Performance

Report

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| Name of service: | Merton Court Hostel |
| Service address: | 91 Virginia St DENMAN NSW 2328 |
| Commission ID: | 0055 |
| Approved provider: | Merton Living Limited |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 18 April 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 Merton Court Hostel (**the service**) has been prepared by P Sherin, 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, dated 21 February 2023 to 23 February 2023; 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 21 March 2023 providing additional information;
* 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 they are treated with dignity and respect and staff value their identity, culture, and diversity. Staff described the cultural needs and preferences of sampled consumers in alignment with care documentation. The assessment team observed staff treating consumers with dignity and respect, responding to them in a polite and engaging manner and providing assistance with patience and care.

Consumers felt their culture and background is valued at the service. Staff were able to describe how they respect individual consumers’ identity and culture. Care planning documents reflect information about consumers’ cultural backgrounds and preferences to guide staff in providing care and assistance. The service provides staff with mandatory training on cultural awareness and diversity.

Consumers said they are supported to exercise choice regarding how their care and services are delivered, to maintain connections and involve others in their care. Staff were able to describe how they support consumers to make choices and maintain their relationships. Care planning documents reflect consultation with consumers and others who are important to them.

Consumers described how they are supported to engage in risk taking activities of their choice. Staff and management were aware of consumers who engaged in activities that posed a risk and described strategies in place to support consumers to continue to do this whilst ensuring their safety. Review of documentation identifies appropriate risk assessments and dignity of risk forms in place for consumers who choose to take risks.

Consumers said they receive information in a format they can understand. Consumers confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. The assessment team observed a range of information available to consumers throughout the service including newsletters, menus, activities calendars, brochures and updates displayed on noticeboards around the service.

Consumers confirmed staff at the service respect their privacy. Staff described how they maintain consumers’ privacy and how they keep consumers’ information confidential. The assessment team observed staff knocking on doors to seek permission before entering consumers’ rooms and closing doors when providing care. The service has policies and procedures in relation to privacy and dignity and provides mandatory training to staff on these topics.

# 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 said they are satisfied with the assessment and care planning process. Staff were able to describe the assessment and care planning process commencing from consumers’ entry to the service utilising a suite of electronic assessment tools. Care planning documents identify individual consumer risks are captured and include strategies to manage the risks tailored to individual needs.

Consumers said care and services are planned around their needs, goals, and preferences and in consultation with them. Staff described the consultation process undertaken with consumers and representatives to involve them in assessment and care planning, and in documenting end of life wishes and developing advanced care plans. Care planning documents include information about consumers’ preferences including advanced care plans and end of life wishes, where the consumers and representatives have chosen to do this.

Consumers and representatives confirmed they actively participate in the care planning and review process. Staff described what their role is in partnering with consumers and their representatives to assess, plan and review care and services. Care planning documents showed evidence of involvement from a range of providers and services, including medical officers and allied health professionals.

Consumers and representatives said the service regularly communicates with them and provides updates, including as part of 3-monthly care plan reviews. Staff described how they communicate the outcomes of assessment and planning to consumers and representatives via care plan reviews, phone calls and email correspondence. The assessment team observed, and review of documentation such as case conference notes identified, consumers and representatives are offered a copy of the consumer’s care plan.

Consumers and representatives said they are notified when there are changes in the consumer’s clinical or cognitive health or when incidents occur. Management said they regularly review clinical indicators at both the service and organisational level to identify improvements. Review of care planning documentation identified regular review of care plans in line with the service’s policies and procedures.

# 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 said they receive care that meets their needs and optimises their health and well-being. Staff explained how the care they provide is best practice and meets the needs of each consumer. Care planning documents reflect individual care that is safe, effective, and tailored to the specific needs of consumers. For consumers subject to a restrictive practice, care documentation identified appropriate authorisations, behaviour support plans and monitoring and review in place.

Consumers and representatives expressed satisfaction with how the service manages risks associated with the consumer’s care. Staff described various high impact or high prevalence risks at the service and strategies in place to manage these risks. Care planning documents identified information to guide staff in the effective management of risks specific to each consumer. The service analyses and discusses clinical and quality indicators via regular meetings to implement improvements which are documented under its continuous improvement plan.

