Performance

Report

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| Name of service: | Mary Guthrie House Nursing Home |
| Service address: | Royal Talbot Rehabilitation Centre, 1 Yarra Boulevard KEW VIC 3101 |
| Commission ID: | 4540 |
| Approved provider: | Austin Health |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 2 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 Guthrie House Nursing Home (**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.

# 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 said they were treated with dignity and respect and their culture was valued. Staff were knowledgeable of consumers’ identity and culture and were observed interacting with consumers in a respectful manner. Care planning documents identified consumers’ history, personal preferences, identity, and cultural practices.

Consumers and representatives confirmed the service respected consumers’ culture and supported their values. Staff confirmed consumers could access pastoral care and offered non-denominational spiritual services. Care planning documents captured individualised information as it relates to consumers’ religious, spiritual, and cultural needs and personal preferences.

Consumers said they were supported to exercise choice and maintain their independence. Staff described supporting consumers to socialise together and maintain contact with those of importance through video calls. Care planning documents identified individualised consumer choices for care and services and supports for maintaining independence.

Consumers said they were supported to take risks and live the best life they can. Staff described how they assisted consumers to understand associated benefits and potential harms of some activities. Care planning documents evidenced risk assessments undertaken in consultation with consumers, representatives, and allied health professionals.

Consumers said they are provided with information to assist consumers in making choices about their care and lifestyle, including current events and activities occurring inside the service, meal selections and activities of daily living. Staff described tailoring the volume and format of information to ensure it was understood by consumers and care documents reflected individualised communication strategies.

Consumers confirmed their privacy was respected and staff were observed knocking on doors prior to entry and closing doors to deliver care. The service had documented policies and procedures regarding privacy and the protection of personal information, which guided staff practice for maintaining consumer privacy and the collection, disclosure, security, storage, and use of information relating to consumers.

# 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 described the assessment and planning processes undertaken including using validated tools to identify and assess risks to consumer’s health and well-being. Care planning documents reflected individualised risk assessments and mitigation strategies. Consumers and representatives said care is well-planned and meets consumers needs.

Consumers and representatives confirmed consumers’ needs, goals and preferences were considered and staff described including consumers during care planning discussions, including end of life plans, if appropriate. Care planning documents included information such as consumers’ end of life wishes. Policies and procedures guided staff through supportive conversations about end of life needs, goals and preferences.

Consumers and representatives said they were involved in care assessment and planning which was reflected in care planning documents. Staff described partnering with consumers and allied health professionals such as medical officers and dieticians throughout care assessment and planning processes to ensure individual needs were met.

Consumers and representatives said they were kept informed regarding care and services and could obtain copies of care plans. Staff described communicating assessment outcomes to consumers and care planning documents evidenced the service maintained regular communication with those involved in consumers’ care.

Management advised care planning documents were reviewed every 3 months’ or following incidents or changes to consumers’ condition. This was consistent with, and demonstrated by, care planning documents. The service had policies and procedures regarding scheduled or responsive review of 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.

Consumers and representatives provided positive feedback regarding provision of consumers’ personal and clinical care. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Staff described delivering care in line with best practice guidelines and were familiar with the personal and clinical care needs of each consumer.

Consumers and representatives expressed satisfaction with the management of consumers’ high impact or high prevalence risks. Staff and management identified and described consumers’ most prevalent risks which were evidenced in care planning documents as having been assessed and managed in line with policies and procedures.

As the service accommodated consumers under the age of 65, discussions regarding end of life care were less frequent, however, care documents for a relevant consumer evidenced their needs, goals and preferences developed in consultation with their representative. Staff were guided by palliative care guidelines and frameworks to assist discussions and planning.

Consumers and representatives provided positive feedback regarding timely recognition of, and response to, changes in consumers’ condition. Staff described, and care planning documents evidenced, identification of symptoms such as behaviour change, falls and skin tears and responsive actions including assessment by allied health professionals and hospital transfer.

Consumers and representatives provided positive feedback regarding information being shared to ensure consumers’ needs were met. Staff said they discussed consumers’ care needs and preferences during shift handovers and meetings, through the electronic care management system, and with allied health professionals directly, or through progress notes. Care planning documents evidenced communication between relevant parties regarding consumers’ care.

Consumers and representatives said referrals to other providers were timely and appropriate. Staff described referral processes to allied health professionals such as dieticians, pharmacists, and physiotherapists. Care planning documents evidenced staff identifying changes to consumers and consulting with appropriate health professionals in a timely manner.

Consumers and representatives were satisfied with the service’s infection control practices and staff described alternate strategies to reduce antibiotic use. Staff were supported by the organisation’s infection control and prevention services and guided by an infectious outbreak management plan which included mitigations strategies such as hand hygiene and screening visitors upon entry.

# 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 were satisfied with support and services provided which enhanced their independence and quality of life. Staff said they developed activities based on consumers’ backgrounds, beliefs and interests and care planning documents reflected strategies and options to deliver support that aligned to consumers’ needs and preferences.

