Performance

Report

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| Name of service: | Jindera Gardens Hostel |
| Service address: | 80 Creek Street JINDERA NSW 2642 |
| Commission ID: | 0567 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 28 June 2023 to 30 June 2023 |
| Performance report date: | 4 August 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 Jindera Gardens Hostel (**the service**) has been prepared by T Clerke, 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 Approved Provider’s response received 19 July 2023.
* other information and intelligence held by the 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 | |  |
| 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 all requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect. Staff were knowledgeable of consumers’ backgrounds and preferences and were observed treating consumers with respect. Care documentation identified consumers’ backgrounds, personal preferences, identities, and cultural practices.

Consumers said and staff demonstrated, consumers’ cultural backgrounds and beliefs were respected, and care and services were tailored accordingly. The Diversity and Inclusion policy guided staff in providing care and services for consumers of all cultural, gender, social and economic status.

Consumers confirmed they were supported to make informed choices about their care and services and maintain relationships of choice. Staff described supporting consumers to maintain connections with people important to them, especially during COVID-19. Care documentation identified consumers’ individual choices around when care was delivered and who was involved in their care.

Consumers said they were supported to take risks which enabled them to live the best life they could. Management and staff described how risks were managed, including safety precautions in place. Care documentation identified different consumers’ risks, as well as strategies to mitigate risks and ensure consumer safety.

Consumers gave examples of the various ways in which information was given to them. Staff described how they facilitate consumer choice and vary communication methods to suit consumers’ needs. Newsletters, meeting minutes, activities programs and menus evidenced information was provided to consumers and representatives.

Consumers expressed satisfaction with how the service protected their privacy and confidentiality. Staff were guided by the service’s privacy policy and procedure which included protocols to protect consumers’ privacy, such as locking unattended staff rooms, password protection of computers, and knocking on doors prior to entering the room.

# 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 all requirements have been assessed as compliant.

Consumers and representatives confirmed involvement in care assessment and planning. Staff were knowledgeable of the care assessment and review process including the preadmission visit to consumers and their families. Care documentation evidenced risks to consumers had been identified and strategies to minimise those risks.

Consumers and representatives confirmed and documentation reviewed showed, care plans detailed consumers’ needs and preferences, including end of life wishes. Staff said end of life wishes were discussed upon entry and during care reviews if the consumer wished.

Consumers and representatives confirmed they were involved in the care assessment, planning and review process. Staff said care assessment and planning was undertaken in partnership with consumers, representatives, allied health professionals and other services, and this was evidenced in care documentation.

Consumers and representatives said staff explained information about care and services and confirmed they could access a copy of their care and service plan when required. Staff confirmed discussing outcomes of assessment and planning with consumers, or telehealth conferences with representatives and medical officers. Care documentation was observed to be easily accessible to staff.

Consumers and representatives gave positive feedback in relation to communicating of changes in a consumer’s condition. Staff were knowledgeable of the need to review care and services in response to incidents or changes, which was reflected in care documentation, along with routine reviews every 6 months.

# 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 all requirements have been assessed as compliant.

Consumers and representatives said consumers received personal and clinical care that was right for them and met their needs and preference. The service had processes in place to guide staff on restrictive practices, skin integrity and pain management. Care documentation evidenced care plans were comprehensive, and included assessments, charting, and progress notes.

Staff were knowledgeable of consumers’ high-impact and high-prevalence risks such as falls, swallowing difficulties, behaviours, and pressure injuries. Care documentation evidenced identification, intervention and monitoring of risks, including dignity of risk agreements. Consumers and representatives were satisfied risks were well managed.

Consumers and representatives confirmed they had discussed their end of life wishes with management and staff. Staff described tailored care delivered for consumers nearing the end of their life, including frequent comfort care and pain management. Care documentation for consumers who had passed evidenced consumers’ needs and preferences had been met during the palliative process.

Staff described recognising consumer deterioration through frequent observation and assessment. Care documentation evidenced prompt recognition of changes to consumers’ health, and appropriate responses including referral to allied health professionals or hospital transfer.

Consumers and representatives provided positive feedback regarding communication between staff about their care needs. Members of the workforce described sharing consumers care information with relevant staff through handovers, discussions and the ‘10 minute chat at 10’. Staff were observed exchanging consumer information relevant to their condition and care needs.

Consumers and representatives were satisfied with the referral process to specialised individuals and services. Staff described, and care documentation reflected referrals made to a range of allied health professionals, including the onsite occupational therapist.

The service had implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. The service’s Infection Prevention Control Lead described their role and responsibilities, and how they monitor staff practices to ensure safe infection control protocols.

# 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 all requirements have been assessed as compliant.

Services and supports for daily living met consumers’ needs, goals and preferences and optimised their independence and quality of life. Lifestyle staff confirmed developing activities in partnership with consumers to ensure suitability. Care documentation was strength based, included information about what was important to consumers, and supports needed to do the things they liked to do.

