Performance

Report

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| Name of service: | Mary Cecelia Hart Court Hostel |
| Service address: | 82 Williams Road MILLICENT SA 5280 |
| Commission ID: | 6026 |
| Approved provider: | Boneham Aged Care Services Incorporated |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 16 May 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 Cecelia Hart Court Hostel (**the service**) has been prepared by M. Nassif, 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 provider’s response to the assessment team’s report received 26 April 2023.

# 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 7(3)(e): Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# 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 considered they were treated with respect and were supported to maintain their identity. Staff were observed to interact with consumers in a respectful manner, and demonstrated familiarity with consumers preferences. Procedures and policies guided staff in the delivery of respectful and inclusive care and services.

Consumers said their culture was respected and supported by staff. Staff demonstrated knowledge of consumers cultural identity, and described how they supported consumers cultural needs and preferences. Care planning documents contained relevant information and strategies to deliver culturally appropriate care and services.

Consumers confirmed they were supported to make decisions, including who they would like to involve in their care. Staff described how they supported consumers to make and maintain social connections and relationships. Consumers confirmed they were able to maintain connections and relationships within and outside the service.

Consumers said the service supported their choices, including if they wished to undertake an activity with an element of risk. Staff were aware of consumers right to make decisions which may involve risks to support consumers quality of life, consistent with organisational policy. Documentation evidenced risks were discussed with consumers, representatives, and other providers of care and services, with risk mitigation strategies in place.

Consumers provided examples of how information was provided to them in a way which helped them to make decisions about care and services. Consumers were provided information about care and services in various ways, such as meetings, newsletters, activity calendars, and meal menu.

Consumers and representatives said staff respected consumers privacy. Staff explained how they maintained consumers personal privacy, such as knocking on a consumer’s door and asking permission to enter. Consumers personal information was observed stored on an electronic records management system requiring password protection.

# 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.

Staff explained the processes to identify and assess risks to consumers’ care and services to inform safe and effective care and services. Care planning documents demonstrated risks to consumers safety and well-being was identified, assessed, and discussed with consumers and representatives, with strategies in place.

Consumers and representatives said they had opportunities to talk about consumers end of life options if they wished to do so. Staff explained end of life directives were discussed during assessment and planning processes, however, staff respected the choice to raise the matter at a later time. Care planning documents identified consumers’ needs, preferences, and end of life directives.

Staff explained consumers and representatives were involved in discussions to identify areas of importance for the consumer and ways to support them. Staff confirmed the service had access to a range of allied health providers and specialised clinical supports. Care planning documents evidenced assessment and planning involved consumers, representatives, and other providers of care and services.

Consumers and representatives confirmed they were aware of what was in care and services plan, and had opportunities to discuss the plan with staff. Outcomes of assessment and planning were documented on a form, and evidenced discussion with consumers and representatives. Staff confirmed a copy of the care and services plan was offered to all consumers and representatives.

Staff explained consumers care and services plan was reviewed every 6 months, or more frequently if there were changes to consumers condition, consistent with feedback from consumers and representatives. Incident and care planning documents demonstrated consumers care and services were reviewed for effectiveness, following changes in consumers’ circumstance.

# 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 documents reflected consumers received safe and effective care that was tailored to the specific needs and preferences of consumers and reflected best practices. Consumers and representatives said they are satisfied with care and services, and feel care and services are delivered the way consumers wish. Staff explained how they delivered personal and clinical care in line with consumers preferences, in a safe and effective manner. Staff were guided to provide best practice care through policies and procedures to optimise consumers health and well-being.

Staff identified the main high impact and high prevalence risks for consumers at the service and explained the risk mitigation strategies in place as evidenced in care planning documents. A risk management framework and policies were available for staff in identifying, managing, and responding to high impact, high prevalence risks.

Consumers considered the service would support them in a comfortable and respectful manner, should they need end of life care. Staff explained consumers, and those important to them, were involved in meetings to discuss end of life care, and included consultation with other providers of care and services, as evidenced in care planning documents. Staff explained how care delivery changed for consumers nearing end of life, and ways they supported consumers to maintain dignity and comfort.

Consumers said staff recognised changes in their health and took prompt action. Staff explained how they identified, responded to, and monitored changes to consumers condition, such as using charting and assessment tools. Care planning documents evidenced changes to consumers’ mental health, cognitive or physical function, capacity or condition were recognised and responded to in a timely manner.

Consumers considered information about their needs and preferences was effectively communicated between staff and other providers of care and services. Staff said they were informed of any changes to consumers’ needs through meetings, verbal and documented handover processes, reports, and care planning documents. This was consistent with observations.

Staff explained referral processes in place for other health services and specialists. Care planning documents demonstrated appropriate referrals were completed to support consumers’ needs. Consumers said they are satisfied timely and appropriate referrals occur when needed and that they have access to relevant health professionals.

Staff demonstrated an understanding of how to minimise the need for, or use of, antibiotics and ensure they are used appropriately. Staff were observed following infection control practices, such as frequently washing hands. Policies and guidelines were in place to minimise and respond to infections.

# 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.

Consumers reflected they received services and supports for daily living which met their needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and preferences, and explained how they supported consumers to be independent. Care planning documents identified ways staff could support consumers to do the things they wanted to do.

Staff described the services and supports available to support consumers emotional, spiritual, and psychological well-being, which aligned with feedback received from consumers and information in care planning documents. Volunteers, church services, and various activities were available to support consumers emotional, spiritual, and psychological well-being.

Consumers and staff provided examples of how consumers were supported to participate in their community within and outside the service environment, maintain relationships, and do things of interest. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and in the wider community.

