Performance

Report

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| Name: | J.H.F. McDonald Wing Nursing Home |
| Commission ID: | 3462 |
| Address: | 48 Kent Street, MAFFRA, Victoria, 3860 |
| Activity type: | Site Audit |
| Activity date: | 6 September 2023 to 8 September 2023 |
| Performance report date: | 13 October 2023 |
| Service included in this assessment: | Provider: 1509 Central Gippsland Health Service  Service: 2213 J.H.F. McDonald Wing Nursing Home |

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 J.H.F. McDonald Wing Nursing Home (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The provider did not submit a response to the Assessment Team’s report.

# 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said they were treated with dignity and respect, and their identity and culture were valued. Staff were familiar with consumers’ personal histories, personal circumstances, and diverse needs in line with care planning documentation, and described how they ensured appropriate supports were provided. Interactions between staff and consumers were observed to be courteous, friendly, and respectful. The consumer handbook detailed the service’s commitment to taking a consumer-centred approach where consumers are treated with dignity and respect.

Consumers and representatives said staff took time to learn about consumers’ culture and values to provide appropriate support. Staff provided examples of how they understood and acknowledged consumers’ cultural needs and incorporated these into the delivery of their care and services. Care planning documents showed the service had sought and captured consumers’ religious, spiritual, and cultural needs and preferences. The service had a documented policy on consumer diversity that included guidance for staff on culturally safe care.

Consumers said they made decisions about how they wanted to live and were in control of the planning and delivery of their care. Representatives said the service respected consumer’s choices and preferences and consumers were encouraged to maintain connections with others such as family members and friends. Staff detailed examples of how they supported consumers to make decisions, be as independent as possible, and maintain important relationships. Care planning documents incorporated consumer choices and detailed important relationships to inform staff.

Consumers and representatives said the service supported consumers to live their best life, including taking risks. Staff were aware of consumers who wanted to take risks and demonstrated how they supported them. Care planning documents described areas in which consumers were supported to take risks to live the life they chose. The organisation had documented policies and procedures on supporting consumers to take and manage risks.

Consumers and representatives said staff provided them with information and helpful resources to understand the services and supports available to them. Staff described different communication approaches they used and how consumers were kept up to date with suitable current information to support their choices. A range of current information resources about the care and services available was observed around the service.

Consumers said staff respected their privacy and confidentiality. Staff gave examples of how they respected the privacy of consumers such as by knocking on doors before entering consumers’ rooms, ensuring curtains are drawn and doors are closed. Staff explained they signed non-disclosure agreements and were bound by the service’s privacy and confidentiality policy which required them to keep consumers’ personal information confidential. The service had documented policies and procedures regarding privacy and the protection of personal information to guide staff practice.

# 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

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

Management and staff described how assessment and planning outcomes were documented in care plans and used to inform the delivery of safe and effective care to consumers. A documented admission procedure guided clinical staff in the assessment and planning of consumers’ care and services upon entry to the service. Consumer documentation and care plans identified key high impact and high prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and changed behaviours.

Consumers and representatives said staff regularly engaged them in conversations about their care needs including discussing their end of life wishes if they desired. Staff described the important aspects of individual consumer’s care needs and preferences, and this was reflected in their care planning documents. Advance care directives were in place for consumers who had consented to provide this information. Management explained that advance care planning information was provided to consumers on admission and the service had a policy and procedure to guide staff in assessment and planning, including advance care and end of life planning.

Consumers and representatives said they felt involved as partners in the assessment, planning and review of their care and services and confirmed others were involved as required. Staff detailed consumer-centred processes ensuring consumers, representatives, and others were involved in the assessment and planning process. Care planning documents demonstrated there was regular consultation with consumers and representatives about their care and services, and other organisations and individuals were involved in the assessment and planning process when required.

Consumers and representatives said they were aware they could access their care plan however, most said they did not need it as they were regularly consulted about their care and any changes were discussed with them. Staff explained how they kept consumers and representatives up to date with the outcomes of assessments. The service had policies and procedures to guide staff practice in relation to assessment and planning which included communicating the outcomes of these assessments to consumers and representatives.

Consumers and representatives said staff communicated with them when there was a change in their condition, or when something went wrong, and sought their input. Staff described the processes for reviewing care plans on a regular basis or following an incident or change in care condition. Care planning documentation demonstrated care and services were reviewed regularly and when consumer needs, goals, or preferences had changed.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said they received personal and clinical care, which was safe and right for them, meeting their needs and preferences. Staff understood the personal and clinical needs of individual consumers and demonstrated their understanding of best practice clinical care. Care planning documents reflected individualised care that was safe and effective, and staff described consultation with specialist providers for complex care needs, incorporating advice into management strategies.