Consumers said the service supported their spiritual, emotional and psychological well-being and staff were attentive to any behavioural changes. Staff said they were familiar with consumers and could recognise changes and offer support. The service facilitated weekly religious services and visits from religious leaders.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Consumers were observed interacting and socialising with each other and with their families. Care documentation showed consumers’ community connections, interest and people of importance to them.

Consumers said the service effectively shared their information with those involved in their care. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover processes. The service had an effective system to manage information and consumer care.

Consumers said they were supported by other individuals and organisations who provided support and services. Staff described collaborating with other care providers, volunteers and entertainers to supplement activities. Care documentation evidenced the service’s established network of providers to support consumer needs and preferences.

Consumers gave positive feedback regarding the variety, quality and quantity of meals, including options to cater to cultural preferences. Hospitality staff advised menus were developed in response to consumer feedback and were knowledgeable of consumers’ dietary needs and preferences. Documentation reflected consumer needs and the dining experience was observed to be organised.

Consumers said they found the equipment to be suitable, safe, and well-maintained for their use. Staff confirmed they had a good range of clinical and lifestyle equipment to deliver quality care and services, and cleaning was performed regularly. Equipment was observed to be clean and in good condition.

# 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 all requirements have been assessed as compliant.

Consumers said the service was welcoming, easy to navigate and they felt at home. Staff described assisting consumers’ safety and comfort by keeping walkways clear and interacting with consumers on a daily basis. The service environment included a courtyard and several garden areas for consumers to socialise and relax in.

Consumers and representatives gave positive feedback regarding the cleanliness and condition of the service environment and their ability to move freely between areas. Staff described assisting consumers to mobilise, if required, and processes to identify and report hazards. Records evidenced timely completion of preventative maintenance and consumers were observed moving freely between indoor and outdoor areas.

Consumers said furniture, fittings and equipment were well-maintained, safe and suited to their needs. Maintenance staff explained the preventative maintenance schedule. Observations confirmed furniture was clean and maintained and electrical equipment had been serviced as required.

# 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 all requirements have been assessed as compliant.

Consumers and representatives said they were supported to raise complaints and provide feedback. Staff described the feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, and at consumer meetings.

Consumers and representatives said they were aware of advocacy services and were comfortable raising issues with staff in the first instance. Staff were knowledgeable of advocacy and translation services, how to access them on behalf of consumers and informing consumers of their availability. Posters displayed throughout the service provided information regarding advocacy services.

Consumers and representatives said appropriate action was taken in response to feedback and complaints. Staff were knowledgeable of complaint processes, including the use of open disclosure. A register evidenced management of complaints and open disclosure practices. Policies guided staff through the use of open disclosure following incidents.

Consumers provided positive feedback regarding improvements made in response to their feedback or complaints. Management described the Plan for Continuous Improvement was used to monitor their response to complaints and provided examples of improvements made for the benefit of consumers.

# 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 all requirements have been assessed as compliant.

Consumers and their representatives provided positive feedback regarding staffing numbers and the care provided to them. Staff said they were sufficiently resourced, and management filled service gaps with available sister staff within the organisation. Documentation evidenced consistent staff coverage and call bell data reflected response times were prompt.

Consumers said staff were courteous, professional and aware of their preferences. Staff were knowledgeable of consumers’ needs and were observed addressing consumers by their preferred name and using respectful language when assisting consumers.

Consumers felt staff knew what they were doing and they had the appropriate skills to perform tasks. Management described the process to ensure staff were suitable for, and competent in their role. The service’s recruitment process included verification of minimum qualifications and registration requirements for respective roles.

Consumers felt staff were adequately trained and equipped to do their jobs. Management confirmed staff underwent annual training for a range of topics including, but not limited to, infection control, serious incident report scheme, restrictive practice and elder abuse. Although records reflected strong staff engagement in training, an improvement area was identified for the record keeping of staff training.

Management confirmed staff performance was reviewed through annual appraisals, feedback from consumers, representatives and colleagues. Staff described developing goals in consultation with their supervisor and were happy with the annual appraisal process. Documentation reviewed evidenced workforce appraisals were up to date.

# 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 all requirements have been assessed as compliant.

Consumers and representatives said they felt involved in the design, delivery, and evaluation of care and services. Management confirmed consumer inclusion through consumer meetings, feedback, complaints, surveys and case conferences. Feedback and suggestions made by consumers and representatives were included in the service’s Plan for Continuous Improvement.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback. Consumers said they feel safe and receive the care they need.

The service demonstrated appropriate systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the Plan for Continuous Improvement was monitored to ensure appropriate action in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of risk identification, reporting and mitigation processes. The service’s risk management framework provided direction on managing risks, identification and response to elder abuse and supporting consumers to live their best life.

A clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and had completed relevant training.

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)