Performance

Report

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| Name: | Mary MacKillop Hostel Carrington Retirement Village |
| Commission ID: | 0399 |
| Address: | 90 Werombi Road, GRASMERE, New South Wales, 2570 |
| Activity type: | Site Audit |
| Activity date: | 11 December 2023 to 13 December 2023 |
| Performance report date: | 12 January 2024 |
| Service included in this assessment: | Provider: 2787 Carrington Centennial Care Limited  Service: 415 Mary Mackillop Hostel Carrington Retirement Village |

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 MacKillop Hostel Carrington Retirement Village (**the service**) has been prepared by P.Golledge, 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

Consumers and representatives said staff treat them with dignity and respect, and their culture and diversity are valued at the service. Staff described how care and services are tailored to meet each consumer’s specific background and cultural needs. Care documentation captures individualised information regarding consumers’ background, culture, religion, interests, and personal preferences to guide staff practice. Interactions between staff and consumers were observed to be dignified and respectful.

Consumers and representatives provided positive feedback and gave examples of how the service supports consumers to be independent, exercise choice, and make decisions about care and services they receive. Consumers said they are supported to understand benefits and possible harm when they make decisions about taking risks. Staff described how the organisation supports consumers to have choice, including when that choice involves risk. Risk assessments are conducted and decisions regarding dignity of risk and strategies to manage these risks are documented in care plans.

Consumers confirmed they receive information in a way they can understand, they are involved in meetings, and encouraged to ask questions about care and services. Staff described various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies for consumers with cognitive, visual, and/or hearing impairment. A range of information was observed available across the service including newsletters, meeting minutes, menus and activities calendars.

Consumers said their privacy is respected by staff and the service maintains confidentiality of their information. Consumer information was observed to be stored in a secure electronic care management system. Policies and procedures on privacy and confidentiality are available to guide staff practice and staff were observed adhering to these.

# 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

Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers. Staff and management described the assessment and care planning processes and how these reflect consumers’ needs, goals, and preferences.

Staff described how they approach conversations with consumers and representatives about end-of-life and advance care planning, and how these are documented and made accessible to staff via the electronic care management system. Policies and procedures on end-of-life and advance care planning are available to guide staff practice.

Consumers and representatives considered they are partners in the ongoing assessment and planning of consumers care and services, including consideration of consumer preferences and wishes for care at end of life and how other providers of care are involved in the consumers’ care. Consumers and representatives are informed about the outcomes of assessment and care planning and had access to the consumers care documentation if requested.

Staff described how they involve consumers, representatives, other organisations and individuals in assessment and care planning processes. Review of care documentation, and interviews with staff, confirmed this occurs.

Care and services are reviewed regularly for effectiveness, including via the services 3 monthly review processes, during the monthly Special Care Days and when circumstances changed or when incidents occurred.

# 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 confirmed care provided is tailored to consumers’ needs and preferences. Care documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being. Staff described individual consumers’ care needs and strategies in place to support their care.

Consumers and representatives said high-impact or high-prevalence risks to consumers are managed effectively by the service. Care documentation demonstrated high impact and high prevalence risks to consumers are managed well, including but not limited to falls, skin integrity, changed behaviours and continence care. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks. The service conducts monthly trending and analysis of clinical data to identify risks and implement improvements.

Review of care documentation demonstrated needs, goals, and preferences for consumers nearing end of life are identified and recorded. Staff demonstrated an understanding of their roles and responsibilities in recognising and addressing the needs of consumers nearing the end of their life.

Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, any changes in the consumer’s needs and condition are communicated to those involved in their care.

The service has access to a range of individuals, other organisations, and providers of care and services, including but not limited to medical officers, allied health professionals, dementia support services, and aged care specialists. Care documentation and progress notes demonstrated input from a range of health professionals and providers to meet consumers’ needs.

Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. Care documentation for consumers who had experienced an infection demonstrated appropriate infection control practices and pathology testing prior to prescribing of 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 said consumers felt supported by the service to be independent and were encouraged to participate in activities that reflected their interests and lifestyle needs. Staff described the diverse interests of consumers, including strategies to promote consumer involvement in supports for daily living. Lifestyle documentation identified the interests and activities important to consumers and provided information to support individual consumers’ choice, daily living, wellbeing, and service delivery.

