Performance

Report

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| Name: | Mary Ogilvy Home |
| Commission ID: | 8765 |
| Address: | 51 Pirie Street, NEW TOWN, Tasmania, 7008 |
| Activity type: | Site Audit |
| Activity date: | 12 February 2024 to 14 February 2024 |
| Performance report date: | 6 March 2024 |
| Service included in this assessment: | Provider: 1038 The Mary Ogilvy Homes Society  Service: 5060 Mary Ogilvy Home |

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 Ogilvy Home (**the service**) has been prepared by Denise McDonald, 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 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 29 February 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 | **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 assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers said their needs, abilities, genders, religions, spirituality, ethnicity and backgrounds were accepted and valued. Staff were familiar with consumers’ preferences and gave practical examples of how they treated consumers with dignity and respect, such as serving meals to some in their rooms. Staff were observed caring for consumers in a respectful manner and in line with their personal preferences.

Consumers said their cultural backgrounds and spiritual beliefs were respected during the delivery of their care. Staff understood consumers’ identities, backgrounds and individual values and had access to training, policies and procedures to ensure care delivered was culturally safe. Staff advised consumers cultural needs and preferences were assessed upon entry and they had an established connection with volunteer representatives of the LGBTIQ community.

Consumers said they had choice in how their care was delivered, who was involved in their care and how they wanted to maintain relationships with family and friends. Staff gave practical examples of supporting consumers to exercise choice, such as respecting their wish to independently book and attend their appointments. Care documentation evidenced consumers’ preferences, who was involved in their care and people of significance to them.

Consumers said they were supported to take risks which enabled them to live life as they chose. Staff explained a risk assessment was conducted with consumers so potential hazards were identified, mitigation strategies were discussed, informed choices could be made, and dignity of risk forms were completed. Care documentation evidenced risk assessments and mitigation strategies were in place to promote consumer safety.

Consumers gave practical examples of how they received timely and clear information which enabled them to make informed choices, such as through in-person meetings, letters and noticeboards. Staff described means of communication with consumers, such as newsletters and using cue cards for consumers with communication challenges. Care documentation evidenced consumers’ communication preferences.

Consumers gave practical examples of how their privacy was respected, such as staff closed doors when providing care. Staff explained consumers’ privacy was respected by keeping their personal information in a secured electronic care management system (ECMS) and not discussing them in public areas. Staff were observed awaiting consent prior to entering consumers rooms and accessing care documentation via a password protected computer.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described the assessment and planning process and said risks to consumers were identified using validated tools within the ECMS, with the outcomes of assessment used to develop the consumer’s care plan. Care documentation evidenced consumers had been assessed for risks such as falls, incontinence and pressure injury, with responsive strategies planned. A flow chart was used to ensure all assessments were completed and the care plan developed, within set timeframes.

Consumers said their needs, goals and preferences were taken into consideration and they had discussed their advance and end of life care wishes. Staff confirmed discussing end of life with consumers during entry and when care plans were reviewed. Care documentation reflected consumers showering preferences, their complex health care needs and advance care directives, when completed.

Consumers and representatives said they are involved in the assessment, planning and review of consumers’ care. Staff confirmed consumers and their representatives are contacted routinely to discuss the consumer’s care. Care documentation evidenced case conferences are held regularly, with medical officers and allied health professionals involved in assessment and planning processes.

Consumers and representatives said they received regular updates about the assessment and planning of consumers’ care, either by phone or in-person discussions. Staff advised and care documentation evidenced, consumers and representatives were kept informed of assessment outcomes and they were offered a copy of the consumer’s care plan. Staff confirmed they have ready access to care plans through the ECMS.

Consumers said their care documentation was updated following a change in their health status or in response to incidents. Staff explained consumers’ care documentation was reviewed quarterly and a full reassessment of their needs, goals and preferences occurred annually. Care documentation evidenced consumers’ needs were reviewed as scheduled and following a change in circumstances.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the care consumers received say it was safe, effective, met consumers’ individual needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood restrictive practices, pain management and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received individualised care, as per the strategies within their care plan.

