Performance

Report

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| Name of service: | McMaugh Gardens Hostel |
| Service address: | 39 King Street URALLA NSW 2358 |
| Commission ID: | 0360 |
| Approved provider: | Uralla Shire Council |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 17 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 McMaugh Gardens Hostel (**the service**) has been prepared by G-M. Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit. The Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said their identity, culture, and diversity were valued and treated with dignity and respect. Staff understood consumers' personal circumstances, life experiences and culturally diverse backgrounds. Information about consumers' personal circumstances and histories was detailed in care documentation and information specific to the consumer in a '5 things about me' was displayed in the consumer's room.

Consumers confirmed that staff understand their needs and preferences and feel comfortable and safe. They said visitors were welcomed, and consumers were confident in expressing affection. Staff described how they adapt care and services to be culturally safe, and care documentation identified consumers' cultural needs and preferences.

Consumers were supported to exercise choice and independence, including their care and who should be involved. Care planning documents identified consumers' preferences and important relationships. The service supported married consumers.

Consumers said they were supported to take risks, enabling them to live their best lives. Staff described risk assessment processes and care planning documentation and demonstrated that the service documented risk assessments and planning strategies. Consumers' risks are reviewed every 3 months and as required. Staff received dignity of risk and consumer choice training and were guided by a service policy.

Consumers were provided accurate, current and easy-to-understand information that enabled them to exercise choice. Staff described how information was provided, including for consumers who may have difficulty communicating or living with cognitive impairments.

Consumers' privacy was respected, and their personal information was kept confidential. Staff were guided by the service's privacy policy and procedure, which included protocols to protect consumers' privacy, such as locked unattended staff rooms, password protection of computers and knocking on doors before entering the consumers' room.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives confirmed that they are involved in the care planning process, including discussing consumers' goals, needs and preferences and how assessed risks can be minimised. Clinical staff understood the assessment and care planning process and how it informs safe and effective care delivery, including what is important to consumers about how their care is delivered. Care documentation included completing risk assessments, and care plans included risk management strategies. The organisation had policies and procedures to guide staff in consumer assessment and care planning. The service's 'Resident Handbook' included information about assessment and care planning, including advanced care planning.

Consumers and representatives confirmed that the service had discussed advanced care planning and the consumers' wishes for their end-of-life care. Care documentation included information about the current needs, goals and preferences of consumers, and staff described the individual needs and preferences of the consumers in line with their care planning documentation. Staff described how they approach advanced care planning conversations with consumers and representatives, including on entry to the service and if there are changes in consumers' condition.

Care documentation demonstrated that consumers and representatives are consulted throughout the assessment and care planning process through a 3-monthly care plan review or regular feedback and updates. Staff described that the assessment and care planning process involved a partnership with the consumer, and care documentation reflected a multidisciplinary approach toward care and services.

Consumers and representatives confirmed they are engaged in communication regarding the outcomes of assessment and planning and spoke of being offered a copy of the consumers' care plan. Staff described how changes to the care and services plan are communicated and confirmed receiving updated information promptly.

Care documentation confirms that care plans are reviewed regularly and when the consumer's circumstances have changed, or incidents have occurred. Staff confirmed that care plans are reviewed 3 monthly or when health or care needs change. The service monitored the effectiveness of care planning through audits, consumer feedback, incident reporting, and clinical indicators reported to the governing body.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 expressed confidence that consumers received safe personal and clinical care that was right for the consumer, tailored to meet the individual consumer's needs and optimise their health and well-being. One consumer who experienced chronic pain stated their pain ‘was managed extremely well’, and described pharmacological and non-pharmacological strategies implemented by the service. Consumers said that the care provided is safe and right for them and that risks to their well-being such as falls, pressure areas, weight loss, and infection are assessed, explained, and managed well. Consumers had made their end-of-life wishes and preferences known in completing relevant service documentation, including ‘*medical orders for life-sustaining treatment form*’. Consumers spoke of staff ‘knowing them well’ and said staff would recognises and responds to changes in consumers' health and/or well-being appropriately and promptly. Consumers confirmed that their needs and preferences are effectively communicated between staff and they did not have to repeat their story or their preferences to multiple people. They had access to various health professionals, including allied health practitioners and medical specialists, and referrals were made as required.

