Performance

Report

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| Name of service: | Murray Vale Shalem Hostel |
| Service address: | 342 Wagga Road LAVINGTON NSW 2641 |
| Commission ID: | 0246 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 15 March 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 Vale Shalem 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.
* the provider’s response to the assessment team’s report received on 15 February 2023.
* 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 and representatives said that they were treated with dignity and respect and the service recognises their cultural background. Staff identified consumers from culturally diverse backgrounds and were able to describe how they tailor care that meets the specific cultural needs and preferences of consumers. Staff described how they respected consumers’ identities. Staff were observed throughout the Site Audit interacting with consumers in a courteous and caring manner.

Consumers said the service supported them to make decisions affecting their health and well-being and they can change these decisions at any time. Staff gave examples and were observed to help consumers make day-to-day choices and assist consumers with activities, meal selection and care plan choices. Care planning included information regarding how consumers wish to maintain relationships.

Consumers and representatives said they were satisfied assessment and planning included the consideration of risks and informed the delivery of care. Care planning documentation identified areas of risk, consultation with consumers and strategies to mitigate risk. Staff interviewed described risk mitigation strategies in place for consumers taking specific risks such as smoking. The service maintains a risk register for consumer related risks and categorise the level of risk for each area and overall.

Consumers said they received information in a format they understood. Staff described the different ways information is communicated and ensured it is easy to understand and accessible to consumers, including strategies to communicate information to consumers with poor cognition, visual aids or hearing assistance. The Assessment Team observed notice boards with up-to-date information, meal choices were displayed, and information provided used appropriate language.

Consumers and representatives said their privacy was respected, and staff demonstrated this in a variety of ways. Staff described practical ways in which they respect the personal privacy of consumers, and this information aligned with the feedback from consumers. The Assessment Team observed staff ensuring consumer privacy is respected, including knocking on consumers’ doors, waiting for a response prior to entering rooms, and discretely attending to consumers when in communal areas.

# 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 were satisfied their assessment and care planning was adequate, included the consideration of risks and informed the delivery of safe and effective care by the service. Staff explained the assessment and planning processes undertaken for new and continuing consumers at the service and how they assess and consider risks. Care plans generally included information to inform the delivery of safe and effective care and services and included the consideration of risks to consumers’ health and well-being.

Most consumers and representatives said they have participated in conversations in relation to advanced care planning and end of life planning. Staff detailed how they involve consumers and representatives in the assessment and planning and how they undertake conversations in relation to advance care planning and end of life care. Care planning included resuscitation wishes and preferences regarding comfort care needs.

Most representatives and consumers said they were involved in the assessment and planning on a routine basis and if incidents occurred. Staff described how they initiated conversations around care planning. Care documentation demonstrates other organisations and individuals are involved in the assessment and planning process for consumers as required and contact them when there is a change in the consumers condition.

Consumers and representatives said the service regularly provides updates via phone calls in relation to the outcomes of assessment and planning and felt they were up to date with the health status of their loved ones. Staff said they inform consumers and representatives of the assessment and planning processes and outcomes of assessments. Access to the electronic care management system is available to all staff.

Representatives recalled having routine care plan review conversations and they discussed the outcomes of assessment and planning. Staff relayed the process in relation to how often the care plans for consumers are reviewed and examples where the care plan had been reviewed following an incident or change in care needs. The Assessment Team observed examples of where care and services had been reviewed and where consumer needs, goals and preferences had changed.

# 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 were satisfied with the care and services provided to consumers at the service. Staff understood the individualised personal and clinical needs of consumers. Care planning documentation for sampled consumers generally reflected individualised care that was safe and tailored to their needs. Care documentation showed skin integrity, behaviour and pain were managed in line with the services policies and procedures.

Consumers and representatives interviewed were satisfied high impact or high prevalence risks for consumers were effectively managed. Staff interviewed were able to detail processes in relation to the identification of high impact or high prevalence risk associated with the care of each consumer through ongoing assessment and planning. Care planning documentation identified effective strategies to manage key risks, recorded in appropriate assessment tools.

One consumer at the time of the Site Audit was receiving palliative care; their representative reported they were receiving appropriate end of life treatment. Staff explained the processes in relation to the assessment of consumers nearing end of life. Care documentation for consumers nearing end of life evidenced the needs, goals and preferences of consumers were recognised and addressed with their comfort maximised and their dignity preserved.

Representatives of consumers who had experienced deterioration indicated they were satisfied the service identified the deterioration and responded to it in a timely manner. Staff provided examples of consumer deterioration and steps taken following the identification of the same. Care documentation showed identification and response to deterioration or change of consumers’ health condition, function or capacity.

Most consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers’ condition. Staff described how changes in consumers care and services are communicated through verbal handover, meetings and accessing care plans. Care plans identify accurate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives said they were satisfied with the timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff provided examples of specialist referrals to allied health and behaviour management specialists. The Assessment Team reviewed examples of timely and appropriate referrals to individuals and other organisations.

Consumers and representatives were satisfied the service managed the potential impact of COVID-19 to the best of their ability. Staff detailed strategies to reduce the use of antibiotic prescriptions and appropriate testing of samples. The Assessment Team observed all staff and visitors complete a thorough screening process on entry to the service.

# 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 staff supported their individual needs goals and preferences. Staff described how they partner with the consumer and their representatives to conduct lifestyle and spiritual assessments. Staff explained what is important to consumers and how they support consumers to optimise their overall health, well-being, and quality of life. The Assessment Team observed various activities in progress during the Site Audit.