Consumers and representatives said staff assessed and explained risks to consumers’ health and well-being and effectively managed these risks. Care planning documents included best practice risk assessment tools and identified effective strategies to manage key risks to consumers. Staff detailed processes related to the identification and management of high impact or high prevalence risk associated with the care of each consumer. The service had policies and procedures to guide staff practice in relation to the management of high impact or high prevalence risks to consumers.

Clinical staff explained how they ensured the comfort and dignity of consumers nearing end of life and involved their families. Care planning documents detailed consumers’ advance care plans including their end-of-life preferences. A review of the care file for a consumer receiving end-of-life care demonstrated monitoring of needs to ensure effective management of pain and comfort.

Consumers and representatives said the service recognised and responded promptly to changes in consumers’ condition. Staff explained how they undertook regular monitoring and could recognise and responded to a deterioration or change in a consumer’s condition, including escalating the situation to the Medical officer if required. Care planning documents reflected staff conducting assessments and observations and making timely referrals of consumers experiencing a deterioration or change in condition.

Consumers and representatives said effective information exchange occurred between staff and others involved in their care. Staff said current information about consumers’ condition, needs and preferences was documented in care plans and communicated within the organisation, and other health professionals involved in providing care through handover processes or meetings. Care planning documents reflected regular communication between consumers, representatives, staff, and other providers of care.

Consumers and representatives were satisfied they had timely and appropriate referrals to other individuals and organisations providing care and services. The service had written policies and procedures to guide staff in referring consumers to other providers of care and services. Staff provided examples of referrals to specialists including for behaviour management, weight and nutrition, complex care, and restrictive practice assessment. Records confirmed timely referrals of consumers to appropriate other individuals and organisations.

Consumers and representatives were satisfied the service managed infection risks appropriately, including for COVID-19. The service had implemented policies and procedures in relation to infection prevention and control and antimicrobial stewardship. The service had appointed two Infection prevention and control leads and staff could detail strategies to prevent infection and prevent inappropriate antibiotic use. The service had a vaccination program for staff and consumers and kept suitable records.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied with available services and supports. Lifestyle staff explained how they partnered with consumers to conduct a lifestyle assessment which recorded their individual lifestyle needs, goals and preferences. Staff were knowledgeable about consumers’ interests and preferences and care planning documents reflected consumers’ needs, goals, and preferences.

Consumers said they were supported to maintain social, emotional, and spiritual connections Staff said they knew the consumers well and would provide necessary emotional support when consumers felt emotional, unwell, or agitated. Care planning documents included information about how the service could best support consumers' emotional, spiritual, or psychological well-being. The service had documented policies and processes in place to guide staff in supporting consumers’ emotional, spiritual, and psychological well-being, including referral procedures.

Consumers felt supported to participate in activities inside and outside the service, have personal relationships, and do things of interest to them. The Lifestyle coordinator gave examples of the wide range of activities, services, and supports provided to consumers and the strong connection to the community. Staff explained how consumers were encouraged to participate in the activities and interests detailed in their care plans. Care planning documents identified the people important to individual consumers and activities of interest.

Consumers and representatives said current information about consumers’ condition, needs and preferences was effectively communicated. Staff knew consumers’ condition, needs and preferences and explained how they referred to care plans daily and discussed current care needs, including with external support agencies. Care planning documents identified consumers’ condition, needs and preferences and provided adequate information to support the delivery of safe and effective care.

Consumers and representatives were satisfied the service could refer them to external providers to meet their needs if it were to be required. Staff and care documentation confirmed the service collaborated with external providers to support the diverse needs of consumers.

Consumers and representatives were satisfied with the food and meals, including the variety and quantity provided. Documents confirmed consumers’ dietary requirements and preferences were recorded and considered within food preparation. The menu was displayed in the dining area, and it showed a choice of two options for both lunch and dinner with available snacks between meals, and staff advised consumers can request an alternate meal if preferred. Management stated there had been significant improvements to food and meals as a result of consumer feedback. The kitchen was observed to be clean and tidy, with staff adhering to food safety and workplace health and safety protocols.

Consumers and representatives said provided equipment was safe, suitable, clean, and well maintained. Management and staff described the processes for identifying equipment that required maintenance. The preventative and reactive maintenance logs were up to date and showed no outstanding requests. The equipment provided was observed to be 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand and the staff were friendly and helpful. Staff described supporting visits from family and friends and encouraging consumers to personalise their rooms. Management described the strategies in place to ensure the service environment promoted a sense of belonging and supported consumers’ independence and safety. Signage was available to guide consumers and visitors, and communal lounge and dining areas had adequate seating.

