Performance

Report

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| Name of service: | Maldon Hospital - Mountview Nursing Home |
| Service address: | 1 Chapel Street MALDON VIC 3463 |
| Commission ID: | 3484 |
| 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 Maldon Hospital - Mountview Nursing Home (**the service**) has been prepared by A. Douglas, 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.
* 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

Consumers said staff treated them with dignity and respect, and staff valued their culture and identity. Consumers’ care planning documents showed the service had identified their individual cultures and needs. Staff were respectful to consumers during the Site Audit.

Consumers said the service’s care was culturally safe and they could express their identities and interests. Consumer care plans corroborated this evidence, providing information on consumers’ cultural backgrounds and spiritual needs. Staff knew the backgrounds of consumers within the service and how to show respect for their individual cultural identities.

Consumers said the service engaged them to make decisions about their care and who was involved in it. Representatives said the service communicated with them about the consumer they represented in relation to their care and decisions. Staff supported consumers to maintain their relationships.

The service had policies and procedures for staff to support consumers to manage their chosen lifestyle risks. Staff provided risk assessment information to consumers to enable them to make informed decisions about risks. Care planning documents described each consumer’s chosen risks.

Consumers said the service gave them current, accurate and timely information, enabling them to make decisions about their care. Staff made records of their communications with consumers and their representatives in progress notes, including details of follow-up actions. The service tailored its communications to each consumer.

The service had a Privacy Statement that outlined its commitment to ensuring consumers’ information was collected, stored, used and disclosed in line with legislative requirements. Staff used a range of protocols to ensure they respected consumers’ privacy and confidentiality. Consumers confirmed staff respected their privacy.

# 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

Staff documented assessment outcomes in care plans and used them to inform care delivery. Consumers said they were satisfied with the care they received, and the service managed risks to their health and well-being effectively. Care records showed the service considered consumers’ individual risks and care needs and delivered care accordingly.

Consumers said the service’s assessment and planning encompassed their needs goals, and preferences, including those for advance care and end of life (EOL) care. Assessment documents contained relevant information derived from the service’s assessment processes. Staff knew what was important to consumers and how they wanted their care delivered.

Consumers said the service partnered with them to assess and plan their care and engaged other providers in the planning process. Staff knew the service’s processes of referring consumers to external providers. Care plans showed the service communicated fully with consumers and their representatives as part of the assessment and planning process.

Staff used a collaborative process when communicating assessment and planning outcomes to consumers, allowing time to interact and ask questions. Consumers said the service communicated the outcomes of assessments and planning to them. They said they either had a current copy of their care plan or they knew where to access one.

Consumers said the service reviewed their care plans regularly and in response to changes of circumstances or incidents. Staff knew their responsibilities in relation to incidents, including reviewing consumers’ care plans, making records and reporting information. The service had policies and procedures setting out its processes for care plan 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

Consumers said the service tailored their care to their needs and optimised their health and well-being. Staff knew the individual personal and clinical care needs of consumers, and what constituted best practice care in relation to those needs. Care planning documents showed individual care that was safe, effective, and tailored to consumers’ needs and preferences.

Consumers said the service managed high impact and high prevalence risks effectively. Care documents showed the service had effective strategies in place to manage risks. The service operated alongside the Maldon Hospital, enabling the service to manage risks and incidents on site.

The service engaged external palliative care services to provide support to palliating consumers. Staff delivered best-practice care to palliating consumers in a range of domains, including mouth care, skin care, pain management and others. Consumers said the service tailored care to their needs, goals, and preferences.

Consumers said staff promptly recognised and responded to deterioration or changes in their condition. Staff could cite recent examples of when they responded to a deterioration or change. Care planning documents showed that staff recognised and responded to changes.

Consumers said staff communicated effectively among themselves and with external providers, and they did not have to repeat their instructions. Staff communicated changes through multiple channels, ensuring comprehensiveness in regard to care delivery. Care documents showed clear, full information, supporting safe care delivery.

Consumers said they were satisfied with the service’s referral processes. Staff knew the service’s process for referring consumers to other providers. The service had procedures governing these processes. Consumers’ care planning documents showed evidence of input from other providers.

The service had policies for infection control, antimicrobial stewardship, and general hygiene practices. Staff had received training on infection minimising practices, including hand hygiene, the use of appropriate personal protective equipment, and outbreak management. The service used data to inform improvements for consumers in relation to infection prevention.

# 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

Consumers said their daily living supports met their needs, goals, and preferences. Care planning documents showed pertinent information on consumers’ daily living preferences. Lifestyle staff reviewed consumers’ daily living supports at least once every 3 months.