Consumers and representatives described ways that staff at the service provide emotional, psychological, and spiritual support to consumers including on site pastoral care services. The service demonstrated activities are facilitated within and outside of the service, consumers are supported to undertake lifestyle activities of interest to them and supported to maintain personal and social connections.

Consumers’ condition, needs and preferences was communicated within the organisation and where care was shared, timely and appropriate referrals were made for consumers to other organisations and providers of other care and services. Staff described how they work with external organisations to help supplement the lifestyle activities offered within the service including volunteer services.

Consumers expressed satisfaction in relation to the food service and reported having input into the menu. Care documentation reflected consumers’ individual dietary needs and preferences. The kitchen and kitchenettes were observed to be clean and tidy, and staff were observed to be following food safety protocols.

The Service has policies and procedures to guide staff practise in relation to staff handover and for making referrals to individuals and providers outside the service.

Equipment provided by the Service to support lifestyle services and to assist consumers with their independence was suitable, clean, well maintained and fit for purpose and meets the needs of consumers.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean and well maintained; and consumers are able to move freely within the service both indoors and outdoors.

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and courtyard areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

Maintenance staff ensured the environment was safe and well maintained through scheduled preventative maintenance and reactive maintenance. Maintenance issues were reported and actioned promptly.

# 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 and representatives say they are encouraged and supported to provide feedback regarding care and services and would feel comfortable in raising concerns. Staff and management were able to describe the process available for consumers and representatives if they wanted to provide feedback or make a complaint. The service demonstrated it had a process in place to encourage and support consumers to provide feedback or make a complaint.

Consumers said they were aware of the various external advocacy and language services available to them. Staff and management knew the external advocacy supports available to consumers and how to support them to access those services if required. Posters, brochures, and pamphlets about advocacy services were displayed around the service.

Consumers said the service took appropriate action in response to their complaints. The complaints register showed timely management of complaints and appropriate use of open disclosure. The service had policies to guide staff in complaints handling and use of open disclosure.

Consumers said their feedback and complaints are reviewed and used to improve the quality of care and services. The service’s improvement processes involved trending and analysing feedback and complaints. Complaints records showed the service used feedback and complaints to inform its improvement activity.

# 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 service demonstrated the workforce is planned to meet the needs of consumers and the service has systems and processes in place to ensure there is sufficient staff rostered across all shifts. Call bell response times were monitored, with delays in response for assistance investigated by management.

Consumers and representatives consider they received quality care and services when they need them from people who were knowledgeable, capable, and caring. Consumers reported staff were kind, caring and respectful of their identity, culture, and diversity.

Staff considered there were sufficient staff, and the right mix of staff, to plan and deliver care and services in accordance with the consumers’ needs and preferences.

The Site Audit report described staff interactions with consumers to be kind and respectful and care documentation reflected respectful language. Staff had a shared understanding of consumers and what was important to them.

Management described how they determine whether staff are competent and capable in their role, which included induction on commencement of employment, and completion of mandatory training programs.

Management described how the workforce are recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Systems and processes were in place to identify training needs, provide education to staff, monitor staff performance, professional registrations, and national criminal history checks.

# 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 said they felt the service was well run and that they could partner in the delivery and evaluation of care and services. Consumers and representatives said they participated in the development and evaluation of services, and consumers were able to describe processes such as consumer meetings, and the consumer advisory group where they contributed their ideas and suggestions regarding service delivery.

Management provided examples of various ways the service engages with consumers and representatives and supports them to provide feedback and suggestions used to inform improvements to care and service delivery.

Management described the organisational structure, governance arrangements, and mechanisms used by the governing body to monitor the service’s compliance with Quality Standards and promote a culture of safe, inclusive, and quality care.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has effective risk management systems in place for the management of high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and able to describe what they meant for them in a practical way. An incident management system is in place and review of incident data identified incidents have been classified correctly and reported within appropriate timeframes.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and described how they would apply these as relevant to their roles.

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)