Consumers and representatives gave positive feedback on the management of high-impact or high-prevalence risks to consumers. Staff understood the risks to individual consumers and described implementing management strategies, which were consistent with planned care. Policies and procedures guided staff practice to ensure high-impact and high prevalent risks were effectively managed.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and pastoral support as per their wishes. Staff demonstrated knowledge of how to care for consumers nearing end of life to ensure they were comfortable and confirmed access to palliative specialists if required. Policies and procedures guided staff in end of life care.

Consumers gave positive feedback about how staff responded to deterioration or changes in consumers’ conditions. Staff explained when consumers’ conditions deteriorated, their concerns were escalated to a registered nurse for further investigation. Care documentation evidenced deterioration or changes in consumers’ conditions were identified through regular monitoring of their weight, vital signs and weekly visits from a medical officer.

Consumers gave positive feedback about the delivery of their care and how changes in their conditions were communicated within the organisation. Staff explained changes in consumers’ care and services were communicated during shift handovers, at meetings and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers said they received timely and appropriate referrals to allied health professionals when required. Staff explained consumers were referred to specialists for behaviour management reviews, complex care support and assessment and authorisation of a restrictive practice. Care documentation evidenced consumers were quickly referred, to other health care providers, when required.

Consumers and representatives gave positive feedback about the service’s infection-control measures, including the management of COVID-19 infections. Staff understood infection prevention and control and described how they minimised consumers’ need for antibiotics. Staff were guided by policies and procedures in antimicrobial stewardship and infection control management, including the management of a COVID-19 outbreak.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the supports for daily living confirming these met their needs and preferences and optimised their independence, well-being and quality of life. Staff had knowledge of consumers’ needs and preferred activities, which were identified when establishing their leisure and lifestyle plan. Care documentation evidenced consumers’ lifestyle preferences and the supports needed to participate in activities which interested them.

Consumers gave practical examples of spending one-on-one time with pastoral care volunteers and enjoying visits with family as supporting their emotional needs. Staff were familiar with consumers’ needs and explained they spent one-on-one time with consumers who preferred solo activities. The activities calendar evidenced church services were regularly scheduled and consumers were visited by pastors or priests.

Consumers said staff supported them to socialise and access the community by having them ready in time for their friends to take them shopping or out for lunch. Staff described consumers were supported to access the community through bus trips and the activities calendar contained group and individual activities catering to varying interests. Care documentation evidenced consumers’ activities of interest were recorded and the supports needed to maintain relationships.

Consumers said information about their daily living needs were effectively communicated and staff understood their preferences. Staff explained medical officers and allied health professionals had access to the ECMS where consumers’ information was recorded and shared. The ECMS evidenced consumers’ records were updated by their healthcare team and supported effective sharing of information about consumers’ needs and preferences.

Consumers said when additional support was needed, they were promptly referred to other services. Staff explained how consumers were involved in the referral process and said their consent was obtained before a referral was made. Care documentation evidenced collaboration with other organisations and individuals to meet consumers’ diverse needs.

Consumers and representatives said meals were enjoyable and portions served were sufficient, with food also provided between meals. Staff were aware of consumers’ dietary needs and preferences, such as cultural needs and any support required at mealtimes. Meal service was observed, where the food served looked appealing and appetising.

Consumers said they felt safe when using equipment and they were comfortable raising any concerns with maintenance staff who were prompt in resolving issues. Staff had access to equipment they needed and explained maintenance requests were submitted through an online system which was checked daily. Mobility aids were observed to be clean and functioning appropriately.

# 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 assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the environment was welcoming, easy to navigate and consumers were encouraged to decorate their rooms with personal items. Staff said they enjoyed assisting consumers to personalise their surroundings, because the service was the consumers’ home. The service had directional signage which made indoors and outdoors easy to navigate and there were common areas where consumers could socialise with each other, family and friends.

