Performance

Report

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| Name of service: | Jessie Bowe House |
| Service address: | 1 Chapel Street MALDON VIC 3463 |
| Commission ID: | 3182 |
| Approved provider: | Maldon Hospital |
| Activity type: | Site Audit |
| Activity date: | 1 May 2023 to 5 May 2023 |
| Performance report date: | 26 June 2023 |

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

**This performance report**

This performance report for Jessie Bowe House (**the service**) has been prepared by J Howard, 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 conducted from 1 May 2023 to 5 May 2023. 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 Aged Care Quality and Safety Commission in relation to the service.

# 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 | | Compliant |
| 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 were assessed as Compliant.

Consumers were treated with dignity and respect, and staff valued them as individuals. Care plans contained information about consumers’ individual needs and preferences. Consumers confirmed they received culturally safe care and services. The service celebrated cultural days of significance and consumers could choose culturally specific meal options. Consumers were supported to communicate their decisions, maintain relationships of choice and choose when family and friends were involved in their care. Consumers’ representatives confirmed the service involved them in care planning and decisions which needed to be made on behalf of consumers.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment was completed and documented in their care plans. Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, information was provided during care plan consultations, discussions with staff, monthly consumer meetings, on activity calendars throughout the service and regular communication about COVID-19 restrictions, lifestyle events, general issues and introducing new staff members.

Consumers confirmed care and services were delivered in a way which respected their privacy. Consumers’ personal information was kept confidential in a password-protected electronic care management system.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 were assessed as Compliant.

Consumers were involved in the assessment and planning process, which identified their goals, needs and preferences. The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process, the outcomes of which informed the delivery of safe and effective care and services. Consumers were satisfied risks to their health were identified, well-managed and did not hinder their independence. Staff used consumers’ care plans to guide how they delivered personal care where risks were involved. Consumers confirmed their needs assessments included end-of-life planning where they wished.

The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. A review of care plans showed consumers partnered in a coordinated needs assessment which involved medical officers and allied health professionals. Consumers confirmed they were offered a copy of their care plan, which was also explained to them by clinical staff. Consumers and representatives confirmed they were involved in care plan reviews and notified when incidents occurred or care needs changed. Consumers’ care plans were reviewed quarterly or following changes in their conditions.

**Standard 3**

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| Personal care and clinical care | | Compliant |
| 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 were assessed as Compliant.

Consumers received care that was safe, effective, consistent with their needs and supported their health and wellbeing. Staff understood consumers’ individual needs and preferences, which were recorded in their care plans. Consumers were satisfied with how the service managed risks associated with their care, such as falls and weight loss. Consumers’ care plans identified risks associated with their care, along with strategies to manage those risks.

Consumers confirmed staff discussed advanced care planning and end-of-life preferences with them and recorded these details in consumers’ care plans. Staff who provided palliative care described how care delivery changed during the end-of-life process, such as ensuring consumers were comfortable with their dignity preserved through pain management, skin care and the involvement of loved ones during the process. Changes in consumers’ conditions were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions was communicated through electronic notifications, by accessing care plans, verbally during shift handovers and by accessing the daily consumer task reports. Consumers confirmed referrals to other providers of care and services were timely, appropriate and occurred when needed, which was consistent with their care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals, preferences and optimised their independence and quality of life. The service’s lifestyle staff conducted assessments which informed consumers’ lifestyle and well-being care plans and included information about lifestyle likes and dislikes, social affiliations and spiritual needs. Consumers were engaged in meaningful activities which supported their emotional and psychological well-being, such as participating in group activities, spending one-on-one time with staff, receiving visits from clergy and maintaining connections with people of importance to them.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. The Assessment Team reviewed the service’s activity planner and noted consumers could participate in bus trips to the zoo, cafes, restaurants and scenic areas. Consumers’ care plans included personalised information about activities of interest to them. Consumers were satisfied with the quality, quantity and variety of food provided by the service. Consumers were offered alternative meal options if the daily menu was not to their liking. The Assessment Team observed consumers’ individual diet and nutrition forms which included information about their food intolerances, allergies, likes and dislikes.

Where the service provided equipment, consumers felt safe when using items like mobility aids. The equipment being used by staff was cleaned between uses, well maintained and fit for purpose.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 were assessed as Compliant.

The service environment was welcoming, easy to navigate and promoted a sense of independence and belonging. There were spaces for consumers to socialise, lounge areas to sit quietly and dedicated areas for religious and cultural practices. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their choosing. The Assessment Team noted the service was clutter-free, well-lit and had clear signage which assisted ease of navigation for consumers and visitors. The service environment was clean, well-maintained and consumers moved freely within and outside of the building. Consumers were observed using outdoor areas and enjoying the garden.

Furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Consumers confirmed equipment and furniture was suitable for their needs, clean and well maintained. Furniture and equipment were cleaned and maintained under routine, preventative and corrective maintenance schedules.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the consumer handbook, on noticeboards and in brochures. Feedback and complaints could be provided at consumer meetings, food focus meetings, via surveys, through internal audits and via formal feedback forms.

Consumers and representatives confirmed the service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong. Staff and management understood their responsibilities in relation to complaints management. A review of the service’s feedback register showed management and staff acknowledged feedback, investigated the issue, offered an apology if something went wrong and developed an action plan to ensure matters were dealt with to the consumer’s or representative’s satisfaction. Consumers confirmed their feedback and complaints were used to improve the quality of care and services. For example, an outdoor garden area was improved and made into an ‘oasis’ for consumers to enjoy.

# Standard 7

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| Human resources | | Compliant |
| 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 were assessed as Compliant.

The service had adequate staffing levels and a mix of skillsets to meet consumers’ needs. Staff were satisfied with the roster, though at times were under pressure when unplanned leave occurred and the shift went unfilled due to unavailability of staff. However, staff confirmed they worked together to ensure consumers received the care and support needed. Consumers confirmed there were sufficient staff to meet their needs and call bells were answered promptly. The Assessment Team noted staff were kind and caring toward consumers when interacting with them. Staff addressed consumers by their preferred names and understood their care preferences.

The service’s workforce was competent and had the qualifications, skills and knowledge to effectively perform their roles. Staff were competent in their roles, which aligned with positive consumer feedback and confidence in the ability of staff to meet their care needs. Staff attended training in restrictive practices, the Serious Incident Response Scheme, infection control, manual handling, medication management, open disclosure and the Quality Standards. Management monitored staff performance through consumer feedback and analysis of clinical outcomes to ensure consumers’ needs were met. In addition, performance appraisals were conducted after an initial six months of probationary employment and annually thereafter.

# Standard 8

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| Organisational governance | | Compliant |
| 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 were assessed as Compliant.

Consumers and representatives were confident in how the service operated and confirmed they were engaged in the development, delivery and evaluation of care and services. Input was provided via consumer and representative meetings, feedback forms, monthly surveys, food forums and in-person discussions. Consumers and representatives provided feedback on the service environment, delivery of clinical and personal care, lifestyle activities, food services, staffing and overall satisfaction with their care.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The organisation had clinical and quality governance frameworks which established accountability from the service manager through to the governing body and its sub-committees. The governing body received regular reports on clinical and quality indicators, critical and serious incidents, feedback and complaints and continuous improvement. At the service level, the manager regularly corresponded with staff, consumers and representatives about infection control, visitations and current issues. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. The organisation is guided by policies in risk management, along with a risk management and governance framework. Staff had a sound knowledge of risk minimisation strategies which could be applied to restrictive practices, dignity of risk, falls prevention and managing changed consumer behaviours.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)