback in relation to staff and other issues.

Consumer feedback is sought through feedback forms, meetings, care reviews, surveys, the organisation’s own consumer experience interview and verbally. Staff described times they have addressed a concern for a consumer and outlined how they would listen and resolve complaints if they can. Senior staff were aware of the open disclosure framework. Management receive and collate feedback forms to review trends which are discussed at meetings and identify improvement opportunities.

The organisation monitors and reviews its performance in relation to these requirements. Improvements identified as a result of feedback and complaints are documented on the continuous quality improvement plan and actioned. Feedback is provided to complainants as appropriate and consumers participate in the resolution of complaints.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

Of consumers and representatives randomly sampled 100% said they are encouraged to do as much as possible for themselves, staff are kind and caring and know what they are doing always or most of the time. Ninety three percent said staff know what they are doing most of the time or always. Consumers outlined in various ways how staff know and respond to their needs commenting on the availability of long-term staff. A few consumers expressed interest in being involved in staff recruitment and training with one saying they are asked for feedback when new staff attend to their needs.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful. The workforce is recruited to specific roles which require qualification, credentialing or competency with orientation of new staff occurring. Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers. Performance monitoring occurs as part of probation with performance reviews occurring following incidents. Recruitment is ongoing.

The organisation monitors and reviews its performance in relation to these requirements. Education is monitored for completion and human resource processes monitor staff availability and suitability. The service is advertising a one-year enrolled nurse program to support staffing levels and ongoing staff retention across the organisation.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found that all five of the requirements in relation to Standard 8 Organisational governance were met.

Of consumers and representatives randomly interviewed 100% said the place is well run and ninety three percent said they feel at home here. The consumer who felt at home sometimes stated this is because it isn’t their home, though it is as good as it can be in the circumstances. Consumers gave various examples of how staff ensured the care provided was right for them and how any risks or incidents were discussed with them or their representative. A consumer participates in a consumer committee. Consumers said they have been provided with a copy of the Charter of aged care rights. Consumers are satisfied with management’s responsiveness to feedback and complaints.

The organisation’s governing body requires a range of reporting to support their oversight of governance. Consumers have agreements in place and there is an established process for communication of the new Charter of aged care rights. A range of policies and procedures are available including in relation to open disclosure. The organisation promotes a culture of leadership, quality and diversity. Meetings occur with various stakeholders and information is considered in relation to clinical governance, antimicrobial stewardship and the use of restraint. Incident reporting and the monitoring high impact of high prevalence risks occurs. Mandatory reporting occurs as required and management understands requirements and obligations. The organisation ensures the recruitment of appropriate levels and skill of staff to meet service and care needs with police certification and other monitoring occurring. Management implement mandatory training as required. Oversight of the complaints management process includes trending and identification of opportunities for improvement. The organisation has a continuous quality improvement plan.

The organisation monitors and reviews its performance in relation to these requirements. Key documents are updated and displayed. Continuous improvement initiatives are implemented and overseen including the implementation of the aged care quality standards.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:  
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

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:  
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

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:   
i) antimicrobial stewardship   
ii) minimising the use of restraint  
iii) open disclosure