Consumers and representatives said the service was clean, well maintained, a comfortable place to live and consumers could move freely between the indoors and outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed routinely. Consumers were observed to have free and easy access to both indoors and outdoors areas, including communal lounges and courtyards.

Consumers said furniture, fittings and equipment was safe, clean, well maintained, suitable for their use and maintenance requests were promptly actioned. Lounges and communal areas contained a range of furniture to cater for consumers varying needs. Lifting equipment and electrical items were observed to have been inspected and confirmed to be safe.

# 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged to provide feedback and make complaints. Staff gave practical examples of how consumers provided feedback and complaints, such as in meetings, speaking directly with management and completing a feedback form. Documentation evidenced feedback and complaints were a standing agenda item for consumer meetings and newsletters offered guidance on how to provide feedback.

Consumers and representatives said they were aware of how to access external complaints mechanisms and advocacy services. Staff understood the internal and external mechanisms by which consumers could provide feedback and make complaints, along with how to access interpreter services. The consumer handbook and brochures promoted access to the Commission, advocacy services and language services.

Consumers said when they provided feedback, staff were prompt to address concerns and offered an apology when complaints were made. Staff said they attended training in complaints management and were aware of the open disclosure process, including apologising to consumers when things go wrong. Complaints documentation evidenced the use of open disclosure and the timely management of complaints.

Consumers and representatives gave practical examples of how feedback and complaints were used to improve consumers’ care and services, such as rescheduling activities to support more consumers to attend. Staff explained opportunities for improvement were identified and included in the plan for continuous improvement (PCI) for monitoring and action. The PCI evidenced consumers’ feedback and complaints were used to improve the quality of care and services.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about staffing levels and said their needs were promptly met. Management explained the roster was developed to ensure a registered nurse was always available and consumers’ care needs were met. Rostering documentation evidenced all shifts were filled and vacancies were filled by staff who worked additional hours.

Consumers said staff were kind, caring and understood what was important to them when providing care. Staff said they read consumers’ care documentation to familiarise themselves with consumers’ backgrounds and care preferences. Staff were observed interacting with consumers respectfully and addressing them by their preferred names.

Consumers and representatives said staff were capable and had knowledge to provide the care consumers needed. Management explained staff held qualifications and professional registrations relevant to their positions and completed competencies required for their roles. Personnel records evidenced staff were guided by position descriptions, held the required qualifications and their suitability to work in aged care confirmed.

Consumers said staff were appropriately skilled and provided the care they needed. Staff said they participated in annual mandatory training and described their understanding of the Serious Incident Response Scheme (SIRS), infection control and incident management. Training records evidenced most staff had completed their annual mandatory training.

Management said staff performance was reviewed during formal annual appraisals and informal assessment occurred during team meetings, observations and gathering consumer feedback. Staff said they participated in probationary and annual performance appraisals, with personnel records evidencing these had been completed mostly as scheduled.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers said they contributed to the development, delivery and evaluation of their care and services through care conferences, meetings and completing feedback forms. Management said consumers were encouraged to participate in meetings and had been invited to attend the inaugural consumer advisory committee. Minutes from resident meetings evidenced consumers regularly attended to provide feedback about day-to-day operations.

Consumers said they felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the board) had oversight of policy development, were accountable for service delivery and satisfied themselves the Quality Standards were being met through reporting on clinical care, complaints and feedback, quality care and compliance, incidents and audit results. Service documentation evidenced the board received monthly reporting from the general manager and minutes from sub-committee meetings which focused on clinical risk, clinical governance and audit results.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The chief executive officer prepared reports on clinical and incident management, workforce requirements and complaints, which were used by the board to ensure care met the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and said they attended annual training in identifying and responding to abuse and neglect of consumers. Staff were guided by policies and processes in risk management which included incident reporting through the SIRS.

A clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced policies and procedures were in place to promote antimicrobial stewardship and infection control was supported by a trained infection prevention and control lead.

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)