Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Gumleigh Gardens Hostel |
| Commission ID: | 1011 |
| Address: | 29-35 Shaw Street, Wagga Wagga, New South Wales, 2650 |
| Activity type: | Site Audit |
| Activity date: | 22 April 2024 to 24 April 2024 |
| Performance report date: | 28 May 2024 |
| Service included in this assessment: | Provider: 1233 United Protestant Association of NSW Limited  Service: 7275 Gumleigh Gardens Hostel |

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 Gumleigh Gardens Hostel (**the service**) has been prepared by Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the performance of the service

# 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:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers were treated with dignity, respect and their identity, culture, and diversity valued. Staff demonstrated knowledge of consumer’s cultural backgrounds, life history and what was important to them. Care documentation contained respectful language and staff were observed interacting with consumers in a respectful manner. reflected consumers’ identity and diversity.

Consumers and representatives said staff valued consumers' background and provided care consistent with their cultural preferences. Staff described how the consumers’ cultural background, personal preferences and beliefs influenced how care was delivered. Policies and procedures guided staff to provide care which was culturally safe for each consumer.

Consumers said their intimate relationships were supported as staff give them space and privacy when they wish to spend time alone. Staff confirmed they encouraged consumer choice and independence in care decisions and gave practical examples of independent decision making. Policies and procedures guided staff on consumer choice and supported processes for decision making.

Consumers confirmed they were supported to take risks, such as administering their own medication. Staff demonstrated awareness of risks taken by consumers, the strategies in place to promote consumer safety and said each consumer was supported to live the way they chose. Care documentation evidenced a risk had been assessed, adverse outcomes discussed to inform consent processes.

Consumers and representatives confirmed they were kept informed through verbal reminders and printed information, which staff read aloud when visual impairments prevent them from reading the material themselves. Staff described visual and communication aids were used to enable consumers with cognitive or sensory impairments to make choices. Activity calendars and menus were displayed in communal areas and accurately reflected what was offered each on the day.

Consumers said they felt their privacy was respected as staff knock prior to entering their rooms and time with visitors was not interrupted. Staff gave practical examples of strategies implemented to protect the confidentiality of consumers information. Staff were observed to lock nurse’s station and computers when not in use and they held discussions about consumers care needs, in areas where the conversation could not be overheard.

# 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:   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

Staff described, when a consumer enters care, their medical summary and assessment tools, were used to identify risks such as diabetes, compromised skin integrity and falls, with a care plan developed to inform staff of the consumer’s care requirements. Care documentation evidence risks to individual consumers had been identified and responsive strategies had been planned. Policies and procedures guided staff in the methodical completion of assessments resulting in a care plan being developed within 7 days.

Care documentation evidenced consumer’s needs, preferences and goals of care were captured, including the consumer’s requests for advance care and their end of life wishes. Staff advised discussions on end of life and advance care were held on entry and were routinely revisited. Consumers confirmed their care preferences and goals were discussed and staff were knowledgeable of their needs.

Consumers confirmed they and they people they had chosen as their representative, were involved in assessment, planning and review of the consumer’s care. Care documentation evidenced medical officers and allied health professionals were engaged in assessing consumer needs and contributed to planning consumer care. Policies and procedures supported a multidisciplinary approach to assessment and care planning.

Consumers and representatives said outcomes of assessment were communicated to them and confirmed being offered a copy of the consumer’s care plan. Care documentation was observed to be readily accessible via the ECMS, it reflected assessment outcomes and changing care strategies had been discussed with consumer’s representatives.

Consumer’s care plans evidenced, effectiveness of care strategies was evaluated through 6 monthly reviews, and in response to changed circumstances or an incident. Consumers and representatives confirmed care interventions for behaviour support and restrictive practice were regularly reviewed. Staff demonstrated knowledge of scheduled review processes and what may trigger reassessment or responsive evaluations to occur.

# 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:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives advised consumers received clinical care, which was tailored to their individual needs, to maintain skin integrity, manage pain and when restrictive practices were applied. Care documentation evidenced care was delivered in accordance with planned directives, however, at times wound documentation did not reflect best practice, with additional education provided to staff, in response. Staff were knowledgeable on consumers individual care needs, including non-pharmacological strategies to be used prior to application of restrictive practices.

Staff described consumer’s high-impact and high-prevalence risks as being choking, falls and pressure injuries and knew what care was required for individual consumers to minimise these risks. Care documentation evidenced strategies to manage high impact risks such as falls were in place. Consumers and representatives said risks to consumers were effectively managed through the interventions put in place.

