Performance

Report

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| Name of service: | Gummun Place |
| Service address: | 14-18 Marquet Street MERRIWA NSW 2329 |
| Commission ID: | 0372 |
| Approved provider: | Upper Hunter Shire Council |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 4 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Gummun Place (**the service**) has been prepared by M. Nassif delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers said they were treated with dignity and respect, and they felt accepted and valued. Staff were observed treating consumers with dignity and respect. Policies and procedures supported staff in providing an inclusive, consumer centred approach to delivering care and services.

Consumers said their identity, culture and diversity was valued and staff were respectful of their culture. Staff were aware of consumers from different cultures and could explain how care and services were tailored to ensure their culture was respected. Care planning documents reflected consumers’ identity and culture.

Consumers stated the service supported them to make and communicate decisions affecting their health and well-being and include others they wished to include in their decisions. Management described how the service assisted consumers to make connections with others and maintain existing relationships.

Consumers said the service supported them to understand the benefits and possible harms when they made decisions about taking risks. Care planning documents evidenced consumers were involved in decisions about activities and choices that involved risk, wherever possible. Staff provided examples of how they supported consumers to live the life they chose, including when their choices involved risk. Records showed the service conducted risk assessments with consumers who wished to take risks.

Consumers said they get current, accurate information in a form they could understand. Staff described different ways information was communicated to make sure consumers understood, including those consumers with poor cognition or requiring visual aids or hearing assistance.

Consumers stated the service protected their privacy and confidentiality, and that staff respected their personal space and privacy when their friends or partners visited. Staff described how consumers communicated their privacy preferences and they adhered to their wishes. Consumers’ personal information was kept in the electronic care planning system that required a password to access. The service’s privacy policy outlined how the service maintains and respects the privacy of consumers and the confidentiality of their personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was found non-compliant in Standard 2 in relation to Requirement 2(3)(e) following a site audit in December 2020. Evidence in the site audit report dated 15 to 17 November 2022 supports that the service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers said their care was well planned, risks to their well-being were assessed, and staff took the time to understand how to support them. Staff described the assessment and care planning processes and their part in the process. A comprehensive set of validated assessment tools in the care management system was used by staff in the assessment and planning of consumers’ care and services. This was reflected in care planning documents.

Advance care directives and end of life wishes were recorded for consumers that had chosen to complete them. Consumers said the assessment and planning process captured their needs, goals and preferences. Staff described how the assessment and care planning process ensured consumers’ needs, goals, and preferences were recorded in their care plan and this was reflected in care planning documents.

Consumers confirmed they were actively involved in the assessment, planning and review of their care and services. Staff described partnering with consumers, representatives and other nominated providers to assess, plan and review the care and services. Care and services plans showed integrated and coordinated assessment and care planning involving other individuals and organisations.

The service demonstrated the outcomes of assessment and planning were effectively communicated to consumers and representatives and documented in a care and services plan that was made readily available. Consumers said staff explained their care plan to them and they could obtain a copy if they wished. Care planning documents reflected the outcomes of the most current assessments and reviews and contained enough detail to deliver safe and effective care and services.

Care and services plans showed the service conducted regular care plan reviews and reviews following a change in consumers’ condition or an incident. Staff described when, and how, they reviewed and reassessed consumers’ care needs, in consultation with others involved in their care. Consumers and representatives said staff regularly discussed their care needs with them, and any changes needed or requested, were addressed in a timely manner.

# Standard 3

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

Findings

The service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a) and 3(3)(b) following a site audit in December 2020. Evidence in the site audit report dated 15 to 17 November 2022 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers confirmed they received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documents evidenced individualised, safe, effective care that was tailored to the needs and preferences of each consumer and reflected best practice. Staff demonstrated that they were aware of the personal and clinical needs of consumers.

Management explained how the service effectively managed high-impact and high-prevalence risks through monitoring clinical data, analysing performance indicators and implementation of suitable risk mitigation strategies for individual consumers. Consumers said the service was effectively managing risks to their health, particularly complex care needs, lifestyle choices, falls. Care planning documents showed effective risk management strategies were in place for identified risks.

Consumers were confident the service would provide effective and dignified end of life care in accordance with their needs and preferences. Care planning documents included an advanced care directives and end of life goals and preferences, where applicable. Staff described how they supported consumers and their families during end of life care, and how they encouraged regular family contact, comfort and hygiene care, and effective pain management.

Consumers expressed confidence in staff identifying and responding appropriately to changes in their condition, health or abilities. Care planning documents showed the identification of, and response to, a deterioration or change in consumers’ condition. Staff described how they identified signs of a change in a consumer’s condition, health or abilities and how they responded.

Staff described how changes in consumers’ care and services were communicated through verbal handovers, meetings, accessing care plans, accessing daily reports or electronic notifications. Clinical staff described how accurate, up-to-date information was shared with relevant others, as consumers moved between care settings. Care and service plans evidenced of regular updates and reviews in consultation with consumers.

Consumers said the service referred them promptly to appropriate other care providers to meet their changing care needs, and they were satisfied with the referral processes. Staff described the process for referring consumers to other medical specialists and allied health services. Care planning evidenced referrals to other providers of care and services occurred.

The service had documented policies and procedures to minimise the risks of infection and to promote the appropriate prescribing of antibiotics. Consumers and representatives said they were satisfied with the service’s management of COVID-19, and their infection control practices. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they were used appropriately.