The representative of one consumer nearing end of life during the Site Audit confirmed staff understood the consumer’s end of life preferences and provided care in line with their wishes. Care planning documentation evidenced consumers’ end of life preferences are documented. Staff described how they develop palliative care plans in consultation with consumers and representatives, and what is involved in the provision of palliative care to maximise consumer comfort and dignity.

Consumers said the service is responsive to deterioration or changes in a consumer’s condition. Staff described, and care planning documents reflect appropriate actions taken in response to changes in a consumer’s health or condition. Policies and procedures are available to guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives advised consumers’ care needs and preferences are effectively communicated between staff, and they receive the care they need. Staff described how information is shared and communicated between staff and others where responsibility of care is shared. The assessment team observed staff communicating with each other and discussing changes to consumers’ health and wellbeing during shift handover.

Consumers and representatives are satisfied with the referral process and confirmed they had access to the required health care providers and services to meet the consumer’s changing needs. Staff and management described the referral process and advised the service has access to telehealth consultants in addition to a range of other health professionals and providers. Care planning documents demonstrate timely referrals to medical officers, allied health professionals, geriatricians, wound specialists, and other providers where required.

The service has policies and procedures in place to guide staff regarding infection prevention and control. Staff demonstrated knowledge of infection control practices and antimicrobial stewardship as relevant to their roles. The service has established an outbreak management plan, appointed a trained infection prevention and control lead and monitors influenza and COVID-19 vaccinations.

# 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 the service supports them to maintain their independence and quality of life and staff can modify services and supports to suit their needs. Staff could describe the activities and supports of importance to consumers; this information aligned with care planning documentation. The service implements two separate activities calendars, including one catering specifically to the needs of consumers’ living in the service’s memory support unit. Consumers have input into the development of the activities calendar through consumer meetings.

Consumers said the service promotes their emotional, spiritual, and psychological well-being. Staff were able to describe ways they support consumers’ emotional and psychological well-being, including by facilitating connections with people important to them using technology. Consumers have access to one-on-one visits with lifestyle staff and a Chaplain if they choose. Care planning documents reflect information to guide staff with supporting consumers’ emotional and spiritual well-being needs.

Consumers described how staff support them to participate in the community, do things of interest to them and to maintain social and personal relationships. Staff described how they support consumers to participate in activities and engage in the community. Care planning documents identified what is important to consumers and information to guide staff in supporting their needs. The assessment team observed consumers socialising amongst themselves and with visitors and leaving the service to attend social outings during the Site Audit.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff described various ways information about the consumer is communicated including via verbal handover, shift handover notes, communications books, dietary folders, and progress notes under the electronic care management system.

Consumers said the service has referred them to appropriate providers, organisations, and individuals when required. Staff described the referrals process and advised they have access to a wide range of individuals and providers for consumer needs. Care planning documents identified engagement with various organisations and services.

Consumers expressed satisfaction with the quality and quantity of meals following recent improvements at the service. Care planning documents reflect dietary information specific to each consumer. The service has feedback mechanisms in place to enable consumers to provide feedback into the menu, including via surveys, nominated consumer ‘taste testers’ and via monthly consumer meetings.

Consumers said they had access to equipment that is safe and suitable for their needs. Staff described the processes in place for preventative and corrective maintenance. Equipment used for activities of daily living was observed to be safe, suitable, 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

Consumers and representatives said consumers feel at home at the service, and the environment is welcoming and easy to navigate. Consumers have access to a shared dining area, lounge room and laundry facilities. The service environment was observed as being easy to navigate with wide corridors equipped with handrails. Management described various features of the service that optimise consumers’ sense of belonging, interaction, and function.

Consumers and representatives confirmed the service environment is clean, safe, well maintained, and comfortable; this was observed by the assessment team. Consumers said they can move freely, both indoors and outdoors. Staff described the cleaning and maintenance practices in place at the service.

Consumers and representatives said equipment and furniture is safe, well-maintained, and suitable for consumers’ needs; this was observed by the assessment team. Staff described the reactive and preventative maintenance systems in place, and confirmed the service has access to after-hours maintenance support. Monthly audits are conducted to ensure equipment is in order, and processes are in place for the cleaning of shared equipment.