Consumer representatives gave positive feedback regarding the care provided to consumer at end of life. Care documentation for a consumer who had recently passed away evidenced routine comfort care was provided and pain medication kept the consumer comfortable. Staff demonstrated knowledge of how to provide end of life care, with the consumer’ clinical, spiritual and emotional needs met.

Consumers and representatives said changes to consumer condition was quickly identified and escalation for review occurred, as required. Staff knew the signs and symptoms which may indicate deterioration and confirmed they monitored for changes in appetite, mobility, continence and behaviours. Policies and procedures guided staff on the identification and management of clinical deterioration.

Care documentation provided accurate and adequate information to effectively share the consumers care needs and preferences with staff. Staff described using meetings, handover and the ECMS to share information between themselves, medical officers and allied health providers. Consumers felt communication was effective as they did not have to repeat themselves and staff knew their care needs.

Care documentation evidenced consumers were promptly referred to allied health professionals, when required and their review of the consumer occurred, quickly. Staff demonstrated knowledge of referral processes and confirmed arrangements were in place, with a range of health professionals to receive referrals. Consumers confirmed when referral was required this happened quickly and appropriately.

Consumers and representatives said staff practiced hand hygiene, wore personal protective equipment and managed a recent COVID-19 outbreak well. Staff demonstrated knowledge of practices to promote antimicrobial stewardship and to reduce likelihood of infection. Policies, procedures and plans guided staff in reducing infection transmission risks and managing infectious outbreaks.

# 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:   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 felt supported to undertake activities of daily living which promoted their independence and quality of life, while others felt there was not enough to do on weekends, despite being encouraged by staff to pursue their usual interests. Staff gave practical examples of consumer’s running leisure activities and being engaged in the completion of household chores as ways their wellbeing was supported. Staff confirmed they support consumers to participate in leisure activities, run errands and access transport to ensure their daily living needs are met safely and in line with their preferences.

Consumers and representatives said consumers received emotional support from staff, and they have access to spiritual services, however, others were not aware church services, aligned to their faith, were provided, and advised they accessed this support externally. Care documentation reflected consumers' religious preferences and emotional wellbeing needs. Staff gave practical examples of how consumer’s psychological needs were met through engagement in meaningful activities.

Consumers advised they participated in organised activities which aligned to their preferences, they conduct errands within the local community, and they were supported to keep in touch with people who are important to them. Staff confirmed the lifestyle calendar is developed based on consumer preferences, with individual, group and external activities organised. Consumers were observed engaging in their activities of interest, entering from and exiting to the community and receiving visitors.

Consumers said their food preferences and dietary needs were effectively shared between care and catering staff. Staff said consumer’s information was documented within the ECMS and any changes were communicated through verbal and written handover processes. Consumer care documentation and dietary profiles contained consistent information.

Consumers and representatives said consumers were referred quickly to external support services when a need was identified. Care documentation evidenced referrals to minimise social isolation or provide emotional support, were undertaken promptly. Staff confirmed a range of community, volunteer and religious services were available to support consumers with their activities of daily living needs.

Most consumers gave positive feedback regarding access to food, the quantity of food provided, and the variety of meals available, while others said the soup was served cold when it was delivered to consumer’s rooms. Staff confirmed consumer’s preferred portion size, food likes, and nutritional information was captured in care documentation and dietary profiles. Staff advised the menu was developed based on consumer preferences and had been updated to remove overly spicy food, and thermal plating had been purchased to improve food temperatures. Consumers were observed to be served their meals in an organised and timely manner.

Consumers advised their mobility aids were kept clean and they were well maintained. Staff said they had access to equipment and resources which were suitable to support consumer’s activities of daily living. Consumer’s mobility aids were observed to be clean and in good condition.

# 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:   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 the service environment was welcoming, it was easy to understand, and consumers were encouraged to personalise their rooms. Staff advised consumers were provided with a tour on entry, so they were familiar with the home and felt welcomed. Consumer rooms were observed to be personalised with their own furniture and belongings; and signage provided guidance on how to get to communal areas.

Consumers and representatives gave positive feedback on the cleanliness of the environment, said it was well maintained, and they were able to leave as they wished. Staff demonstrated knowledge of maintenance processes to ensure the environment was routinely monitored with any potential hazards identified and fixed promptly. Consumers who were independent were observed coming and going as they pleased, communal areas and consumer’s rooms were clean and access to the internal indoor and outdoor areas was unrestricted.

Staff described how furniture and equipment was cleaned routinely, with fittings regularly inspected to ensure they were in good working order. Furniture in communal areas was observed to be clean and the call bell system was functioning properly. Consumers said equipment used by them was suitable to their needs, it was safe, and it was kept clean.