**Standard 4**

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the service provided consumers with safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being, and quality of life. Staff described how they partnered with the consumer and their representatives to understand the consumer’s preferences, interests and likes/dislikes and demonstrated awareness of lifestyle needs, goals and preferences of specific consumers.

Consumers reported their emotional, spiritual, and psychological needs were supported. Staff described how they supported individual consumer’s mental health. Care planning documents included information on consumers’ emotional, spiritual, and psychological needs, goals, and preferences.

Consumers and representatives said they could engage in the community within and outside the service and keep in touch with the people that were important to them. Staff provided examples of how they supported specific consumers with their daily living needs, maintained their important relationships and did things of interest within and outside the service. Care planning documents included information on lifestyle needs and interests, as well as important personal and social relationships.

Staff described ways information about consumers’ condition, needs or preferences was kept up-to-date and shared. Care planning documents contained accurate and current information to support the delivery of appropriate services and supports for daily living.

Consumers said they were supported by timely referrals to other organisations and providers of care and services. Care planning documents showed referrals to other organisations and services. Staff described other individuals and organisations providing care and services and the consumers who used these services.

Consumers and representatives were satisfied with the variety, quality, and quantity of food provided, and said there were plenty of choices for each meal. Changes in a consumer’s diet or preference was documented in their care plan. Staff identified consumers’ dietary preferences and requirements.

Consumers and representatives said they had access to safe and suitable equipment to assist them with their daily living activities. Staff said they had access to suitable equipment, and they described how it was maintained and cleaned. Equipment provided to consumers appeared to safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service was welcoming and easy to move around. The service appeared warm and welcoming. Consumers stated they could decorate their room with furniture, photos, and items of their choosing, to feel at home. There were several outdoor areas with seating under covered and uncovered areas for consumers and their visitors.

The service was observed to be generally clean and well maintained. Consumers stated they could move around the service freely both inside and out. Staff described the process for logging maintenance requests in the book near the front office. Consumers were observed moving freely around the service and using different areas.

The furniture, fittings and equipment were observed to be safe, clean and well maintained. Staff described the processes for cleaning and maintaining equipment, furniture and fittings in the service. Consumers confirmed equipment, furniture and fittings were cleaned and maintained regularly. Furniture and equipment were under a scheduled maintenance program with specialist contractors used if necessary.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers said they were encouraged and supported to make complaints and provide feedback. Management explained how the service had multiple methods for consumers to make complaints and provide feedback. Information about raising complaints was displayed on the noticeboards and in publications.

Consumers and representatives said they were aware of other avenues for raising complaints. The service’s Welcome Pack contained information on avenues for complaints and translating and advocacy services. Staff understood the internal and external complaints and feedback systems and described how they assisted consumers to raise complaints or provide feedback.

Consumers and representatives said the service responded appropriately to their complaints or concerns and resolved them. Staff said they had received training on open disclosure and demonstrated an understanding of the principles of open disclosure. The feedback and complaints register showed complaints were fully detailed and followed up with consumers and representatives to ensure satisfaction.

Consumers reported their feedback and complaints were used to improve the quality of care and services. Management described the processes in place to capture and analyse complaints and use them to improve the care and services. Documents confirmed there were systems in place to record and trend feedback and complaints and use them to inform continuous improvement.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated systems were in place to plan the workforce and ensure the number and mix of staff skills was sufficient to meet the care needs of consumers. A planned roster was developed and published every fortnight based on the needs of the consumers. Management stated since the employment of 4 new staff, there had been no vacant shifts. The roster for the last two weeks showed no shifts were unfilled.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff described how they provided care that was respectful to identity, culture and diversity. Interaction was observed to be caring and respectful with staff taking time to listen and interact with consumers when asking their activity and meal preferences.

Consumers said the care and clinical staff were competent and skilled to meet their care needs. Staff said they had the necessary skills and knowledge to perform their roles and they were supported by senior staff and training. Records showed there were systems in place to ensure staff were qualified and remained skilled for their role.

Management said staff were recruited using a formal process that included interviews, referee, police and qualification checks. Ongoing training and development was provided to all staff and their participation was recorded. Consumers and representatives said staff knew what they were doing and were well trained. Training records showed staff were supported with appropriate training to deliver care and services in line with the Quality Standards.

Management said the performance of staff was reviewed at least once a year using a formal performance appraisal process. Staff were aware of the service’s performance development and performance appraisal processes. Performance appraisals had not been completed for the past year, however management showed they had initiated changes and they would be completed in a timely manner.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service was found non-compliant in Standard 8 in relation to Requirement 8(3)(d) following a site audit in December 2020. Evidence in the site audit report dated 15 to 17 November 2022 supports that the service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers and representatives said the service sought their input through a variety of ways and were confident management listened and responded to their suggestions about the service. Management said feedback and suggestions made by consumers and representatives were included in the service’s continuous improvement register. Resident meeting minutes showed that consumers’ evaluation and feedback about the service was sought and recorded.

The Board monitored the performance of the service through various consolidated reports to ensure the service’s compliance with the Quality Standards, initiate improvements, and monitor care and service delivery.

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. The service had policies and procedures available to guide staff understanding and support the implementation of the organisation’s governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff gave examples of how the policies in relation to these areas applied in their daily work and demonstrated knowledge of various risk minimisation strategies.

The service had recently redesigned their documented clinical governance framework to ensure the quality and safety of clinical care. The framework included guidelines addressing antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management described how clinical consultancy services had been engaged to guide the service’s clinical practice and implement the clinical governance framework and associated policies and procedures.

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)