Consumers and representatives said the service environment was safe, clean, well maintained, and comfortable and they could move around freely, including through outdoor areas. Staff explained the cleaning schedule and said they shared responsibility for keeping the service environment safe. The service had documented policies and procedures in relation to maintenance, laundry, and cleaning services. The service environment appeared to be safe, clean, and comfortable with consumers able to move safely around.

Consumers and representatives said the furniture, fittings and equipment was well maintained, safe and clean. Staff described effective processes for maintaining the furniture, fittings, and equipment. The furniture, fittings and equipment were observed to be clean, well maintained and sturdy.

# 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

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were comfortable raising concerns and providing feedback and management would listen and act to address any concerns. Staff and management described how they supported consumers and representatives to provide feedback and make complaints. Management described a range of options for consumers and representatives to raise concerns including surveys, Resident and representative meetings, and feedback forms.

Consumers and representatives were aware they could take their complaints through external pathways, although had not felt it necessary. Staff and management knew how to access interpreter and advocacy services for consumers and described how they assisted consumers who had communication difficulties. Information on external avenues for complaints and language and advocacy services was available in the consumer handbook, displayed at reception, and on noticeboards throughout the service.

Consumers, representatives, and staff could provide examples of how the service responded promptly and appropriately to complaints and used open disclosure principles when things went wrong. Management demonstrated effective complaint handling processes including staff training in the use of open disclosure. Staff and management showed an understanding of open disclosure and explained how they apologised if something went wrong. Complaints and actions were recorded in the complaints register.

Consumers and representatives confirmed they had seen improvements to the service as a result of feedback and complaints. Management and staff described how all complaints were entered into the incident management system and fed into the plan for continuous improvement where relevant. Complaints were discussed at the monthly leadership manager meetings, staff meetings, and handovers. The complaints register included proposed improvement actions.

# 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

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

Consumers and representatives said there were adequate staff to meet the care and service needs of consumers and staff responded promptly to call bells. Staff confirmed the workforce was sufficient to provide the right level of care to each consumer. The roster demonstrated the service had enough staff to provide safe and quality care. The service measured and reviewed staff response times to call bells, with investigation undertaken where there is an extended response time.

Consumers and representatives said staff were respectful, kind, caring, and gentle when providing care. Staff had an in depth understanding of each consumer and their needs and preferences. The service’s values were communicated within the staff handbook, including a statement on respecting and embracing diversity.

Consumers and representatives said staff were effective in their roles and were satisfied with the care provided. Management described verification processes for staff, ensuring they had necessary credentials, qualifications, and knowledge to effectively perform their roles. All necessary checks were undertaken and approved before staff received orientation training. Staff received orientation and completed mandatory competencies within the onboarding program and undertook ongoing annual mandatory training, with monitoring processes for compliance.

Consumers and representatives said staff were suitably skilled to provide the personal and clinical care required. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Management explained how the organisation used a formal recruitment process involving interviews, reference checks, visa working rights, police checks and qualification checks. Records showed the organisation checked the banning orders register during the recruitment process. The service has processes and systems in place to support new and current staff, and mandatory training was well tracked and up to date.

Consumers and representatives confirmed they provided feedback about staff performance and the service acted on this feedback. Staff said their performance was monitored through educational competencies and annual performance appraisals. Management said staff competencies were assessed regularly by the senior staff and they used a range of indicators to monitor and review staff performance. Management explained they provided direct feedback to staff following incidents, observations, or complaints. The service had policies and procedures to guide the monitoring and review of staff performance and the management of underperformance.

# 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

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

Consumers and representatives said they were engaged in the development, delivery, and evaluation of care and services. Management explained various ways consumers were supported to improve care and service delivery including through Resident and Representative meetings, care plan reviews, feedback and complaints processes, and surveys. Documents confirmed consumers and representatives were supported to provide input on service delivery.

Consumers said the service was inclusive and they felt safe. Management explained how the Board and subcommittees promoted a culture of safe, inclusive, quality care and services and was accountable for their delivery with oversight through reports, performance indicators, and other results from the service. The clinical governance framework identified the Board was responsible and accountable for the delivery of safe and inclusive quality care and services in accordance with the Quality Standards.

The service demonstrated appropriate governance systems were in place covering information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. For example, the service is supported by effective financial management systems with processes for additional funding requests to the Board for improvements. Staff were familiar with the governance arrangements and knew how to access the relevant policies and procedures.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Management described how the organisation monitored various clinical indicators and incidents to identify, manage and mitigate risks. Management and staff confirmed there were documented policies and training on these topics.

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

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)