# 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 said they are encouraged to raise concerns and provide feedback and feel comfortable to do so. Staff demonstrated an awareness of various feedback and complaints avenues available for consumers within the service and described the process they would follow if an issue was raised with them directly. Information on how to submit feedback and complaints is provided to consumers via the service’s handbook. A suggestion box is available in the service’s foyer.

Most consumers and representatives said they were aware of advocacy services and external complaints mechanisms. Staff demonstrated knowledge of advocacy services and described how they would assist consumers living with cognitive impairment or who have difficulty with communicating. Information on advocacy and language services and external complaints mechanisms is provided to consumers via the consumer handbook and brochures available in the service’s communal lounge area.

Consumers and representatives expressed satisfaction with the service’s response to feedback and complaints. Staff demonstrated an understanding of open disclosure and complaints management processes. The service has policies and procedures in relation to complaints management and open disclosure to guide staff practice. Review of the service’s feedback and complaints register demonstrates complaints are managed in line with the service’s policy and procedure.

Consumers and representatives confirmed their feedback and suggestions are considered by management and used to inform improvements. Management provided several examples of how feedback from consumers and representatives have resulted in improvements in care and service delivery at the service. Review of the service’s consumer meeting minutes and plan for continuous improvement confirm this.

# 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 staff numbers are sufficient, staff are available to attend to their care and call bells are responded to promptly. Staff confirmed the number and skill mix of staff is adequate for consumer needs. A review of the service’s rosters identifies the service employs a mix of registered, care, lifestyle, and hospitality services staff, with after-hours access to an on-call registered nurse and management as required. Review of call bell records identifies the average call bell response time is one minute. The assessment team observed staff providing care in a calm and professional manner.

Consumers said staff are kind, caring, and respectful. Staff were familiar with consumers’ personal and cultural backgrounds and described how they provide care and services in line with consumers’ wishes and preferences. Management advised they monitor staff conduct via observations and feedback from consumers and representatives. The assessment team observed staff interacting with consumers and providing care in a kind, caring and respectful manner.

Consumers and representatives felt staff are competent and know what they are doing. Management described the service’s processes to ensure staff are suitable and competent in their roles, including recruitment via interviews, referee checks and qualification checks and provision of orientation, ongoing supervision, and training. Position descriptions are available outlining responsibilities and capturing the key qualifications, knowledge and experience required for each role.

Consumers said staff are well trained to perform their roles. Staff confirmed they have access to orientation and a buddy system and receive mandatory training and ongoing education. Review of the service’s mandatory training records identifies staff receive training on topics including but not limited to code of conduct, infection control, manual handling, serious incident response scheme and restrictive practices.

The service has a staff performance framework which identifies appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes and confirmed they receive supervisor feedback which identifies areas of improvement.

# 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 provided examples of how they are supported by the service to provide their input into care and services. Management advised all feedback or suggestions made by consumers and representatives are included in the service’s plan for continuous improvement. Review of documentation demonstrates various mechanisms used to engage consumers and representatives in the design and evaluation of care and services.

Management described various meetings, systems and reporting processes in place through which the governing body promotes a culture of safe, inclusive, and quality care. Monthly reporting is submitted to the board capturing information including but not limited to clinical indicators, outcomes of internal audits, feedback and complaints trends, and incidents. The organisation’s governing body uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions, to enhance performance and to monitor care and service delivery.

Management and staff described processes and mechanisms in place for organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management.

Management advised the continuous improvement process is drawn from a variety of sources, including consumer and representative feedback and complaints mechanisms, survey results, regular analysis of clinical and incident data, and internal and external audits.

The service has policies and procedures to guide staff in identifying and responding to abuse and neglect, supporting consumers with dignity of risk, and incident prevention and management. Staff demonstrated knowledge of incident reporting and risk management procedures at the service. Risks are reported and reviewed by management at the service level as well as by the organisation’s executive management and board.

The service demonstrated a clinical governance framework and supporting polices which address antimicrobial stewardship, minimising the use of restrictive practice and open disclosure. Staff demonstrated a shared understanding of these policies and were able to describe how they 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)