Staff described how they provide safe and quality care to meet the needs of individual consumers. They understood consumers' risks and strategies implemented to minimise and monitor them. Staff said they cared for consumers at the end of life and had access to specialised equipment to provide comfort care and pain control. Staff had completed palliative care training. Staff described the process for identifying and reporting changes and deterioration in a consumer's condition, including their responsibilities in this related to their role. Information is shared between staff through staff meetings, shift handover, review of progress notes and updates from the clinical team.

Care documentation was individualised, including end-of-life needs and preferences, and reflected management of high-impact, high-prevalence risks to consumers, such as falls. Care documents evidenced referrals to other organisations and providers of care, including allied health professionals, medical officers and specialist services, and recorded information about changes in a consumer's condition, clinical incidents and transfer to/from the hospital.

Consumers said the service is clean and they expressed confidence in the organisation’s ability to manage an infectious outbreak, and confirmed they had been given information on how to minimise the spread of infections. The service demonstrated the minimisation of infection-related risks through standard and transmission-based precautions and practices that reflect appropriate antibiotic prescribing. The service had documented policies and procedures to guide staff in minimising infection-related risks. The service had an appointed infection prevention and control lead. Staff's knowledge demonstrated an understanding of key infection control practices, and observations showed that staff wore personal protective equipment and practised hand hygiene regularly.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 said they feel supported to do things that interest them and how the services and supports for daily living improved their independence, health, well-being and quality of life. Staff described how they tailored lifestyle plans to meet consumers’ needs such as cooking and art classes, exercises and bingo. The service partners with consumers and representatives by completing a ‘Lifestyle and Social History Assessment’, which identified consumers’ culture, work, family, cultural preferences interests, and community involvement. This information was included the care documentation to guide staff in care and service delivery.

Consumers and representatives said they felt connected and engaged in meaningful activities, and the service acknowledged and supported them to observe sacred, cultural, and religious practices. The service provides a celebration of special events such as birthdays, cultural events, Christmas and Easter, and consumers are supported by regular religious services and pastoral care visits.

Consumers spoke of being supported with life choices, including maintaining personal relationships as they wish and participating in their community both within and outside the service environment. Staff described how they work with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Care documentation reflected things of importance to consumers and included strategies to support these choices.

Consumers' needs and preferences are communicated within the service and with others where responsibility for care is shared. Staff described how they received information about a consumer’s condition, needs, goals and preferences as it related to the scope of their role. Documentation, such as the handover sheet, provided adequate information to support the delivery of safe and effective services and support tailored to consumer preferences.

The service demonstrated timely and appropriate referrals are made for individuals and organisations providing support for consumers' lifestyle needs. Staff described the external supports used to support consumers' daily living needs and preferences. The service had a hair salon, library service, pastoral care services and alternative therapies. Observations showed external service visiting consumers during the site audit.

Consumers were satisfied with the variety, quality and quantity of food provided at the service and felt the meals met their needs and preferences. Staff understood consumers' dietary preferences, and nutrition and hydration needs, which was reflected in care documentation. Consumers were provided with opportunities for input into the menu through food focus group meetings, and the menu is assessed by a dietitian. Information in relation to consumers’ dietary preferences is available to catering staff via a nutritional list displayed in the kitchen and on food service trolleys.

Consumers said they felt safe when using equipment and they know how to report any concerns they have about the safety of equipment. Staff described how the service had trained them to safely use the equipment, and explained the processes when any potential risks to the safe use of the equipment are identified, including their responsibilities for the safety, cleanliness, and maintenance of equipment. Service documentation, including scheduled maintenance, was current and up to date.

# 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 said that they felt comfortable living at the service and confirmed were able to personalise their rooms with belongings. The service had signage throughout the service to enable navigation, wide corridors to enable mobilisation and various indoor and outdoor communal areas which consumers accessed. Observations showed consumers' rooms decorated with personal furnishings and pictures.

Consumers spoke of 'enjoying the comforts of the service'; their rooms were clean that had access to indoor and outdoor areas. Staff described the process for documenting and reporting maintenance issues consistent with the information provided by the maintenance officer and confirmed in the service documentation. The cleaning staff followed an established cleaning schedule which was observed to be attached to cleaning trolleys. Observations showed consumers moving freely around the service communal areas and gardens, and the service was clean and well-maintained.

Consumers said furniture, fittings and equipment throughout the service were safe, clean and well-maintained. Staff knew how to inform maintenance staff of any issues. Maintenance staff described the preventative and corrective maintenance schedules, and documentation identified that the service had a planned and reactive maintenance schedule and demonstrated ongoing monitoring and timely responses.

