Performance

Report

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| Name of service: | Murray Haven Hostel |
| Service address: | 98 Punt Road BARHAM NSW 2732 |
| Commission ID: | 0012 |
| Approved provider: | Murray Haven Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 18 January 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 Murray Haven Hostel (**the service**) has been prepared by G.Hope‑Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers were treated with dignity and respect, could make informed choices about their care and services, and live lives of their choosing. The service was situated in a rural township, and many consumers were from a farming background. Information about personal circumstances and histories were detailed in care plans. A Resident Handbook outlined that consumers were valued as individuals and could express themselves openly and freely.

Consumers expressed they felt safe at the service and staff respected any culture and religion they identified with. The service provided an environment that was culturally appropriate for consumers, respecting their preferences and needs. Photos and artwork depicting the region’s agricultural history were displayed around the service.

Consumers were supported to maintain relationships and exercise choice and independence, in relation to care and who should be involved. The service supported married consumers to maintain their relationship by sharing a room and spending time together, and consumers had friendships within the service. The service had a Dignity and Choice policy, to ensure consumers were supported to make decisions about their care and services.

Consumers said they were supported to take risks which enabled them to live the best life they could. Staff described how risk assessments were conducted and based on consumers goals and desired life choices such as, continuing to be involved in the community. Policies concerning dignity of risk were in place.

Information provided was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Staff described how information was provided in various forms. Strategies used to support consumers with difficulty communicating included providing verbal explanations and information in large type.

Consumers felt their privacy was respected, expressed confidence in the service to protect their personal information, and described staff practices such as knocking on doors prior to entry. The service’s Plan for Continuous Improvement (PCI) contained a complete improvement action for installation of with a privacy screen to shield managements’ computer from passers-by, to ensure the confidentially of consumer 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

Assessment and planning considered risks to consumers’ health and well-being. Care planning documents reflected a multidisciplinary approach to care delivery which considered risks and included strategies to reduce or eliminate them. Care plans identified consumers’ current needs, goals and preferences and advance care and end of life planning were included if the consumer wished.

The service completed initial and ongoing assessments and care planning. Related documentation reflected the involvement of consumers, representatives and other health professionals in the process. Consumers and representatives confirmed their active involvement in the process.

Outcomes of assessment and planning were communicated regularly to consumers and representatives and documented in care plans, However, consumers and representatives were not offered copies of their care plans. In response, management outlined suitable steps to rectify the issue. Staff achieved consistent care through clear communication with consumers and representatives and were guided by their needs and preferences.

Care plans were reviewed every 3 months or more frequently when changes in a consumer’s condition occurred.

# 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 received personal and clinical care that was right for them and met their needs and preference. The service had processes in place to guide staff on restrictive practices, skin integrity and pain management. A care plan audit identified that these plans were comprehensive and in line with best practice. Clinical and personal care was noted to be consistently documented, including assessments, charting, monitoring of outcomes and progress notes.

Care planning documents identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks, including in relation to falls, weight, pain, skin and behaviour. Consumers were satisfied risks were well managed.

Care planning documents for consumers who were nearing end of life showed their needs, goals and preferences were recognised and met. A palliative care service was available 24 hours a day, 7 days a week. The service had a connecting corridor to the Local Health and Hospital service for support when needed.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff recognised and responded to deterioration or changes through a range of systems and processes, including baseline observations, incident reports, charting and feedback from consumers.

Consumers and representatives said staff worked together and effectively communicated consumers’ care needs and preferences. Care documentation, including care plan summaries and progress notes, provided information to support effective and share sharing of information about consumers’ condition, preferences, and care needs. The service was in the process of upgrading to a more intuitive care management system with increased reporting capability and compliance features.

The service had a network of approved individuals, organisations and/or providers they referred consumers to. Care planning documents reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers. An approved provider list was located in the clinical office.

The service had implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. For example: Clinical staff and the service’s Infection Prevention Control Lead articulated several strategies to prevent and control infections, which included regular Clinical Governance meetings, spot audits occurred, and a thorough orientation for new staff. Care plans reflected antimicrobial stewardship principles.

# 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

Services and supports for daily living meet consumers’ needs, goals and preferences and optimised their independence and quality of life. Care planning documents were strength based, included information about what was important to consumers, and supports needed to do the things they liked to do.

Consumers stated their emotional, spiritual and psychological needs were supported and care planning documents included strategies to meet these needs such as increased one on one therapists’ sessions with consumers during COVID-19 lockdowns. Staff understood the importance of culturally tailored, emotional, psychological and spiritual support for consumers and services provided were meaningful to consumers.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest, such as bus trips to the local community. Consumers were observed leaving the service on mobility scooters to take part in community activities and were observed interacting and socialising with each other during the site audit. An activities calendar outlined a range of games, activities and special events.

Consumers said they had consented to information being shared about their conditions, needs and preferences with others where responsibility of care was shared, and felt information was adequately communicated. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover processes. The service had an effective system to manage information and consumer care.

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care where required. Care planning documents showed the service collaborated with external services to support the needs of consumers. A register of approved providers was maintained by the service.

