Performance

Report

**1800 951 822**

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| Name: | Jamestown Hospital and Health Service |
| Commission ID: | 6305 |
| Address: | South Terrace, Jamestown, South Australia, 5491 |
| Activity type: | Site Audit |
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| Service included in this assessment: | Provider: 9694 Yorke and Northern Local Health Network Incorporated  Service: 8023 Jamestown Hospital and Health Service |

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 Jamestown Hospital and Health Service (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information and intelligence held by the Commission.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treated consumers with dignity and respect and valued their identity and diversity. Management and staff were familiar with each consumer’s identity, needs and preferences, and described how they treated them with dignity and respect. The service had policies related to dignity, choice, privacy, diversity and inclusion, and staff were observed interacting with consumers respectfully.

Consumers and representatives said the service recognised and respected consumers’ cultural background and provided culturally safe care. Staff and management understood each consumer’s identity, cultural background, and values and described how they provided care to suit their needs and preferences. Care plans detailed consumer’s backgrounds, cultural needs and preferences. The service had policies to guide staff on providing culturally appropriate care.

Consumers and representatives felt supported to make independent decisions about their care and services, communicate those decisions, and to maintain chosen relationships. Staff described how they supported consumers to exercise choice about their care, and maintain relationships with people that were important to them. Care planning documents clearly documented consumer’s care delivery choices and their important relationships.

Consumers described how the service supported them to take risks, to live the best life they could. Staff described how they supported specific consumers to make choices involving risks to enhance their quality of life. Care planning documents confirmed consumers were supported to understand and take risks with agreed mitigation strategies in place. The service had a policy and procedure to guide staff in supporting consumers’ choices to take risks.

Consumers and representatives advised consumers were provided with up-to-date information about activities, events, menus and other choices, which enabled them to make decisions about their care and services. Staff described how they provided accurate and current information to consumers, to help them make informed decisions about their care and services. Clear and easy to understand information was available throughout the service.

Consumers and representatives said staff respected consumers’ dignity and privacy, and kept their personal information confidential. Staff described practical ways they respected the personal privacy of consumers and protected their personal information such as by knocking before entering consumers’ rooms, logging off computers when unattended, and discussing personal information in private areas. The service had a privacy and confidentiality policy 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were consulted in comprehensive assessment and care planning processes, which considered risks to consumers’ health and well-being. Staff detailed the use of validated tools in the assessment and care planning process and how it informed the delivery of safe and effective care. Care planning documents confirmed risk assessments and care plans were completed in accordance with the service’s policies and procedures. The service had documented policies and procedures aligned to best practice principles, to guide assessment and care planning.

Consumers and representatives described how assessment and care planning identified and addressed consumers’ needs, goals, and preferences, including advance care and end of life plans, if they wished. Management and clinical staff explained how assessment and care planning included discussing consumers’ advance care directives and end of life plans. Care planning documents included advance care directives and end of life wishes.

Consumers and representatives described how could choose to be actively involved in the assessment, planning and review of consumers’ care and services. Management and clinical staff described they included consumers, representatives and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives and a wide range of other health professionals were involved in the assessment and planning of consumers’ care and services.

Consumers and representatives described how outcomes of assessment and planning were communicated to them, and they were always offered a copy of the consumer’s care plan at reviews or if there were changes made. Staff described how they communicated the outcomes of assessments to consumers and representatives and offered them a copy of the care plan. Care planning documents showed outcomes of assessment and care planning were communicated to consumers and representatives and a copy of the care plan was offered to them.

Consumers and representatives said the service reviewed consumers’ care plans regularly, and if circumstances changed or incidents impacted on their needs, goals, and preferences. Management and staff advised consumers’ care plans were reviewed for effectiveness every 3 months, and reviewed when circumstances changed or incidents occurred. Care plans showed evidence of regular reviews.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers received safe and effective personal and clinical care, tailored to their needs and preferences, and which optimised their health and well-being. Staff were familiar with individual consumer’s personal and clinical care needs and could explain how they met them. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer. The service had policies, procedures, and tools on the intranet to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives confirmed the service identified and effectively managed high-impact and high-prevalence risks to consumers. Staff described the high-impact and high-prevalence risks impacting on consumers at the service, and how they prevented and managed these risks. Care planning documents showed risks associated with the care of individual consumers had been identified, and effective mitigation strategies put in place. The service had written policies and processes to support staff in managing risks to consumers’ health and well-being.