Staff explained the processes to communicate and share information about consumers as appropriate, such as shift hand over meetings. Documentation demonstrated information was shared about consumers’ needs and preferences, within the service and with others responsible for care. Consumers said that staff know them and that they don’t have to repeat what their preferences are to multiple staff members.

Staff advised they completed referrals for other services and supports to assist with consumers daily living needs. Documentation confirmed consumers were referred to external organisations and providers of services in a timely and appropriate manner.

Consumers expressed satisfaction with meal quality, portion sizes, and available options. Consumers advised they were able to select alternative meals if they did not like the options on offer. Staff had access to consumers dietary information to provide appropriate meals for consumers.

Consumers considered they felt safe when using equipment. Consumers confirmed they knew how to report any maintenance concerns, and advised maintenance requests were resolved quickly. Staff confirmed they had enough equipment in good condition to support consumers’ needs. Equipment was observed to be 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 said they felt safe and at home at the service. Signage and directions for each unit of the service are clear with consumers and representatives stating it is very easy to navigate throughout the service.

Management and staff explained the maintenance and cleaning processes in place to maintain the service environment. Documentation demonstrated preventative maintenance and faults were recorded and addressed. Consumers said, and observations confirmed, consumers were able to move freely within and outside the service environment.

Consumers said furniture, fittings, and equipment were safe, clean, well maintained, and suitable for them. Staff demonstrated how they report any maintenance issues. Documentation confirmed maintenance processes were in place and maintenance issues were responded to appropriately.

# 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 said they were encouraged and supported to provide feedback and make complaints and were able to talk directly to staff. Staff explained the processes to support consumers in providing feedback and complaints. Documentation demonstrated consumers were engaged and supported to provide feedback and complaints.

Consumers and representatives said they were aware of advocacy services and other ways to provide complaints. Information was available throughout the service to help consumers to understand feedback and complaints rights, and supports available such as advocates and interpreter services.

Consumers and representatives considered appropriate action was undertaken in response to complaints, with an apology issued when things went wrong. Staff explained how complaints were responded to and demonstrated knowledge of the principles open disclosure, such as offering an apology and implementing actions.

Consumers and representatives provided examples of changes made at the service resulting from feedback or complaints. Management explained how feedback and complaints were resolved and evaluated to make improvements to the service. Documentation demonstrated changes were made to care and services resulting from feedback and complaints.

# 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. | Non-compliant |

Findings

The Assessment Team recommended Requirement 7(3)(e) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 7(3)(e), the Site Audit report identified staff performance appraisals at the service delivery level had not been completed since 2021 in line with the service’s policy. There was no evidence to confirm if actions were in place to address the outstanding performance appraisals, prior to the matter being raised during the site audit. In response to feedback raised during the site audit, management advised staff performance appraisals were put on hold due to impacts associated with COVID-19 and the focus was on staffing sufficiency. Management explained staff performance was monitored informally, and if required, staff were placed on a performance improvement plan. During the site audit, actions were put into place to address the overdue staff performance appraisals, as documented on the continuous improvement plan.

The provider’s response acknowledged the deficit identified above and provided details of actions that will be undertaken to complete overdue performance appraisals by June 2023, as evidenced in the continuous improvement plan provided. The response advised other quality activities were being undertaken such as review of human resource processes and accountability structures.

While I acknowledge the service has taken appropriate actions to address the deficit identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. Therefore, on the balance of evidence before me, I find Requirement 7(3)(e) non-compliant.

I am satisfied the remaining 4 requirements in Quality Standard 7 are compliant.

Consumers and representatives were satisfied consumers’ needs were being met, with calls for assistance answered in a timely manner. Management explained various workforce planning mechanisms were in place to ensure there were enough staff available, such as: recruitment, staff meetings, observations, feedback from consumers, and call bell data analysis.

Consumers said staff were respectful of their identity, diversity, and understood their background and cultural preferences. Management and staff explained staff employed by the service were kind and caring, with policies and procedures outlining behaviours expected of staff.

Management explained the processes to ensure staff were competent, with the qualifications and knowledge to effectively perform their roles. Policies identified the key qualifications and knowledge required by staff. Documentation demonstrated staff had the relevant qualifications to perform duties as outlined in position descriptions.

Staff and documentation evidenced staff were supported and trained to deliver the outcomes required by these standards. Consumers and representatives stated staff know what they are doing, and they are satisfied with the care they received.

# 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.

Management outlined processes to engage consumers in the development, delivery, and evaluation of care and services, such as consumer experience surveys, feedback mechanisms, and consumer forum meetings. Consumers said, and documentation evidenced, consumers were involved in feedback and evaluation processes.

Policies and procedures outlined how the governing body promoted a culture of safe, inclusive, quality care and services, as evidenced in committee reports and consumer engagement information. The governing body maintained oversight of compliance with the standards through internal and external audits, reports, feedback and complaints mechanisms, meetings, surveys, and visits to the service by governing body members.

The service demonstrated effective organisation wide governance systems were in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. though mechanisms such as organisational reporting lines, committees, reports, and frameworks. For example, regulatory compliance was monitored through membership and subscriptions to government bodies, advocacy services, unions, local health networks, and other peak bodies.

The service demonstrated risk management systems and practices were in place to manage high impact and high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. For example, risks were monitored through reports, audits, and meetings with consumers and staff. Risks were reported, escalated, and reviewed by management at the service level, and by the organisation’s governing body.

The clinical governance framework maintained oversight of the quality and safety of clinical care, through policies and mechanisms covering antimicrobial stewardship, minimising the use of restraint, and using open disclosure. Staff demonstrated knowledge of antimicrobial stewardship, restrictive practices, and open disclosure.

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)