Performance

Report

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| Name of service: | Margaret Hubery House |
| Service address: | 36 Fifth Avenue ROSSMOYNE WA 6148 |
| Commission ID: | 7243 |
| Approved provider: | Southern Cross Care (WA) Inc |
| Activity type: | Site Audit |
| Activity date: | 31 July 2023 to 2 August 2023 |
| Performance report date: | 4 September 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 Margaret Hubery House (**the service**) has been prepared by J. Miaris, 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.

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

Consumers and representatives confirmed they were treated with care and kindness, and their identity was respected. Staff demonstrated knowledge of each consumer’s identity, and provided examples of how they respected consumers’ culture and identity. The Assessment Team observed staff interactions to be conducted in a dignified and respectful manner, with staff referring to consumers by their preferred names.

Care planning documentation demonstrated the service identified and captured information regarding the consumer’s cultural needs and preferences. Consumers and representatives described how staff understood and respected consumers cultural backgrounds, and provided care that was consistent with their cultural preferences. Staff demonstrated an understanding of consumers’ interests, background and cultural identity.

Consumers and representatives were satisfied that consumers were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Management and staff described how they supported consumers to make choices, communicate decisions, and maintain relationships of choice. The service had policies and procedures in place to guide staff on how to support consumers to make decisions regarding their care and services.

Care planning documentation demonstrated risks were identified by completing risk assessments, and appropriate measures were taken to ensure consumers were provided with information to make informed decisions regarding the care and services they received. Consumers and representatives confirmed they were supported by the service to take risks to enable them to live the best life they can. Staff described the training they received in supporting consumers’ choices and decisions involving risks.

Management and staff described the ways information was delivered to consumers regarding their care and services which enabled them to exercise choice. Consumers and representatives advised they were kept informed of relevant information to assist them in making decisions regarding their care, lifestyle, activities, and meals. Staff were observed communicating with consumers to inform them of meal services and upcoming activities.

Consumers and representatives reported consumers privacy was respected and maintained. Staff indicated they knocked on consumers’ doors and awaited a response prior to entering, and ensured curtains were kept closed when providing care and services. The consumer admission pack included information regarding the consumer’s rights to privacy and confidentiality, and consumers signed a confidentiality agreement for the sharing of their information.

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

Care planning documentation evidenced the assessment and planning process considered risks to consumers’ health and well-being that informed the delivery of safe and effective care and services. Consumers and representatives expressed satisfaction with the assessment and care planning processes and the care and services they received. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer and the strategies in place to mitigate these risks.

Consumers and representatives indicated they were involved in the assessment and planning process, and it met the consumer’s current needs, goals and preferences, and confirmed advance care planning had been discussed with them. Care planning documentation identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end of life planning. The service had policies and procedures to guide staff practice in relation to the provision of palliative care.

Consumers and representatives confirmed they were involved in consumers’ care planning upon admission to the service, and on an ongoing basis. Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Staff described the processes in place to ensure the service partnered with consumers to assess, plan and review their care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they could access consumer care plans upon request. Staff utilised the service’s electronic care management system to access and communicate outcomes of assessment and planning. Management advised consumers and representatives were notified of any changes in relation to changes in the consumer’s condition.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. The service had policies and procedures in place to guide staff practice in relation to the review of consumers’ care plans. Consumers and representatives advised the service provided quality care and services and expressed positive feedback regarding the regularity of review of their care and services.

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

Care planning documentation evidenced consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Consumers and representatives were satisfied with the personal and clinical care that consumers received and were confident in the abilities of staff to provide care. Staff demonstrated an understanding of the personal and clinical needs of consumers.

Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks. Staff demonstrated an understanding of the high impact or high prevalence risks related to consumers' care, and the strategies in place to manage these risks. Care planning documentation noted high impact or high prevalence risks were identified and effectively managed by the service.

Management and staff stated the end of life preferences of consumers were documented upon their admission and reviewed when a consumer transitioned into palliative care. Care planning documentation evidenced consumers received end of life care in accordance with their needs and preferences. Consumers and representatives confirmed their end of life needs and preferences were being met by the service.

Care planning documentation evidenced that deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Management advised they utilised various methods to identify and communicate changes in the consumer’s condition, including via the handover process, scheduled reviews and incident reports. Consumers and representatives reported the service was responsive to changes in the consumer’s well-being.

Staff were aware of consumers’ needs and preferences and confirmed they received up to date information about consumers during the handover process. Care planning documentation provided information to support the effective and safe sharing of the consumer’s information to support care. Consumers and representatives indicated they were confident the service collected the relevant information required to provide care.

Management and staff described the referral process used when referring consumers for consultation within and outside of the organisation. Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives were satisfied with the referral process, and confirmed they had access to the required health care supports.

The service had documented policies and procedures to guide staff practice and support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff confirmed they completed regular training on infection control practices and described the processes in place to minimise the transmission of infections within the service. Management indicated COVID-19 testing was mandatory for all visitors and staff entering the service.

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

Management and staff demonstrated an understanding of what was important to consumers, and the supports they required to maintain their independence, health, well-being, and quality of life. Care planning documentation identified information regarding the consumer’s needs, goals and preferences. Consumers and representatives advised they were satisfied with the care and services, and they received the supports they required.

Staff demonstrated an understanding of consumers’ emotional, psychological and spiritual well-being, and provided examples how they met these needs. The service had policies and procedures to guide staff practice in relation to supporting consumers’ emotional, psychological, and spiritual well-being. Care planning documentation evidenced information regarding the emotional, spiritual and psychological needs and preferences of consumers was captured.

