Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Mitchell House Hostel |
| Commission ID: | 3121 |
| Address: | 127 Vary Street, MORWELL, Victoria, 3840 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 November 2023 |
| Performance report date: | 15 December 2023 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 1880 Mitchell House Hostel |

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 Mitchell House Hostel (**the service**) has been prepared by L Glass, 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 Assessment contact (performance assessment) – site 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 24 November 2023.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed. |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed.** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed.** |

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 2

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

The service was found non compliant in Requirement 2(3)(a) at an Assessment Contact conducted from 18 July 2023 to 19 July 2023. The service did not demonstrate assessment and care planning informed the delivery of safe and effective care, especially for respite consumers. The service has implemented several actions to address the deficits identified in the previous Assessment Contact and is ensuring risks for consumers are assessed and addressed through the care planning interventions.

During the Assessment Contact on 2 November 2023, the Assessment Team found the service conducted regular audits of all care planning documents to ensure consideration of risks to each consumer’s health and well-being are identified, assessed and appropriate interventions planned. The service provided training to clinical staff on revised admission process to ensure the completion of the assessment and care planning process. It revised processes to ensure clinical risks and appropriate care interventions are documented for consumers on respite.The service demonstrated the that actions have been implemented to ensure assessment and care planning is undertaken, with consideration of risk for each consumer.

All consumers interviewed provided positive feedback on the staff providing safe care as per their goals, needs and preferences. Care planning documents for the consumers reflected each consumer has current assessments and individualised care interventions in line with the provision of safe and effective care. Staff demonstrated a high level of knowledge of individual consumer care needs, including respite consumers. The service has reviewed the processes for comprehensive assessment and care planning in line with the service’s policies and best practice guidelines. Risk mitigation strategies are included in care planning documentation where risks are identified.

In response to the Assessment Team finding of met the approved provider supplied further documentation with evidence of staff recruitment and planning to support and strengthen assessment of consumers and effective delivery of care and services. The service is also upgrading its digital management systems and introducing a benchmarking system to enhance its management and oversight of consumer care planning and assessment.

I have considered the Assessment Team’s report and the finding that the Requirement is met. I have also considered the response from the approved provider. I find Requirement 2(3)(a) Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

The service was found non compliant in this Requirement at an Assessment Contact conducted from 18 July 2023 to 19 July 2023. The service was unable to demonstrate it provided best practice clinical care in relation to restrictive practices, pain management and specialised nursing care including diabetes and supplemental oxygen therapy. The service has implemented several actions in response to the previous Assessment Contact findings resulting in improved the quality of clinical care.

A new clinical handover process has been introduced with relevant information consistent with each consumer’s electronic care planning documents. Handover information documented includes individual consumer activities of daily living, pain management needs and specialised nursing care needs. Clinical staff review this information each shift, and the clinical care manager reviews the information weekly to ensure it is current and correct for each consumer. Work tasks are now generated through the electronic care system. These tasks prompt staff to implement directed care for example in relation to oxygen therapy and diabetic management. The clinical manager regularly reinforces care processes through memorandums to staff and in person guidance.

The clinical care manager has developed a comprehensive psychotropic medication monitoring tool which correctly identifies 31 consumers who are prescribed psychotropic medications for appropriately indicated medical and mental health conditions. The clinical care manager has also developed a restrictive practice register which is reviewed at least monthly to support best practice care and meet regulatory requirements. The organisation has set mandatory annual training on restrictive practices for staff to complete. This training will be supplemented by a series of workshops scheduled in November 2023.

At the Assessment Contact on 2 November 2023 the consumers and their representatives said consumers receive safe, individualised care that supports their wellbeing. The review of consumer care documentation demonstrated staff deliver planned care and they review the effectiveness of this care. All staff interviewed demonstrated how they were responsive to consumer care needs including pain management, restrictive practices, and specialised nursing care such as diabetes management and oxygen therapy.

In response to the Assessment Team finding of met the approved provider supplied further documentation with evidence of staff recruitment and planning to support and strengthen assessment of consumers and effective delivery of care and services. The service acknowledged the challenge of recruiting staff and demonstrated a variety of strategies recruitment and retention strategies. An updated consent authorisation form and advice about assessment and behavioural support planning for an identified consumer was also supplied. Plans for a permanent Infection Prevention and Control Lead were also confirmed.

I have considered the Assessment Team’s report and the finding that the Requirement is met. I have also considered the response from the approved provider. I find Requirement 3(3)(a) Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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

The service was found non compliant in this Requirement at an Assessment Contact conducted from 18 July 2023 to 19 July 2023. The service was unable to demonstrate how it identified, managed, or minimised the use of restrictive practices. The service has implemented several actions in response to the previous Assessment Contact findings which have been effective and continue to be strengthened by further education and ongoing review of the processes.

The service appointed a new clinical care manager in August 2023. At the Assessment Contact on 2 November 2023 the organisation demonstrated the clinical governance framework which includes policies and procedures for minimising the use of restraint. The clinical manager reviews progress notes daily and oversees assessment and care planning processes for each consumer. The clinical care manager has the dedicated responsibility for the maintenance of the psychotropic self-assessment tool, the restrictive practice register and dignity of risk processes. All new registered nurses complete extra ‘buddy’ shifts with the clinical care manager to support their compliance with assessment, and their care planning responsibilities.

The service has reviewed the restrictive practice policy and procedures to ensure staff have access to the required processes when implementing restraint. Management have ensured staff complete annual training on restrictive practices. The organisation scheduled a comprehensive education series of workshops on restrictive practices and behaviour support management in November 2023.

In response to the Assessment Team finding of met the approved provider supplied further documentation with evidence of staff recruitment and planning to support and strengthen assessment of consumers and effective delivery of care and services. An updated consent authorisation form and advice about assessment and behavioural support planning for an identified consumer was also supplied. Plans for a permanent Infection Prevention and Control Lead were also confirmed in the evidence supplied.

I have considered the Assessment Team’s report and the finding that the Requirement is met. I have also considered the response from the approved provider. I find Requirement 8(3)(e) Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)