# 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 felt supported and safe to provide feedback and make a complaint and described how they provide feedback or make a complaint regarding care or services received. One consumer spoke of ‘being happy to give feedback, both good and bad as it shows you are interested in what is going on’. Consumers confirmed they had been provided information about external complaints and advocacy services, and these had also been discussed at consumer meetings.

Staff described various avenues available for consumers and representatives to make a complaint or provide feedback and how they support them in raising any issues. They spoke of how they would assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

The organisation had policies, procedures and feedback systems to ensure that consumer feedback is received and actioned, and management provide evidence of feedback received and how this had been managed by the service. The services ‘Resident Welcome Pack’ provided to consumers upon entry to the service included information on feedback and complaints, the ‘Aged Care Charter of Rights’, and resolution processes.

Consumers and representatives said that management promptly responds and seeks to resolve their concerns after they make a complaint. Staff described the service's feedback processes, including escalating to management for investigation and follow-up. Service documentation confirmed that an open disclosure process is applied following an adverse event and as part of the service's complaints management and resolution process. The service had policies and procedures that guide staff through the complaints management and open disclosure process.

Consumers reported that complaints and feedback are used to improve care and services are provided and described the changes implemented at the service as a result of feedback and complaints. Meeting minutes confirmed that feedback provided by consumers and representatives had been actioned; for example, consumers raised feedback about a driving way at the service being unsafe for consumers’ using mobility scooters. The service demonstrated that consumer feedback is used to improve the quality of care and services as documented in a plan for continuous improvement.

# 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

Consumers and representatives said there was enough staff to meet the needs of the consumers, and consumers' requests for assistance as promptly attended to. Staff confirmed they had the resources to provide care to consumers, and the staffing levels changed based on the consumer's needs. The services had processes to ensure a planned workforce, including utilisation of the regular workforce to cover shifts, and it required agency staff. The governing board has approved an additional staff member to be rostered and this will commence in May 2023

Consumers and representatives considered staff engaged with consumers respectfully, kindly, and caring, and this was confirmed through observations of staff engaging with consumers throughout the Site Audit. The service’s recruitment processes ensure staff are recruited in line with the values of the organisation, and staff are trained to deliver care in accordance with the organisation’s cultural diversity and inclusion policy.

Consumers and representatives expressed confidence in the staff's ability and felt that they have the appropriate skills and knowledge to deliver the duties of their role. Staff said they had the skills and knowledge for their role and spoke of being well supported by management and spoke of ‘receiving excellent training’. Management described how new staff are supported and the process to ensure staff are suitable and competent when recruiting. Staff are required to complete mandatory role-specific training, and stated that the training is useful and effective and assists them in undertaking their role.

The service maintains records of performance appraisals and demonstrates regular assessment, monitoring and review of the performance of each staff member. Staff confirmed completing their performance appraisal 3 months and 6 months after commencing at the service and annually thereafter. Management described how the service monitors staff performance through informal and formal processes. A documentation review identifies that performance appraisals are scheduled and conducted annually.

# 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 are engaged in developing, delivering, and evaluating care services. Consumers said the service was well run and supportive, and they confirmed that consumers are invited to participate in meetings and forums, including identifying areas for improvement. Staff described how they engage with consumers regarding their care and services. Staff provided examples of consumers’ involvement in menu design, including discussions at consumer meetings or undertaken as a result of consumer feedback. Service documentation, including meeting minutes and the continuous improvement plan, demonstrated consumer engagement with activities to improve care and services.

The service demonstrated that the governing body has processes to ensure the service is accountable for delivering care and services and promotes a culture of safe, inclusive, and quality care and services. The Board receives monthly service reports with information relating to consumer feedback and complaints, risk evaluation and clinical incident data. The Board uses information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had an effective documentation system including policies and procedures that are reviewed and updated regularly to ensure best practice guidance, quality improvement plan, established financial arrangements, processes to inform and implement changes resulting from regulation or legislation, and processes for workforce governance.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident response scheme. The organisation’s risk management framework outlines the directives for managing, monitoring, reporting, and reviewing risk. A review of the service’s Serious Incident Response Scheme notifications identified all incidents had been reported in line with legislative requirements. Staff receive annual mandatory training on elder abuse, compulsory reporting requirements and incident escalation processes.

The service had a clinical governance framework with a suite of policies and procedures to guide clinical care, including antimicrobial stewardship and a process for open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework and provided relevant examples. The clinical governance committee monitors the use of all restrictive practices at the organisation.

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)