Performance

Report

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| Name of service: | Melrose Cottage Settlement |
| Service address: | 123-157 Bungaree Road PENDLE HILL NSW 2145 |
| Commission ID: | 0133 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 7 June 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 Melrose Cottage Settlement (**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 and a representative said staff treated consumers with dignity and respect and they felt valued. Staff spoke about consumers in a respectful manner and described individual consumer’s backgrounds and preferences in detail. Care planning documents showed consumers’ culture, diversity, and identity was acknowledged.

Consumers and representatives said the service recognised and respected consumers’ cultural backgrounds and provided care that was consistent with their cultural traditions and preferences. Staff identified culturally and linguistically diverse consumers and described how each consumer received the culturally appropriate care that aligned with their care plan.

Consumers and representatives said they were given choices about how and when care was provided, and their choices were respected by staff. Staff described how they supported consumers to make choices, maintain their independence and chosen relationships. Care planning documents confirmed the consumers made individual choices about their care, who else was involved in their care and how they wanted the service to support them in maintaining important relationships.

Staff were aware of consumers that took risks and said they supported their wishes to live the way they chose. Consumers described how the service supported them to take risks. Care planning documents included dignity of risk forms and risk assessments to support consumers to engage in risk taking activities as safely as possible.

Consumers and representatives said they were kept informed through printed information, email correspondence and verbal reminders. Staff described different ways information was provided to consumers, in line with their needs and preferences. Information such as menus, services available and lifestyle activities was displayed around the service.

Consumers said the service respected their privacy and kept their personal information confidential. Staff described practical ways they respect the personal privacy of consumers such as by knocking and asking for permission before entering a consumer’s room. The service’s privacy policy outlined how the service protected the privacy of consumers and their personal information.

# 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 how assessment and care planning considered risks to each consumers’ health and well-being and informed the delivery of safe and effective care and services. Care planning documents showed effective assessment and care planning processes. The service’s new admissions policy, procedure, and admission checklists guided effective assessment and care planning.

Staff demonstrated care assessment and planning identified and addressed consumers' current needs, goals and preferences, including their advance care and end-of-life plans, if the consumer wished. This was reflected in care planning documents.

Consumers and representatives said the service partnered with them, and others they wished to involve, in planning and assessment. Care planning documents evidenced the involvement of a diverse range of external providers of care. Staff explained how they actively collaborated with consumers, representatives and other providers of care to ensure quality care was provided.

Consumers and representatives said staff discussed with them the outcome of assessment and planning. Staff described how the outcomes of assessment and planning were effectively communicated to consumers and representatives and documented in a care and services plan that was readily available.

Care planning documents showed evidence of review on both a regular basis, and when circumstances changed. Management and staff described how and when consumers’ care plans were reviewed. Consumers and representatives said staff regularly discussed their care needs with them, and any changes requested were addressed in a timely manner.

# 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 said they received safe and effective personal and clinical care that was tailored their individual needs and optimised their health and well-being. Care planning documents reflected safe, effective, individualised care tailored to the specific needs and preferences of the consumer. Staff described how they provided safe and quality care to each consumer consistent with best practice.

Management explained how the service identified and effectively managed high-impact and high-prevalence risks through regular clinical data monitoring and reporting, and implementation of suitable risk mitigation strategies for individual consumers. Staff advised various strategies to manage individual consumer risks. Care planning documents demonstrated risks to consumers were identified and strategies in place and followed to manage those risks.

Consumers and representatives were satisfied the needs, goals and preferences of consumers nearing the end of life were recognised and addressed, their comfort maximised, and their dignity preserved. Care planning documents included advance care plans and evidenced discussions with representatives regarding palliative care. Staff described how they provided palliative care aimed at maximising the comfort and dignity of consumers nearing the end of life.

Consumers and representatives said the service recognised and responded to changes in condition in an appropriate and timely manner. Staff described how changes in a consumer’s health, function, capacity or condition was recognised and responded to in a timely manner. Care planning documents confirmed deterioration or change in consumers’ condition was identified and responded to promptly.

Consumers and representatives said staff and other external providers effectively communicated between each other. Records showed information about consumers’ condition, needs and preferences was documented and effectively communicated with those involved in the provision of care. Care planning documents contained adequate information to support safe and effective care to each consumer.

Consumers and representatives said they had access to a wide range of health professionals and referrals were timely and appropriate. Staff gave examples of consumers being referred to other providers of care where there was a benefit to their care. Care planning documents confirmed consumers referrals were timely and appropriate.

Management described how the service was prepared for an infectious outbreak and adopted appropriate antibiotic prescribing practices. The service had documented policies and procedures to support the minimisation of infection related risks, including an outbreak management plan. Staff demonstrated knowledge of key infection control practices, and these topics were also part of mandatory education for all staff.

**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 confirmed they were supported to participate in activities they liked and optimise their independence and quality of life. Staff explained how consumers’ lifestyle needs, preferences and interests were identified and documented. Staff explained what specific consumers liked to do and this aligned with their care plans.

Consumers described ways the service supported their emotional, spiritual and psychological well-being. Care planning documents included information about how to support consumers' emotional, spiritual and psychological well-being. Staff advised how consumers' emotional, spiritual, and psychological needs were supported through lifestyle activities, religious services, and by connecting with people important to them.