Consumers gave positive feedback about the quality and quantity of food at the service and noted their dietary requirements were catered for. Catering and care staff observed any uneaten meals and obtained feedback from consumers regarding why the meal was unfinished. Hospitality staff report any concerns such as reduced appetite to clinical staff. Staff were observed to serve the meals professionally and offered support to consumers as per their care plan.

Equipment provided was observed to be safe, suitable, clean and well maintained. General and maintenance staff completed ongoing monitoring to ensure equipment was fit for purpose. The service had suitable arrangements for purchasing, servicing, maintaining, renewing and replacing equipment. Documentation reviewed evidenced equipment was used, stored and maintained in line with the manufacturers’ instructions. Consumers said they felt safe when using equipment and they knew how to report any concerns they had about the safety of equipment.

# 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

The service was welcoming, easy to understand and promoted consumer independence, function and enjoyment with multiple areas for social interaction and fresh air. The service’s large gardens and courtyards were attractive, and windows faced the local school farmyard with animals for consumers to enjoy watching. Consumers were encouraged to personalise their room with memorabilia and furniture of their choice.

Consumers and representatives felt the service environment was safe, clean and well maintained, and allowed them to move around freely. The Assessment Team observed the service environment including consumers’ rooms and common areas to be kept clean and well maintained. The service had a scheduled maintenance program and contractors were engaged for higher level maintenance such as renovations, electrical and plumbing. Reactive maintenance records demonstrated issues were addressed quickly.

Equipment which supported consumers to engage in lifestyle activities were suitable, clean, and well maintained. Consumers confirmed this to be the case and observations confirmed that equipment was cleaned before and after every use. External service providers were used for the checking and servicing of hoists on a scheduled basis, and slings were audited and replaced promptly when required.

# 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

The service had multiple methods for consumers to provide feedback and make complaints including feedback forms, speaking with management and raising any issues of concerns at consumer meetings. Consumers confirmed they were encouraged and supported to provide feedback and make complaints and would have no issue talking with staff or management should they have a concern. Feedback forms and locked boxes were located throughout the service.

Consumers and representatives are aware of other complaints avenues but were comfortable raising concerns with management and staff in the first instance. Staff described how they assisted consumers with cognitive impairment, or low vision, to raise complaints or provide feedback. The service had nominated a local member of the community as a ‘resident advocate’ who visited the service weekly. Although at the time of the Site Audit, no consumers required language services, documentation was available in other languages if needed.

Staff and management described the process followed when feedback or a complaint was received and knew the underlying principles of open disclosure. Documentation and consumer feedback confirmed, the service responded in a timely manner to complaints; and an open disclosure process was applied.

Consumer and staff feedback demonstrated the service had a system for receiving and actioning feedback and complaints and used them to inform continuous improvement. The Assessment Team identified examples of service-level improvements made in response to consumer complaints and feedback.

# 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

The service’s workforce was planned and the number and mix of personnel deployed was sufficient to support delivery and management of safe and quality care and services. Staff said they supported each other by picking up additional shifts, prioritising tasks or working in other areas of the service to accommodate unexpected leave. Consumers and representatives said staff were busy but provided the care consumers needed. Some staff expressed concerns regarding the lack of a Registered Nurse during nightshift, however management advised they were currently recruiting; however, this was difficult due to the remote location.

Consumers said, and observations showed, staff -consumer interactions were caring and respectful, with staff taking time to interact with consumers. Consumers’ backgrounds, needs and preferences were identified.

Consumers said staff were skilled and competent in their roles. The service’s recruitment process included verification of minimum qualifications and registration requirements for respective roles.

Staff were recruited, trained, equipped, and supported to deliver safe and effective care. Competence of staff was monitored through consumer and representative feedback, and completion of mandatory training. Although training records evidenced completion rates for mandatory training including elder abuse, only 80% of staff had completed Serious Incidents Response Scheme (SIRS) training. However, this was due to additional SIRS training scheduled to occur shortly after the site audit.

Performance of staff was regularly reviewed through annual performance appraisals, in line with service policy. Staff confirmed they had completed performance appraisals and had opportunities to realise career goals.

# 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 partnered in improving the delivery of care and services by participating in meetings, surveys and care plan reviews. Feedback from consumer surveys is provided to the governing body for review. Feedback and suggestions made by consumers and representatives were included in the service’s continuous improvement plan, for action.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback. The service had engaged an external advisory group to provide guidance and advice on how to effectively govern the service, including scheduled training sessions for the governing body and senior management regarding the Quality Standards and how the service will remain compliant.

The service demonstrated established processes and mechanisms in place for organisation wide governance related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. While the governing body will undergo a restructure in 2023 to ensure members have the necessary skills and experience, the governing body and senior management, with assistance from an external advisory group, demonstrated the service had sufficiently effective governance systems in place at the time of site audit.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. The Assessment Team found risks were reported, escalated and reviewed at service level, and SIRS incidents were generally identified, managed and reported appropriately. Regular audits were conducted to contribute to incident prevention efforts and results reviewed by the Clinical Governance Committee.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated their understanding of open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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