

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Murray Vale Shalem Hostel |
| Commission ID: | 0246 |
| Address: | 342 Wagga Road, LAVINGTON, New South Wales, 2641 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 January 2025 |
| Performance report date: | 29 January 2025 |
| Service included in this assessment: | Provider: 1233 United Protestant Association of NSW Limited Service: 262 Murray Vale Shalem 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 Murray Vale Shalem Hostel (**the service**) has been prepared by Gill Jones, 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, older people/representatives and others
* the provider’s response to the assessment team’s report received 14 January 2025.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed  |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 8** Organisational governance | **Not fully 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)(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 interviewed indicated overall satisfaction with the way the staff respond to their needs. Staff provided examples of changes in consumers care and services in response to incidents. Management and clinical staff indicated there is a process for ensuring consumers care and services are reviewed when there are changes in the consumer’s care circumstances. There is also a process for ensuring incidents that impact consumer care needs and or result in consumer injury are reviewed and analysed to ensure effective assessment and planning has occurred. Policies direct staff practices in relation to assessment and review of consumers following incidents and changes in care circumstances/deterioration. Care planning and assessment documentation demonstrated evidence of review of consumers care needs on both a regular basis and when there are changes in consumer care and service needs. Representatives interviewed indicated they are kept updated by the registered nurses of any changes in consumers care/needs and when incidents occur.

In their response to the Assessment Team’s report the approved provider acknowledged and agreed with the Assessment Team’s findings. I find Requirement 2(3)(e) compliant.

# Standard 3

|  |  |
| --- | --- |
| Personal care and clinical care |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service has processes to manage high impact or high prevalence risks associated with the care of the consumer. This includes the use of consumers individual clinical incident data to identify any care risks for the consumer. There is a comprehensive data base/spreadsheet of individual consumers high impact and high prevalence risks. Documentation and staff interviewed indicated risks were updated in the consumer care planning documents and interventions to minimise risks were being implemented for consumers. Clinical discussion of individual consumers with high impact and high prevalence risks occurs at handover.

In their response to the Assessment Team’s report the approved provider acknowledged and agreed with the Assessment Team’s findings. I find Requirement 3(3)(b) compliant.

# Standard 8

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

**Findings**

The organisation demonstrated risk management systems and practices were effectively managing high impact and high prevalence risks, identifying abuse and neglect of consumers and support consumers to live the best quality of life they can. The organisation has policies and procedures in relation to abuse and neglect of consumers, a risk management framework and a clinical governance framework. The organisation maintains a risk register that encompasses consumer and organisational risk information which is reported to the Board for review and oversight. There is a process for reporting incidents and escalating serious risk which includes such incident as medication, SIRS, and falls. Staff at the service demonstrated an understanding of policies which guide them in identifying and responding to consumer abuse and neglect and supporting consumers to live the best life they can. Overall, the organisation and service demonstrated that incidents for consumers are reviewed, analysed and management strategies implemented to mitigate the risk of reoccurrence of incidents.

In their response to the Assessment Team’s report the approved provider acknowledged and agreed with the Assessment Team’s findings. I find Requirement 8(3)(d) 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)