Consumers felt supported to participate in activities within and outside the service, maintain important social and personal connections, and do things of interest to them. Staff provided examples of consumers they supported to maintain their hobbies and interests, inside and outside the service. Care planning documents aligned with the information provided by consumers, representatives and staff regarding their lifestyle needs and preferences.

Consumers and representatives said their preferences, needs, and condition were effectively communicated within the service and with others responsible for care. Staff described ways they shared current information and were kept informed about the changing condition, needs and preferences of each consumer. Care planning documents provided adequate information to support safe and effective services and supports for daily living.

Consumers said they were able to access support from other providers of care and services. Staff said the service engaged with other organisations, volunteers, and providers of care and services to supplement the lifestyle program. Care planning documents showed referrals of consumers to other individuals and organisations for daily living support.

Consumers and representatives said they were satisfied with the variety, quality and quantity of food provided by the service. Consumers said staff knew their dietary needs and preferences which were accommodated by the service. The service had feedback mechanisms such as a food focus group, which allowed consumers to provide feedback in relation to the meals and the performance of the kitchen.

Equipment provided to consumers was observed to be safe, clean and well-maintained. Consumers said they had access to safe, clean and well maintained equipment to assist them with their daily living activities. Staff described how equipment was kept safe, clean and well maintained.

# Standard 5

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

Findings

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said staff made them, and their families, feel welcome and the service felt like a home. Consumers said the service created a sense of belonging and rooms were personalised with personal items and photographs. Management and staff described aspects of the service environment that optimised consumers’ independence, interaction and function and made consumers feel welcome.

The service appeared safe, clean and well-maintained and consumers were able to move freely, both indoors and outdoors. Observations were consistent with feedback from consumers and representatives. Staff described how the service environment was cleaned and maintained in accordance with the schedules.

The furniture, fittings and equipment appeared to be safe, clean and well maintained. Staff described the process for cleaning and maintaining the equipment, furniture and fittings within the service. Consumers confirmed the equipment and fittings were cleaned and maintained regularly.

# 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 said they understood how to give feedback or make a complaint and they felt safe and comfortable doing so. Management described how they encouraged and supported consumers to provide feedback and make complaints through various systems such as the service’s feedback form, at meetings and verbally to staff. Feedback forms were observed to be available to consumers around the service.

Whilst some consumers, representatives and staff were not aware of the advocacy and interpreting services available, all consumers felt safe and comfortable raising any concerns directly with staff and management. Management described the range of information about external complaint avenues, advocacy and language services available to consumers around the service. Documents and observations confirmed the service was actively promoting complaint and advocacy support services.

Consumers and representatives said the service addressed and resolved complaints and incidents appropriately. Management and staff described open disclosure and the processes in place to appropriately respond to feedback and complaints. Staff explained how they would apologise to a consumer and their representatives in the event of something going wrong.

Consumers and representatives said their feedback was used to improve care and services. Management described the actions taken in response to complaints and explained how feedback and complaints were used to inform continuous improvement across the service. The service had a documented procedure and system for receiving, monitoring, and using feedback and complaints to inform continuous improvement actions.

# 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.

Management explained how the service planned their workforce and maintained an adequate number and mix of staff to meet the needs of consumers. Most consumers and representatives said the service had sufficient staff to meet their needs. Where consumers felt there was sometimes a shortage of staff, they could not identify any negative impacts on the delivery of care and services. Staff said staffing levels were appropriate and if the service was short staffed, the shifts can always be filled by agency staff. Rosters demonstrated most shifts were filled and there were minimal numbers that remained unfilled.

Consumers and representatives said staff were kind, caring and gentle when providing care. This was consistent with observations. Staff were observed to always greet consumers by their preferred name and demonstrated they were familiar with each consumer’s needs and identity.

Consumers and representatives said staff performed their duties effectively, and they were confident staff were sufficiently skilled to meet their care needs. Staff were confident the training provided had equipped them with the skills and knowledge to care for consumers. Position descriptions included key competencies, skills and relevant qualifications and registrations for each role which records showed staff had.

Consumers and representatives said staff were well trained. Staff said the service supported them with mandatory and supplementary training to help them perform their role effectively. Training records showed that most active staff were up to date with their mandatory training.

Records showed staff performance reviews were conducted during the probationary period and then annually, as per the service’s policy. Management acknowledged that some staff were overdue for their performance appraisals and provided evidence these reviews were scheduled. Staff described the annual performance review process and how their performance was monitored.

# 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 engaged in the development, delivery and evaluation of care and services through various avenues. Management advised the service engaged with consumers and representatives through monthly consumer meetings, care reviews, feedback and surveys. The Continuous Improvement Plan showed consumer feedback and suggestions were analysed and used to drive continuous improvement.

Management described how the robust organisational structure and governance arrangements ensured the delivery of quality care and services. Management said regular monitoring and reporting along with documented policies and procedures helped support the governing body have oversight of the service and ensure quality care and services were delivered in accordance with the Quality Standards.

Management and staff detailed the effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Documented policies and procedures supported the governance systems and staff were familiar with these policies.

Management detailed the effective risk management systems in place for 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 demonstrated practical application of them in their work.

The service had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had received training on these policies and described how they applied them in their day-to-day work.

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)