Consumers and representatives confirmed they could provide an advance care directive to ensure consumers’ end-of-life wishes were met, and they expressed confidence the service would meet their end of life care needs and preferences. Management and staff described how they provided care for consumers nearing the end-of-life, and maximised their dignity and comfort. Care planning documents included advance care and end-of-life care plans where applicable.

Consumers and representatives said the service recognised and responded quickly to deterioration or changes in consumers’ condition, and communicated with them in a timely manner. Management and staff described how they recognised deterioration or change in consumers’ condition, and communicated any changes effectively to staff and other health providers through verbal handovers and care documentation. Care planning documents confirmed deterioration or change in condition was identified and responded to appropriately. The service had a policy, procedures, and training to guide staff in recognising and responding to deterioration in consumers’ condition.

Consumers and representatives confirmed current information about consumers’ condition, needs and preferences was collected and communicated effectively between staff, and others involved in providing care. Management and staff described how current information about consumers’ condition, needs and preferences was shared with representatives, staff and other health care professionals.

Consumers and representatives said the service referred consumers to appropriate other organisations and health professionals in a timely manner. Management and staff described the processes for referring consumers to other health providers to support their ongoing care. Care planning documents confirmed consumers were referred to other individuals and organisations providing care and services.

Consumers and representatives expressed satisfaction with the infection prevention and control measures at the service. Management and staff confirmed they had received training and described how the service applied infection prevention and control measures and promoted antimicrobial stewardship. The service had an infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers had access to safe and effective services and supports for daily living that met their needs, goals, and preferences, and optimised their independence and quality of life. Staff described how they assessed and documented consumers’ needs, goals, and preferences for daily living and lifestyle activities. Care planning documents captured consumers’ background and interests, and detailed the services and supports they required to optimise their independence, quality of life, and well-being.

Consumers and representatives confirmed the service promoted consumers’ emotional, spiritual, and psychological well-being. Staff provided examples of how they supported consumer’s emotional, psychological, and spiritual well-being such as by providing religious services or spending one-on-one time with consumers who felt low. Care planning documents included information on supporting consumers' emotional, psychological, and spiritual well-being. The activities calendar displayed one-on-one visits, church services, and weekly pastoral visits.

Consumers and representatives said consumers were supported to participate in community events, within and outside the service, to do things of interest, and maintain social and personal relationships. Management and staff described how they encouraged consumers to participate in their community, do things of interest, make social connections and maintain relationships. Care planning documents detailed the support consumers needed to maintain their interests, participate in activities, and maintain important relationships. Consumers were observed socialising and participating in scheduled activities.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was effectively communicated, and staff knew consumers’ current needs and preferences. Management and staff described how they communicated current information about consumers’ condition, needs, and preferences at daily handover meetings, meetings and through the electronic care management system. Care planning documents detailed sufficient current information to provide suitable services and supports for daily living.

Consumers and representatives confirmed the service provided prompt and appropriate referrals to other individuals and organisations if they could not provide the required supports. Staff described how they obtained consumers’ consent to refer them to external individuals and organisations for additional services and supports. Care planning documents confirmed the organisation collaborated with other individuals, organisations to support the diverse needs of all consumers.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided, and said they could request alternative meals. Staff were aware of consumers’ dietary needs and preferences, which aligned with their documented care plans. The chef explained various ways consumers could provide feedback about the food and input the menu such as through food specific feedback forms. The kitchen was observed to be safe, clean and well organised, and the meals looked appetising with consumers enjoying the meals.

Consumers and representatives said the equipment provided was safe, suitable, clean, and they knew how to raise any maintenance issues. Staff described the processes in place for keeping the equipment safe, clean, and well maintained. The equipment appeared 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming and optimised consumers’ sense of independence, interaction, and function. Management and staff recognised the service was the consumers’ home, and described how they made consumers and visitors feel welcome, and supported consumers to personalise their rooms. The service had various features which helped optimise consumers’ sense of belonging, independence, interaction, and function. Consumers were observed socialising with family and friends in both inside and outside areas of the service.