Consumers said the service’s supports for daily living promoted their emotional and spiritual well-being. Staff knew the various spiritual, emotional and psychological support offerings in place within the service, and which consumers utilised them. Care plans outlined consumers’ emotional and spiritual needs, and strategies to support them.

Consumers said the service supported them to participate in their community, maintain their relationships and do things they were interested in. Care plans included activities of interest and described how the service supported consumers to participate in those activities. Staff were familiar with consumers’ daily living preferences.

Consumers said they received consistent care from a variety of staff. Staff spoke with consumers each day to confirm their preferences and shared information about consumers’ needs at handover and through care records. Care plans outlined consumers’ conditions, needs and preferences and had been updated regularly.

Staff knew the service’s referral process and could cite recent examples of referrals to external providers. Consumers said staff offered to refer them to external providers as part of the regular care they received. Care documents contained records of the service’s referrals.

Consumers said the service’s meals were varied and of suitable quality and quantity. The service had processes to streamline gathering consumers’ meal choices. During the site audit, staff served meals with the aid of nutrition forms and diet spreadsheets, ensuring meal service was precise and efficient.

# 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

Consumers said the service environment was welcoming and enjoyable. The service had plenty of space, adequate lighting, clear signage and was uncluttered. Care staff said they supported consumers’ independence, interaction, and function by aiding them to personalise their rooms and other areas of the service.

On inspection, the service environment was safe, clean, and well maintained, with easy-to-access outdoor areas for consumers. Consumers said the service environment was clean, well maintained, and comfortable. The organisation had policies governing equipment maintenance, stock management and cleaning services.

Consumers said the service’s furniture, fittings and equipment were safe, clean, well-maintained, and suitable. Staff knew how to log maintenance requests and the service’s records showed that its maintenance team responded to requests promptly. The service had appropriate facilities and logistics policies, including for maintenance, stock management, and electrical safety.

# 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

Consumers said the service encouraged them to provide feedback and make complaints when appropriate, and confirmed they felt safe doing so. Staff knew how to support consumers to provide feedback and make complaints. The service had multiple channels through which consumers could raise complaints.

Consumers said they were aware of external advocacy services but confirmed they were comfortable raising concerns with the service in the first instance. Staff said they acted as advocates for consumers by relaying their concerns to management and assisting them to complete feedback forms. The service displayed information on advocacy supports throughout the facility.

Consumers said management promptly addressed and resolved their concerns following incidents or complaints. The service had a dedicated process for handling feedback and complaints. Management could cite examples of recent responses to complaints which included the use of open disclosure.

Consumers said the service used their feedback to improve care and services. The service analysed complaints data for trends and used this to inform its improvement activities. It also engaged consumers to evaluate the efficacy of its improvement activities. Staff understood the role of continuous improvement in the broader scope of the service’s operations.

# 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

Consumers said the service had adequate staff coverage across its various care domains. They said staff responded promptly to call bell activations. Staff said they were satisfied with the service’s roster arrangements. Staff worked as a team to address any staffing shortfalls in the roster.

Consumers said staff engaged with them in a respectful, kind, and caring manner. Staff knew the service’s consumers well, including their individual personalities, needs and preferences. Management said it monitored staff interactions with consumers to ensure they remained kind, caring and respectful.

Consumers said staff were sufficiently skilled to meet their care needs. Management had a process to determine staff competencies during recruitment and the service monitored staff performance using multiple data sources. The service had policies setting out key qualifications and knowledge requirements for each role within the service.

Consumers, representatives, and staff said they did not think staff needed training beyond what they already received. The service’s training records showed that it delivered training as part of its onboarding process, and on an ongoing basis thereafter. The staff cohort had high training completion rates.

The service regularly undertook assessment, monitoring, and review of the performance of each member of its workforce. It conducted staff performance appraisals annually. The service had a documented policy on performance management that included guidance for performance and competency reviews.

# 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

Consumers said they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

The service’s governing body had various policies and procedures intended to foster a culture of safe, inclusive, and quality care. Consumers said the governing body promoted a culture of safe, quality care and that it took accountability for care delivery. The governing body’s senior management team routinely conducted audits of the service.

The service’s records showed it had effective organisation wide governance systems in all relevant domains. Staff knew the key principles of the service’s governance systems, and how to dispense their responsibilities in accordance with those principles. A sound policy and procedural calculus underpinned the service’s systems of governance.

The service had systems to assess and monitor the high impact and high prevalence risks associated with the care of its consumers. Staff reported and escalated risks, and various tiers of management reviewed them at the service and organisational levels. Staff communicated feedback throughout the service to facilitate improvements to care.

The service had implemented its governing body’s clinical framework. The framework included directives to minimise restrictive practices, implement antimicrobial stewardship and use open disclosure when things went wrong. Staff knew and applied the principles of the framework during their day-to-day activities.

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)