Consumers said, and care planning documents reflected, they receive spiritual, emotional, and psychological support from staff or through referral to specialists, as appropriate. Staff described forming strong care giving relationships with consumers, identifying changes to their psychological well-being, and providing responsive care.

Consumers provided examples of activities within or outside of the service in which they were supported to participate. Care planning documents evidenced consumers’ support networks, involvement in social organisations, and things of interest to them. Staff described how they supported consumers to socialise or maintain personal relationships.

Consumers said staff knew their needs and preferences. Staff confirmed consumer preferences and that information was exchanged through progress notes, assessments and during staff meetings, and was stored in the electronic care management system or in hard copy.

Consumers confirmed having been referred to other care and support services and were satisfied with the support provided. Care planning documents evidenced referrals to other providers to meet consumers’ diverse needs, such as to a pet therapy provider and a horticulturalist for those interested in gardening.

Consumers provided positive feedback regarding the quality, quantity and variety of food. Care planning documents reflected consumers’ preferences and meal plans recommended by a dietician to ensure nutrition and hydration aligned to preferences. Staff described how they ensure meals vary, are of suitable quality and quantity.

Consumers said equipment was clean and safe to use. Staff confirmed having undertaken training regarding safe use, cleaning and maintenance of mobility aides and records evidenced maintenance was undertaken promptly. The service had contractual arrangements in place for purchasing, servicing and replacing required equipment.

# 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 and representatives said the service environment was welcoming and functional and areas of dissatisfaction were noted by management on the service improvement plan. The service had directional signage, maps, displayed room names and numbers, handrails, and wheelchair accessibility to support consumers’ independence.

Consumers said the service was clean, well-maintained, and they could move independently between indoor and outdoor areas. Staff described a daily cleaning schedule for consumer rooms and shared areas and external daily laundry services for bedding. Consumers were observed independently moving throughout the service or with staff assistance, as required.

Staff described the process to request maintenance of furniture, fittings or equipment and records evidenced completed requests. The kitchen area was observed to be tidy and clean with staff demonstrating hygiene practices.

# 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 knew how to provide feedback or make a complaint and were comfortable to do so. Staff described processes in place to encourage and support feedback and complaints, including forms, online or directly through staff. The consumer admission pack evidenced advice on how to provide feedback or make a complaint.

Consumers and representatives said though they were unaware of advocacy support services. they were comfortable raising concerns with staff and were. Staff were aware of advocacy and language services but had not yet been required to use them and information regarding advocacy services was observed displayed in the main foyer and within the consumer handbook.

Consumers and representatives were satisfied action was taken in response to their complaints, including the use of open disclosure. Staff detailed processes taken in response to complaints received by consumers at the service including the use of open disclosure. The service had a feedback register which documented most complaints and actions taken in response.

Consumers and representatives confirmed their feedback and complaints provided during consumer meetings were used to improve the quality of care and services. Management provided examples of improvements made in response to feedback and complaints which was supported by documentary evidence.

# 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 provided positive feedback regarding staff promptly attending to their needs. Staff confirmed adequate workforce numbers and minimal use of agency staff. Staff rosters reflected limited unfulfilled shifts and strategies were used to fill service gaps such as extended working hours and assistance by permanent staff.

Consumers and representatives said staff were kind, caring and gentle and this was consistent with observations. Staff were knowledgeable of consumers’ individual needs and preferences and were guided by an employee code of conduct policy, handbook and role descriptions.

Consumers and representatives were confident staff were qualified to meet consumers’ care needs. Management described processes to ensure staff were qualified and skilled to perform their roles. Documents demonstrated staff have the relevant qualifications to perform their duties outlined in their position descriptions.

Staff said they felt supported to perform their roles through orientation and ongoing mandatory and elective training. Documents demonstrated staff training requirements on recruitment and on an ongoing basis to ensure they have the knowledge to deliver the outcomes required by these standards.

Management confirmed staff participated in annual performance appraisals and were assessed further through observation and consumer feedback. Records confirmed a high proportion of staff had completed performance appraisals for 2022.

# 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 said they were involved in the development and delivery of care and services, for example through consumer meetings. Minutes from meetings reflected the service actively sought consumer feedback on various topics such as food service and activities. Staff were guided by a consumer partnership framework to ensure consumer involvement in the development of care and services.

Management and documents evidenced the service’s governing body promoted delivery of safe and inclusive care and services by regularly reviewing reports from the service regarding quality and safe care delivery and identifying trends and areas for improvement. Compliance was monitored through local scheduled audits and the organisation was led by a clinical governance framework to establish role accountability from the service manager to committee members.

The organisation had a governance framework relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to continuous improvement, examples demonstrated improvements made in response to consumer feedback and complaints which enhanced the living experience for consumers.

The service had effective risk management systems and practices, including policy and procedures, in relation to managing high-impact or high-prevalence risks associated with the care of consumers, responding to, and preventing incidents, and identifying and responding to abuse and neglect of consumers. Staff were aware of these policies and procedures, including their roles and responsibilities.

The service had a clinical governance framework that included policies and procedures in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and the practical application of each.

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)