Performance

Report

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| Name of service: | Jacaranda Grove Hostel |
| Service address: | 2 Mount View Road CESSNOCK NSW 2325 |
| Commission ID: | 0317 |
| Approved provider: | Northern Coalfields Community Care Association Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 9 December 2022 |

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 Jacaranda Grove Hostel (**the service**) has been prepared by E Woodley, 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.
* the provider’s response to the assessment team’s report received 5 December 2022.

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team confirmed they are treated with dignity and respect, and their identity, culture and diversity are valued. The service demonstrated care and services provided to consumers are culturally safe. Consumer’s care planning documentation identifies consumer’s backgrounds and demonstrates consumer’s culture and diversity is assessed and incorporated into planned care. Staff were observed by the Assessment Team interacting with consumers in a dignified and respectful manner.

The service demonstrated each consumer is supported to exercise choice and independence. Consumers interviewed said they are asked how they would like their care and services delivered, confirmed they are able to make decisions about who and when others should be involved in their care, and consumers said they are supported to make connections with others and maintain relationships. The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers who choose to take risks confirmed the service has initiated assessment and discussion about the risks with them, and staff are aware of the consumers who take risks and could explain ways they support the consumers.

The service provides each consumer with current, accurate and timely information which they can understand, enabling them to make choices. All consumers and representatives interviewed provided feedback that they have been kept well informed about important matters relating to service operations, COVID-19 and related impacts, renovation plans, and changes to service providers.

All consumers interviewed said their privacy is respected. Consumer’s personal information was observed to be confidentially stored in locked cupboards and password protected computers. The organisation has policies and procedures supporting consumers and staff in maintaining privacy and confidentiality.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated effective initial assessment processes for new consumers as well as reassessment processes to identify risks to consumer health and well-being. While for one consumer reviewed by the Assessment Team these processes were not consistently followed, the Assessment Team did not identify any significant impacts to the consumer and the service was responsive to improving their systems and processes. The Assessment Team found information about consumer’s current needs, goals and preferences were reflected in consumer assessment and care planning. For all consumers sampled, care and services were regularly reviewed and for most consumers they were reviewed when circumstances changed, or incidents occurred impacting their needs, goals and preferences.

Consumers at the service had documented end of life wishes, medical orders for life sustaining treatment documents, and an advanced care directive. These documents had been reviewed for currency within the last 12 months.

The service involves consumers and their representatives as partners in care, including through initial and ongoing discussions and formal case conferencing. All consumers and representatives interviewed said they had been offered a copy of the consumer’s care plan, with some having seen this or taken a copy. The service includes other organisations, individuals and providers of care that are involved in the care assessment and planning of the consumer.

# 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 Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found information about the dietary needs of consumers was not effectively documented and communicated within the service and among staff who deliver care. Inconsistencies were identified between what was recorded in shift handover reports, dietary reports, consumer’s care plans, and staff knowledge. This resulted in some consumers having their food modified to a greater degree than was needed based on allied health professional recommendations, and one consumer receiving and beginning to eat food which was not modified sufficiently to meet their assessed needs. Documentation reviewed by the Assessment Team indicated one consumer was not receiving supplements at the times recommended by the dietician.

The approved provider’s response to the Site Audit report demonstrates the service has engaged with their catering provider and reviewed their processes and communication around modified diets. The service has updated all consumer’s dietary needs and assessments and removed conflicting information.

The approved provider’s response includes clarifying information about when the consumer named in the Site Audit report receives their supplements, as well as additional information about the management of this consumer’s dietary requirements and preferences at the time of the Site Audit.

I have considered that the contract with the catering provider had only commenced a month prior to the Site Audit, and processes were still being implemented and reviewed for effectiveness. The approved provider’s response demonstrates that the gaps identified in the Site Audit report about communication of consumer’s dietary needs have been addressed. Overall, 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.

Most consumers and representatives interviewed by the Assessment Team thought that consumers were getting the personal and clinical care they need to optimise their health and well-being. Safe and effective care delivery was evident in relation to pain management, skin care and wound management, and the minimisation of restrictive practice as well as other care domains for consumers sampled. Effective management of high impact and high prevalence risks was evident through review of care documents for sampled consumers, interviews with staff, consumers and representatives, and observations by the Assessment Team. The service has monitoring and review processes to ensure effective response to and oversight of risks associated with the care of consumers.

The representative of a consumer receiving palliative care at the service provided positive feedback about the care provided. Review of the consumer’s documentation indicated the consumer’s needs, goals and preferences for palliative care had been recognised and were being addressed.

Review of care documentation and interviews with staff demonstrated the deterioration or change in a consumer’s condition, function or capacity is recognised and responded to in a timely manner. This included escalation to the consumer’s medical officer as appropriate. Consumers and representatives interviewed expressed satisfaction with referral to and involvement of other individuals, organisations and providers in the care of the consumer. Timely and appropriate referral to other individuals, organisations and providers of care was generally evident for consumers sampled.

The organisation has policies, procedures, detailed plans, signage and other information and resources in relation to infection prevention and control and outbreak management. The service has a trained infection prevention and control lead and there has been training and competency assessment for staff in relation to infection prevention and control. Staff demonstrated they are knowledgeable about their related roles and responsibilities regarding this, and staff were observed using infection control measures correctly such as hand hygiene, wearing personal protective equipment, physical distancing where possible, and cleaning of shared equipment between uses. The service has processes to support appropriate antibiotic prescribing to reduce the risk of increasing resistance to antibiotics. These included ensuring pathology results are obtained, where possible, for suspected infections prior to antibiotics being prescribed and infection surveillance.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

All consumers and representatives interviewed by the Assessment Team provided positive feedback indicating consumers receive safe and effective services and supports for daily living. Consumers interviewed expressed satisfaction with being able to do the things that interested them, including keeping in contact with those important to them and participating in the activities at the service and outside in the community. Documentation reviewed demonstrated staff are assessing and identifying consumer’s needs, goals and preferences regarding services and supports for daily living, and optimising their health and well-being.

