Performance

Report

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| Name: | Milton House |
| Commission ID: | 5331 |
| Address: | 26 Colamba Street, MILES, Queensland, 4415 |
| Activity type: | Site Audit |
| Activity date: | 24 September 2024 to 26 September 2024 |
| Performance report date: | 29 October 2024 |
| Service included in this assessment: | Provider: 1132 Queensland Health  Service: 3685 Milton House |

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 Milton House (**the service**) has been prepared by Micheal Cooper, 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.

# 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 respected, and staff value and support their cultural belief practices. Staff demonstrated knowledge and understanding of consumers’ individual preferences, and staff were observed treating consumers with dignity and respect. Care plans identified consumers’ preferences in relation to identity, gender, cultural beliefs, and spiritual practices.

Consumers advised they are supported to make decisions and take risks where necessary to enable them to live the best life they can, and their choices are respected by staff. Staff demonstrated an understanding of consumers’ who take risks and provided risk mitigation strategies they use to support consumers in taking risks.

Consumers advised they are updated and provided information regarding activities, meals, and events that occur within the service. Service documentation evidenced relevant information and resources available to consumers to enable them to make choices.

Consumers advised their privacy was respected, and personal information was kept confidential. Management and staff respected consumer privacy.

# 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 included in assessment and planning. Management and staff demonstrated understanding of the services assessment and planning processes. Care and service plans were individualised, provided relevant information and assessments for potential risks to consumers’ health and wellbeing, and addressed consumers’ goals needs, and preferences including their end of life care wishes.

The service demonstrated assessment, and planning is based on ongoing partnership with consumers and those who share care responsibilities. Care plans demonstrated consumers were consulted throughout the assessment and care planning process, and when required. Staff sought input from those who share care responsibilities including representatives and allied health professionals as required.

Consumers advised they have access to care and service plans and outcomes of assessments are discussed with them. Care planning documents were readily available to staff delivering care. Allied health professionals confirmed they have access to and utilise consumer’s care and service plans as needed.

Care plans contained evidence of regular review. Care plans were updated when consumers’ circumstances changed, and consumers were notified of changes to their plan of care.

# 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 were satisfied with the clinical and personal care they receive. Staff demonstrated knowledge and understanding of best practice strategies to support the delivery of care. Service documentation evidenced policies and procedures in place to guide a safe delivery of care and services.

Care documentation evidenced high impact and high prevalence risks were effectively identified and managed by the service. Staff described strategies they utilise to manage risks to consumers.

Care documentation evidenced processes in place to support consumers nearing end of life. Care documentation evidenced the service is identifying clinical deterioration within a timely manner and implementing clinical interventions to support consumers when required. Staff explained strategies they implement when consumers transition into end-of-life care and when deterioration is identified.

Consumers and representatives were satisfied staff understand their goals, needs, and preferences. Staff were knowledgeable in the services escalation processes. Care documentation evidenced information about conditions, needs and preferences were documented and communicated with those responsible for providing care.

The service has a current infection prevention control lead person. The service demonstrated appropriate and effective infection control practices to support consumers. Service documentation evidenced policies and procedures to guide staff in the delivery of safe infection control practices.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives were satisfied the service supports them in meeting their goals, needs, and preferences. Consumers were satisfied their emotional, spiritual and psychological needs are supported by the service. Staff described the needs and preferences of consumers and demonstrated understanding in supporting consumers to maintain their independence. Staff understood consumers individual needs, and care documentation evidenced consumers emotional, psychological, and spiritual wellbeing is maintained and reviewed as required.

Consumers and representatives advised the service supports them in maintaining relationships with those are important to them, and the service provides activities of interest.

Consumers and representatives were satisfied information about consumer’s conditions, needs and preferences were effectively communicated within the service and with others responsible for care. Staff described ways they communicate and share information with those who share care responsibilities.

Care documentation evidenced timely and appropriate referrals are made to support consumers daily living needs. Staff were knowledgeable in the services referral processes.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided.

Consumers were satisfied equipment is safe, clean, and well maintained and equipment was observed to be 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

Consumers were satisfied the service is welcoming and homely. The service environment was observed to be welcoming and easy to navigate. The service had communal areas for consumers to gather and interact.

The service environment was observed to be clean and well maintained. Consumers were satisfied with the cleanliness of the service and were observed moving freely indoors and outdoors.

Furniture, fittings, and equipment was observed to be safe, clean and well maintained. Furniture was observed to be suitable for consumers.

# 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 understood how to raise feedback or make a complaint to the service. Service documentation including feedback forms were available to consumers and representatives. Staff were aware of the avenues available to consumers and representatives to provide feedback, and supported consumers to lodge complaints.

Consumers were aware of advocacy and language services, and advised they are regularly informed of external services available to them during consumer meetings. Advocacy resources and other external support service information was available to consumers and representatives.

The service demonstrated appropriate action was taken in response to feedback or complaints, including the process of open disclosure. Care documentation evidenced complaints are appropriately addressed and open disclosure is conducted as per organisational policy.

Consumers and representatives confirmed the service used feedback and complaints received from them to improve care and services. Service documentation evidenced feedback provided by consumers and representatives is appropriately actioned to improve the quality of care and services provided to consumers.

# 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 provided positive feedback in relation to the care and services they receive and advised staff are available to them to meet their needs. The service demonstrated a planned workforce and service documentation evidenced strategies to replace short notice or unplanned leave.

Consumers and representatives advised staff were kind, caring, and respectful. Staff were observed interacting with consumers in a kind and respectful manner, and consumer’s preferences were maintained.

Consumers were satisfied staff understood their needs and preferences, and felt staff were competent in their job roles. Service documentation evidenced processes in place to ensure staff were sufficiently skilled to meet consumers’ care needs.

Management, staff and training records demonstrated staff were trained, equipped, and supported to deliver care and services that met consumers’ needs and preferences. The workforce was equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Service documentation evidenced processes in place to monitor and review the performance of staff. Staff advised they have participated in performance appraisals and are guided and supported by management in developing skills pertaining to their job roles.

# 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 were satisfied they were engaged and offered opportunity in developing and reviewing care and services received. Management and staff described various ways the service involved consumers and their representatives in the development of service delivery including the use of regular consumer meetings and feedback processes.

Consumers felt safe and included in the development and ongoing review of their plan of care. Service documentation evidenced the service’s governing body receives routine reports to inform quality improvements to support a safe delivery of care and services.

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

The service had effective risk management systems in place for high impact or high prevalence risks. Management demonstrated various components of the risk management system, including incident reports, audits, and communication with consumers and staff.

The organisation’s clinical governance framework ensured the delivery of safe and effective clinical care across areas including antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure. Staff demonstrated understanding and practical applications of these policies.

1. The preparation of the performance report is in accordance with section s 40A – site audit of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)