Performance

Report

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| Name of service: | Mary Andrews Retirement Village Hostel |
| Service address: | 857-861 King Georges Road SOUTH HURSTVILLE NSW 2221 |
| Commission ID: | 0400 |
| Approved provider: | Anglican Community Services |
| Activity type: | Site Audit |
| Activity date: | 8 May 2023 to 10 May 2023 |
| Performance report date: | 11 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 Mary Andrews Retirement Village Hostel (**the service**) has been prepared by M Kalra, 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 and representatives said staff treat consumers with dignity and respect and that they feel valued as an individual. Staff interviewed spoke about consumers in a respectful manner and demonstrated they are familiar with consumers’ individual backgrounds, life stories and preferences, consistent with care planning documentation. Staff were observed interacting with consumers respectfully during the Site Audit.

Consumers and their representatives confirmed that the service recognises and respects consumers’ cultural backgrounds and provides care that is consistent with their cultural preferences. Staff were able to identify consumers from culturally and linguistically diverse (CALD) backgrounds and ensured each consumer receives care aligning with their care plan. Care planning documentation reflected consumers’ cultural background, linguistic abilities, and their activities of interest.

Consumers and representatives said they are given choice about how and when care is provided and are supported to make connections with others and maintain relationships of choice, including intimate relationships. Staff described how they support consumers to make choices, maintain independence and relationships of choice.

Consumers felt supported by the service to take risks that they choose. The service’s dignity of risk policy outlines the service’s approach to allow consumers to make informed choices and supporting them to live life as they choose. Staff demonstrated an awareness of risks taken by consumers, supported by the completion of risk assessments and consultation.

Consumers and representatives confirmed they are kept informed through printed information sources, verbal reminders and through email and text correspondence. Information was observed to be provided in a clear way that supported informed decision making.

Consumers reported that their privacy and dignity is respected, and their personal information is kept confidential. Staff demonstrated an understanding of appropriate conduct to ensure each consumer’s privacy is maintained during the delivery of care and services, which aligned with the service's policies and procedures on privacy and confidentiality. The Assessment Team observed a range of signs on consumer doors, including reminders to knock before entering.

# 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

Consumers and representatives said they are consulted in assessment and planning process, and confirmed they get the care and services they need. Staff described the care planning process and how it informs the delivery of care and services. Care planning documentation evidenced consideration of individual risks, and current needs, goals, and preferences of consumers, including advanced care plans. Staff described the service’s approach to end of life discussions and planning with consumers or their representatives.

Care planning documentation showed evidence of case conferences with consumers or representatives, and involvement of a range of external providers and services, including medical officers, physiotherapists, wound care specialists, speech pathologists, podiatrists, dietitians, and other health professionals. Consumers and representatives said they are kept informed about consumers’ care and assessments and consumer care plans are accessible to them. Clinical staff said they constantly communicate with representatives through telephone calls and verbal conversations, which was evidenced through progress notes and case conference forms.

Care planning documentation evidenced regular review and when circumstances change, including consumer deterioration or incidents such as falls or skin integrity changes. Staff described how and when consumer care plans are reviewed, including 3 monthly and resident of the day 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 and representatives considered consumers received safe and effective personal and clinical care, that optimised their health and well-being. Care documentation included assessments, care plans, progress notes, medication charts and monitoring charts that reflected individualised care that is safe, effective, and tailored to consumers’ specific needs and preferences. Staff described how they provide safe and quality care to consumers, guided by the service’ clinical policies and procedures. Restrictive practices were managed effectively in line with the legislative requirements.

The service demonstrated high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending, reporting, and implementation of suitable risk mitigation strategies for individual consumers. Care documentation confirmed effective management of consumers’ high impact high prevalent risks, including risks associated with falls, pain, skin integrity, infections, and behaviours.

For a consumer who passed away at the service, care documentation showed discussion and collaboration with consumer representative regarding palliative care and implementation of comfort care measures. Staff described how they approach conversations around end of life care, and how they provide end of life care to maximise the consumer’s comfort.

Care planning documentation and progress notes reflected the identification of, and response to, deterioration or changes in consumers’ condition. Clinical staff explained how consumer deterioration is managed, including discussions during handover, monitoring, charting, and referring consumers to medical officers or other health professionals.

Consumers and representatives said consumers’ preferences and care needs were communicated effectively with them, between staff, and with external providers involved in their care. Progress notes and care planning documentation provided adequate information to support effective and safe sharing of the consumer’s information to support care, consistent with staff feedback.

Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations, including medical officers, physiotherapists, speech pathologists, and other specialists. The service has implemented policies and procedures to guide staff regarding antimicrobial stewardship and infection control management, including the management of COVID-19 outbreak. Staff demonstrated an understanding of key infection prevention and control practices, and the steps they would take to minimise the need for antibiotics.

# 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 and representatives confirmed consumers are supported to participate in activities they like and are provided with appropriate supports to optimise their independence and quality of life. Lifestyle staff explained how they partner with consumers and their representatives to conduct a lifestyle assessment to understand consumers’ individual preferences, and social, emotional, cultural, and spiritual needs and traditions. Staff described how the activities programs are adapted to suit consumers with different acuity levels.