Consumers and staff were able to describe the services and supports available to promote consumer’s emotional, spiritual, and psychological wellbeing. Emotional, spiritual and psychological needs, goal and preferences are assessed when consumers enter the service. Appropriate referrals are made to external services when required. The service provides scheduled religious services for consumers to attend.

Consumers and representatives interviewed indicated staff know them well and are aware of their individual needs, goals and preferences in relation to leisure and lifestyle services. The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences within the organisation and with others when required. The service demonstrated that timely and appropriate referral occurs to individuals and other external service providers when required. For example, to pastoral care providers, dementia support organisations, and cultural services.

The Assessment Team found the service had recently engaged an external provider to manage the meals provided at the service. The service has a dietitian approved seasonal menu that is changed twice a year. All consumers interviewed said the food was of good quality, quantity and variety. Many consumers and some representatives interviewed commented about the food improving since the new provider commenced at the service. Interviews with consumers and staff, a review of the menu, and observations show a pleasant atmosphere and dining experience is occurring for consumers and varied meals of suitable quality and quantity are being provided.

The Assessment Team found the service had equipment for the leisure and lifestyle program that was adequate, stored safely, clean and suitable for consumers to support their daily living.

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found the service is welcoming and optimises consumer independence and function. Consumers interviewed confirmed they were excited and had received ample communication about the renovations occurring at the service. Consumers said the service environment is welcoming and they feel comfortable at the service. The service environment provides private and communal space to cater for consumer personal and social needs. The Assessment Team observed the living environment to be calm and home-like. The service is currently undergoing renovations to improve the access and mobility around the service, and enhance consumer rooms, dining rooms and activity rooms.

Consumers interviewed said they felt the service is safe, clean and well maintained, and said they can move freely within the service and outdoors. Regular audits and environmental inspections are undertaken to identify and action any risks to the safety, cleanliness and maintenance of the service environment. The Assessment Team identified some issues regarding the dust from the renovations and accessing the front door, however these were rectified or reviewed during the Site Audit.

The Assessment Team found that furniture and fittings were generally safe, clean, maintained and suitable for consumers.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers interviewed said they feel supported to provide feedback and make complaints. Staff could describe how they support consumers to lodge feedback or complaints including logging details into the electronic system. Brochures on advocacy services, feedback forms and complaints information including methods for raising external complaints were observed in the foyer. Feedback forms and boxes were observed throughout the service. The consumer welcome pack and handbook provide information on advocacy and language services, and internal and external complaints mechanisms. The service had organised for advocacy services to speak to consumers in 2022.

The service demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. While complaint documentation did not always outline the response by the service, this was raised with the service who said they would review the documentation to include follow up actions taken as a result of complaints. The service demonstrates staff have received training in complaints handling and open disclosure. Policies and procedures include complaints management, open disclosure and grievance resolution processes.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. For example, consumers were aware that a new catering provider has been contracted following complaints about the food. All consumers provided positive feedback saying the food had greatly improved since this change. A representative provided feedback back to the Assessment Team that issues raised at case conferences are quickly resolved.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found the workforce is generally planned, and the number and mix of staff deployed enables the delivery and management of safe and effective care and services. The Assessment Team received feedback from some consumers and representatives regarding insufficient staff at the service, however there was no direct impact on these consumers as a result. Other consumers and representatives interviewed thought there was sufficient staff to provide quality care for consumers.

Consumers and their representatives provided feedback that they were treated with kindness and respect by staff. The Assessment Team observed respectful interactions with staff and consumers and the service is guided by a policy that outlines how consumers are treated with dignity, respect and their culture is respected.

Overall, the service demonstrated the workforce is competent and staff have the knowledge and qualifications to perform their roles. The organisation has documented core competencies for different roles and a range of mandatory training programs. The service provides effective orientation and processes to ensure staff have the relevant qualifications for their role. When the service has identified gaps in practice from complaints or incidents, they have implemented training to address this. Mandatory training is tracked on the learning management system and this is monitored when staff are flagged as overdue.

The service demonstrated that assessment, monitoring and review of its workforce is regularly carried out. The service monitors staff practice through competency assessment, from consumer feedback, surveys and consumer incidents. The service demonstrated appropriate performance management of staff when required.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Feedback received from consumers and service management demonstrated consumers are engaged in the development, delivery and evaluation of care at the service. The organisation’s strategic plan recognises the importance of people and partnership at the core of its plan. The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The board’s strategic plan 2022/2023 includes people, quality, sustainability, growth and partnership as its pillars and includes safety as part of its governance strategy. Survey results demonstrated that staff consider that management promotes respect, diversity, and the expectations for safe, quality and inclusive care.

Overall, the service demonstrated that it has effective governance systems. There were some gaps identified in relation to information management and regulatory compliance, where policies, procedures and care planning documentation did not reflect best practice or regulatory compliance obligations in relation to behaviour support plans.

Overall, the service demonstrated effective systems and practices for monitoring and assessing risks associated with the care of consumers. Most risks are reported, escalated and reviewed at board level, however there were some gaps noted by the Assessment Team that had not been identified by the service’s incident management system. The organisation’s mission focuses on supporting consumers to live their best life. Documentation and feedback from consumers and representatives confirmed this.

The service provided a clinical care policy that documented their clinical governance framework and a clinical governance reporting framework which outlined different committees reporting responsibilities and escalation points. The service provided policies on antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Overall, staff were able to discuss relevance of these policies to their work.

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