Consumers and representatives felt the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Consumers were observed socialising and attending activities of interest within the service. Management and staff demonstrated an understanding of services and supports that were important to consumers as well as an understanding of their relationships of importance.

Care planning documentation evidenced consumers’ care needs and preferences were communicated within the organisation and with others where responsibility for care was shared. Consumers and representatives described how they were involved in the care planning process and kept informed of any changes to their care and services. Staff outlined the ways in which information was shared, and the ways they were kept informed of the changing health conditions, needs and preferences of each consumer.

Management and staff described how the service worked in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers. Care planning documentation identified the involvement of other organisations and providers of care and services. Consumers and representatives confirmed they received supports from external providers of care and had consented to their information being shared as required.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Management and staff were knowledgeable of consumers’ dietary preferences and requirements. Staff described how they regularly sought feedback from consumers and provided examples of specific arrangements in place to suit the meal preferences of consumers.

Consumers and representatives stated the equipment provided was safe, suitable, clean and well maintained. Staff described the equipment used to support consumers’ needs was safe and suitable and had received training on the safe use of equipment. Management outlined processes in place to ensure equipment used for activities of daily living was 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 Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers rooms were observed to be decorated with their own personal belongings. Consumers and representatives advised the service was welcoming and easy to navigate. The indoor and outdoor courtyards were noted to be large, free of hazards and contained communal seating areas for consumers and their visitors.

Staff described processes in place for lodging maintenance requests, and advised maintenance requests were promptly actioned. Consumers and representatives described feeling comfortable within the service, and indicated they were able to move freely throughout the service. The service had both a preventative maintenance schedule and an equipment cleaning schedule in place.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumer use. Staff advised they had access to the necessary equipment to support consumers and described how equipment was kept safe, clean and well-maintained. Consumers and representatives confirmed they felt safe and satisfied with the service’s environment, furniture, fittings and equipment.

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

Consumers and representatives reported they were encouraged and supported by the service to provide feedback and make complaints. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints. Feedback forms and collection boxes were observed to be accessible throughout the service.

Consumers and representatives stated they were aware of other avenues for raising a complaint, including external advocacy services, or with the assistance of others. Management indicated they ensured staff received training regarding providing advocacy supports to consumers. Staff demonstrated an understanding of internal and external feedback and complaint mechanisms.

Consumers and representatives indicated the service took appropriate action in response to complaints, and staff understood and utilised an open disclosure process in dealing with complaints. Management demonstrated appropriate and timely action was taken in response to complaints, and an open disclosure process was applied when things went wrong. Documentation evidenced complaints details were captured and responded to.

Documentation demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services. Consumers and representatives confirmed the service used feedback and complaints to improve care and services. Management outlined that service improvements had resulted from actions taken in response to the provision of feedback and complaints, and these actions were evaluated in consultation with consumers and representatives.

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

Consumers and representatives confirmed there was an appropriate number of staff at the service, and they received prompt care and services. Management confirmed an appropriate number and mix of staff were allocated to ensure the various care needs of consumers were met. The service’s staffing roster demonstrated the service ensured shifts were covered by existing and casual staff members.

Consumers and representatives indicated staff engaged with consumers in a respectful, kind and caring manner, and were gentle when providing care. Management and staff demonstrated an in depth understanding and knowledge of consumers’ backgrounds, culture and diversity. Staff were observed greeting consumers by their preferred names and were respectful.

Staff indicated they were supported by management during the orientation process and ongoing thereafter. Consumers and representatives confirmed staff were skilled in their roles, and competent to meet their care needs and preferences. Documentation reflected position descriptions outlined the respective role, key responsibilities, essential qualifications, and the expected behaviours which were in alignment with the service’s values.

Staff described the mandatory training sessions available to them and were confident they would be well supported by management to access additional training when needed. Management outlined the service’s oversight and monitoring processes in place regarding the training completion details for the entire workforce. Documentation evidenced the service provided annual training on a variety of topics.

Management demonstrated the performance of staff was regularly assessed, monitored and reviewed. Staff indicated their performance was monitored through ongoing observations by supervisors, online learning modules and participating in toolbox training sessions. Documentation evidenced the service conducted performance appraisals for probationary staff 5 months prior to the end of their probation, and then on an annual basis.

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

Consumers and representatives considered the service was well run, and described they were involved in the development, delivery and evaluation of care and services. Management and staff outlined the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services.

Management described a range of strategies in place which demonstrated how the governing body promoted a culture of safe, inclusive and quality care and services, including through the discussion of clinical indicators, quality initiatives and incidents at relevant reporting and meetings. Management provided examples of a range of strategies that demonstrate how the governing body promotes a culture of safe, inclusive, and quality care and services.

The service had organisation wide governance systems in place to guide staff practice and support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The results from surveys, audits, incident reporting and feedback was captured within the service’s continuous improvement plan to drive actions and improve care and services. Staff confirmed they received ongoing training to maintain their competencies to ensure they provided quality care and services to consumers.

Management and staff described how they utilised the service’s policies, procedures and practices to minimise high impact or high prevalent risks associated with the care of consumers. Staff outlined the process for reporting incidents, including speaking directly with management or the registered nurse. Documentation evidenced the implementation of strategies to prevent the reoccurrence of incidents.

The service had documented policies and procedures to guide staff practice which addressed antimicrobial stewardship, the minimisation of restraints and open disclosure practices. Staff demonstrated an understanding of these policies and the application of these policies in a practical setting. Consumers and representatives indicated the service followed and applied open disclosure principles in response to adverse events.

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)