Consumers reported that their emotional, spiritual, and psychological needs were supported, and they can stay in touch with family or friends for emotional support. Staff described providing emotional support to consumers by providing reassurance and one-to-one support. Consumers said they felt supported to participate in activities within the service and in the outside community as they choose. Staff provided examples of supporting consumers to maintain social and personal relationships, consistent with consumers’ care planning documents.

Consumers and representatives confirmed that information about consumers’ conditions, needs and preferences is effectively communicated within the organisation and with others where responsibility for care is shared. Staff described adequate information sharing occurred through verbal and documented handover process and consumers’ care documentation. Care planning documentation identified referrals to other organisations and services. Staff described working with external organisations to help supplement the lifestyle activities offered within the service, including volunteers, entertainers, pet therapy, children from the local school and regular bus outings into the community.

Consumers and representatives mostly expressed satisfaction with the quality, quantity and variety of meals provided at the service. They said there are various choices for each meal daily and they are also able to request alternative meals. Staff described how they engage consumers and adapt their meals to support consumers’ dining experience. Observations of meal services showed that consumers enjoyed their meals and appropriate assistance was provided by staff.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean, and well maintained. Consumers said they had access to equipment, and staff described how equipment is kept safe, 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

The service environment was observed to be clean and designed with dementia-friendly principles in mind, including open, flat halls with accessible handrails, carpets, and painting to delineate between floor and walls, and brightly coloured signage to provide orientation throughout the service. Consumers and representatives confirmed they find the service welcoming, and easy to understand. Management described ensuring consumers feel welcomed and at home by encouraging them to personalise their rooms.

Consumers and representatives said the service environment is safe, clean, and well-maintained and allows them to move around freely as they wish. Maintenance records showed all scheduled maintenance had been carried out, including fire equipment inspections, thermostatic mixing valve checks and testing of devices. Consumers were observed moving between shared indoor and outdoor areas.

Consumers were observed using a range of equipment aids, including walking frames, wheelchairs, and comfort chairs. Furniture in communal areas were observed to be clean and in good condition. Staff described their equipment maintenance and cleaning responsibilities, including performing deep cleaning of each consumer room weekly.

# 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 they understand how to give feedback or make a complaint. Management described how they encourage and support consumers to provide feedback and make complaints through various systems, including the service’s feedback form, meetings and verbally to staff. The service's complaints policy outlined the service’s commitment to handling feedback and complaints from consumers.

Consumers and representatives said they were aware of and have access to advocates, language services and other methods for raising and resolving complaints. Management described the advocacy services available to consumers at the service. Documentation reviewed, and observations confirmed the service is actively promoting advocacy services, with the information being easily accessible to consumers and representatives.

Consumers said the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Complaint data showed an action is taken and open disclosure is practiced, including acknowledging concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer informed.

Consumers reported their feedback is valued and is used to improve services. The service’s continuous improvement plan included a detailed record of service improvements in response to trends in complaints data and issues identified by management. The service demonstrated a system and process for receiving, monitoring, and actioning feedback from consumers and their 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

The workforce is planned to enable a suitable number and mix of staff to support the delivery of safe and quality care and services. Consumers considered the service had sufficient staff to provide adequate care and services. Documentation showed shifts were filled and call bells were answered in a timely manner. Consumers and representatives said staff are kind, caring and gentle when providing care. Staff were observed to always greet consumers by their preferred name and demonstrated that they are familiar with each consumer’s individual needs and identity.

Consumers said staff perform their duties effectively, and they are confident that staff are sufficiently skilled to meet their care needs. Staff said the service provides mandatory and supplementary training to equip them with the knowledge to provide quality care and services to consumers. Position descriptions included key competencies and qualifications that are either desired or essential for each staff’s role. All staff had completed their mandatory training at the time of the Site Audit.

Management described the performance appraisal process where staff complete a formal discussion with management at least annually. Management said the discussion provides employees with an opportunity to receive feedback and contribute to their performance and development opportunities. Staff described the annual performance appraisal process and the outcome of their last performance appraisal. All staff had completed their performance appraisals for the last year.

# 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 and representatives expressed satisfaction with the management of the service, and said they feel involved in their own care. Management described consumers and representatives are actively engaged in the development, delivery and evaluation of care and services through a variety of mechanisms, such as consumer and representative meetings, feedback forms, food focus groups, consumer experience surveys and monthly reviews.

The service has policies and procedures that promote a culture of safe, inclusive, and quality care and services and is accountable for the delivery of care and services. Management described the role of the Board and the clinical sub-committees in ensuring safe and quality care is delivered within the service. For example, the Board initiated weekly clinical reviews for all services to monitor each consumers’ condition and promptly identify any signs of deterioration.

The organisation has effective governance systems in place. The service’s information system includes an effective electronic documentation management system, which is accessed by relevant staff. Opportunities for continuous improvement are identified and actioned. Financial, feedback and complaint, regulatory compliance and workforce governance systems are suitably addressed.

The service has a risk management system implemented to monitor and assess high impact or high prevalence risks associated with the care of consumers. The service utilises an electronic system to capture incidents, and there are processes in place to support the reporting, recording, and review of incidents reported under the Serious Incident Response Scheme (SIRS). The service supports consumers to live the best life they can, through taking risks, risk assessments, and participating in the activities consumers enjoy.

The service has policies and procedures relating to antimicrobial stewardship, open disclosure, and the minimisation of restrictive practices. Staff described principles related to these policies, including examples relevant to their work.

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)