# 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

Most consumers and representatives said they understood and knew the different ways they were able to provide feedback or make complaints, however, others were not aware complaints, could be lodged anonymously or they felt staff attitudes changed when they did complain and no longer felt comfortable doing so. Management confirmed consumer feedback was encouraged and immediately reinforced this with correspondence delivered to each consumer’s room. Meeting minutes evidenced consumers were encouraged to provide verbal feedback, with feedback forms observed to be readily accessible supported consumers to provide written feedback.

Consumers and representatives said they were aware they could access advocacy and language services. Management described advocacy and external interpreter services available to consumers, but staff were unable to describe how to access advocates, with training to be provided to increase their awareness. Posters, pamphlets and policies promoted consumer access to external complaints services.

Consumers and representatives said their concerns or complaints, had been resolved quickly and confirmed open disclosure was practiced. Staff demonstrated knowledge of complaints management processes and open disclosure principles. Complaints documentation evidenced when complaints were made, remedial actions were prompt and consumers were involved in resolution processes, in line with policies and procedures.

Consumers gave practical examples of curtains being installed in dining areas as an improvement made, in response to their feedback. Continuous improvement documentation evidenced feedback from different sources was collated and used to identify where improvements may be needed. Staff confirmed when trends were identified responsive actions were planned and consumers evaluated whether improvement had been achieved.

# 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

Most consumers and representatives said there was sufficient staff to meet consumer’s needs and staff responded quickly to calls for assistance, whereas others felt lifestyle staff allocations for weekends and extra activities was insufficient. Management advised staff allocations are based on analysis of consumer needs, call bell response time and care minute targets, with staff confirming they have sufficient resources to provide care to consumers. Rostering documentation evidenced strategies were effective in managing unplanned leave and nursing staff were continuously on site.

Consumers and representatives said staff were kind, caring, respectful and gentle. Staff were observed to interact with consumers respectfully and gently. Policies reflected person-centred care, staff handbooks outlined staff behaviour expectations and staff had been trained in the Code of Conduct for Aged Care.

Consumers and representatives said staff were skilled and know what they are doing. Management confirmed staff competency was assessed through orientation, including buddy shifts, and practical assessments. Personnel records evidenced currency of registration and suitability to work in aged care was monitored, to ensure qualifications required for individual positions was maintained.

Most consumers and representatives said staff were appropriately trained, however, one felt additional training on choking risk management would be beneficial. Management confirmed staff were trained in high impact risk management such as choking, incident management, open disclosure and infection control, and additional training on advocacy services and restrictive practices would be provided in response to deficits identified during the Site Audit. Education records evidenced most staff had completed mandatory training as scheduled, with those overdue on extended leave.

Management confirmed workforce performance was monitored through formal performance appraisals, informal monitoring and supervisory review. Staff said, and personnel records evidenced, a formal appraisal had been completed for all staff. Policies, procedures guided management and staff on workforce performance monitoring practices.

# 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:   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 their input on how care and services was delivered was sought at consumer meetings, via surveys and through feedback mechanisms. Management confirmed the establishment of a consumer advisory body, with meeting minutes evidencing consultation on improvements to meal services had occurred.

Management described a robust organisational and governance structure to oversight the quality of care and services delivered. Meeting minutes evidenced the Board is provided with regular reports containing the outcomes of compliance monitoring, internal and external audits, and consumer feedback. Management gave practical examples of quality initiatives driven by the board in response to the information it had received, which indicated improvements to the safety in how medications were managed was required.

Management and staff described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints and regulatory compliance. Staff practices aligned with processes specified in the service’s policies and procedures.

There were risk management systems in place, which included policies and procedures to manage risk and respond to incidents, including for high impact, high prevalence risks and which supported the consumer to safely engage with risk activities. The incident management system evidenced risks and incidents, including serious incidents, were identified, reported, investigated and actions were taken to prevent or minimise reoccurrence. Staff could explain how they applied the service’s policies in their daily practices, including using data to benchmark and trend incidents to identify emerging trends.

The clinical governance framework included policies in relation to open disclosure, antimicrobial stewardship and restrictive practice, and staff confirmed these areas were included in their training program. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented on a day-to-day basis. Care documentation evidenced staff complied with organisational policies as staff apologised when things went wrong, pathological testing was completed prior to antibiotics being prescribed and restrictive practices were reviewed regularly to ensure they were used only as necessary, however, some restrictive practices had been incorrectly classified on the register used to monitor prevalence of physical restraints.

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