Consumers and representatives said the service environment was safe, clean, well-maintained, and enabled them to move around freely, both indoors and outdoors. Staff described how they kept the service safe, clean, and well maintained. The service appeared safe, clean, well serviced, and a comfortable temperature, with doors unlocked and walkways unobstructed. Consumers were freely accessing all areas of the service, including outdoor areas and gardens.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining, the furniture, fittings, and equipment at the service. The furniture, equipment and fittings appeared safe, clean, well maintained, and suitable for use.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt encouraged and supported to provide feedback and make complaints and had no issue doing so. Management and staff described how they encouraged and supported consumers to provide feedback and make complaints through a variety of channels such as verbally, feedback forms, email, meetings and surveys. Complaint information, feedback forms and a locked lodgement box were observed around the service. The service had a documented complaint policy and process to guide staff.

Consumers and representatives were aware they could complain externally and access advocacy and interpreter services. Management and staff described how they made consumers aware of external interpreter and advocacy services, such as the Commission. Information regarding external complaint avenues, the Commission, and advocacy services was displayed around the service and in the Residential Services Handbook.

Consumers and representatives said the service took appropriate and timely action to resolve their complaints using open disclosure. Management and staff explained how they resolved complaints transparently using open disclosure. The feedback register showed complaints were documented and resolved using open disclosure. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives felt their feedback and complaints were used to improve the quality of care and services. Management and staff described how feedback and complaints were logged and reviewed, to improve the quality of care and services. The plan of continuous improvement, feedback and complaints register and meeting minutes confirmed feedback and complaints were recorded and used to improve the quality of care and services.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service had enough staff, and they did not have to wait long for staff to attend to their care and service needs. Staff said they worked well together to meet consumers’ care and service needs. Management described how they planned and rostered the workforce to ensure safe and quality care and services were delivered to consumers. Documentation confirmed call bell response times were within target and the service met the regulations for care minutes and registered nurse coverage. Staff were observed completing tasks and assisting consumers in a calm and efficient manner.

Consumers and representatives said staff were kind, caring, and respectful when providing care. Management and staff described how they respected each consumer’s identity, culture, and needs. Staff were observed interacting with consumers in a kind, caring, and respectful manner.

Consumers said staff were efficient, confident, and skilled to meet consumers’ needs. Management described how the recruitment processes ensured staff were competent and met the qualification, registration, and security requirements before they commenced. Workforce records confirmed qualifications, professional registrations, core competencies, and security checks were completed.

Consumers and representatives felt staff had the appropriate training and support to deliver safe and quality care and services. Staff confirmed receiving ongoing training and support to perform their roles effectively and delivery quality care and services. Management described the initial and ongoing training staff received in delivering care in line with the Quality Standards. Records confirmed high completion rates of mandatory staff training.

Consumers and representatives felt encouraged to provide feedback on staff performance. Management described how the performance of staff was continually monitored, assessed, and reviewed through bi-annual performance appraisals and continuous monitoring. Staff confirmed they had completed regular performance appraisals with management. Records showed the service had effective systems in place to regularly assess, monitor, and review the performance of the workforce.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the service was well-run and they were involved in the development, delivery and evaluation of the care and services. Management and staff advised how consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through various meetings and feedback mechanisms. Documentation showed consumers and representatives actively participated in the evaluation and improvement of the care and services. The organisation had formed a Consumer Advisory Group (CAG) which consumers could participate in, if they wished.

Consumers and representatives said the service provided a safe and inclusive environment with access to quality care and services. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. The Chair of the Board stated they had recently restructured roles, meetings, committees and introduced new reporting platforms, to align with the aged care reforms.

Management described effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. The Board is actively reviewing the governance systems and processes to ensure they are effective in delivering care and services in line with the Quality Standards. Management and staff were aware of the governance policies and confirmed they were implemented in daily practice.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. The service had a clinical governance committee who provided guidance and oversighted the clinical governance arrangements and policies. Management and staff explained the strong emphasis on consumer-centric care, and how they applied these policies and procedures in the delivery of clinical care and services.

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)