Consumers said there are services and supports for daily living which promote their emotional and spiritual well-being. Staff described how they facilitate contact between consumers and family members, visiting spiritual and religious services and non-denominational church service visits. Care planning for consumers contained information about consumers’ emotional and spiritual or psychological well-being and how staff can support them, and this was in line with feedback provided by consumers.

Consumers said they are supported by the service to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the community and maintain personal relationships with family members or others. Care planning documentation identified activities of interest for the consumers, how they are supported to participate in these activities, and in the community.

Consumers and representatives were confident staff and other persons delivering care and services were aware of consumers’ needs and preferences. Staff could describe ways in which they share information and keep abreast of changed in needs and preferences. Care planning documentation provided adequate information to support safe and effective care in relation to supports for daily living.

Consumers said that the service offers to refer them to external providers to support their care and service needs. Staff could describe how consumers are referred to other providers of care and services and gave examples. Care planning documentation showed the service collaborates with external providers.

Most consumers and representatives said they were satisfied with the meal variety, quality and quantity. Staff described how they meet individual consumer dietary needs and preferences and how any changes are communicated. The Assessment Team compared the dietary list provided by the kitchen to the needs and preferences outlined in consumer care planning documentation and found it was reflective of current needs and preferences.

Consumers and representatives reported having access to equipment to assist them with daily living activities. Staff reported they have access to equipment when they need it and described how it is maintained, kept clean and maintained. The service has processes in place for monitoring and reviewing consumers’ equipment to ensure it is 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 said they felt at home at the service, and it is a nice place to live. Staff advised how they support consumers to customise the rooms and promote a sense of belonging and independence. The Assessment Team observed signage to direct consumers and visitors to the various areas of the service.

Consumers said they could move freely both indoors and outdoors, although the Assessment Team observed the presence of a coded locked door at the entrance of each unit. The codes to the main unit were displayed at the keypads available to the side of each door. The maintenance team described how they oversee corrective maintenance. The Assessment Team observed cleaning conducted throughout the service during the Site Audit. Documentation reviewed demonstrated maintenance issues are addressed in a timely manner.

Consumers and representatives said furniture, fittings, and equipment are safe, clean, well maintained, and suitable for them, and they feel safe when staff are providing care using mobility or transfer equipment with them. Staff demonstrated awareness of how to report any maintenance issues and the preventative maintenance schedule. The Assessment Team reviewed maintenance documentation which demonstrates regular maintenance of the service environment.

The Assessment Team noted some areas of the external environment such as furniture required cleaning due to bird faeces, leaves were found to be excessive on some footpaths. This feedback was provided to management on day one of the Site Audit and was rectified by day 2 of the Site Audit. Management said they had a backlog of maintenance tasks due to a recent resignation of maintenance staff but were in the process of replacing the staff member.

# 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 said they were encouraged and supported to make complaints and provide feedback and said they would have no issues talking with staff or management should they have any concerns. Staff described the complaints process and stated that consumers and representatives are encouraged to utilise the feedback forms and staff will assist them if needed. There were multiple methods for consumers to make complaints and provide feedback including a formal feedback form, speaking directly to the management team and raising issues at resident meetings.

Consumers and representatives said that although they are aware of other avenues for raising a complaint, such as through the Commission or advocacy services they were comfortable raising complaints with the service. Staff were aware of the internal and external complaints and feedback avenues, and advocacy and translation services. The Assessment Team observed information regarding advocacy and interpreter services displayed on noticeboards throughout the service.

Consumers who had made complaints through the service’s feedback mechanisms were satisfied appropriate action was taken by the staff and management and said an open disclosure process had been used. Staff interviewed were able to detail processes taken in response to complaints received by consumers at the service. Staff were aware of the principles of open disclosure, including providing an apology and implementing actions to prevent a recurrence of the incident or complaint.

Consumers interviewed said feedback and complaints provided at resident meetings and through other mechanisms were used to improve the quality of care and services. The complaints register showed the complaints in detail as well as broader trends and improvements at the service. Management detailed processes by which the feedback provided is used to improve services and were able to provide examples.

# 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

Most consumers said the service had enough staff to meet their care needs. Some consumers said the service could benefit from more care staff. Consumers said call bells are generally answered promptly. Staff interviewed described that they work together to ensure that the care needs of consumers are met and that they do not feel care is being compromised. Call bell data indicated call bells were answered in a timely manner.

All consumers and representatives said staff engaged with them in a respectful, kind, and caring manner. Staff demonstrated an in depth understanding of consumers, including their needs and preferences. Management advised that they monitor staff interactions with consumers and representatives through observations, and formal and informal feedback and complaints processes utilised by consumers, representatives, and other staff.

Consumers and their representatives found the staff to be competent, skilled and knowledgeable in most instances. All staff members had position descriptions and appropriate registrations and police checks were in place. Management described how they ensure staff have the qualifications and knowledge to perform their roles effectively.

Consumers and most representatives confirmed staff are effectively performing their roles and could not identify areas where further training is required. The Assessment Team observed training records for key areas such as SIRS, restrictive practices, and elder abuse. Staff reported they have been supported in most instances with training needs.

All staff reported they have their next performance review scheduled and how the process is carried out. Management advised that annual performance reviews and appraisals are conducted by each staff member’s direct line manager.

# 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 said they have ongoing input in how their care and services are delivered, and that they felt the service encourages their participation when making decisions such as input into the redesign of furnishings within the service. The Assessment Team reviewed feedback from consumers and representatives about the service including provision of care and services, and expressed overall satisfaction via consumer and representative meetings and feedback forms.

The service was able to demonstrate that the governing body is accountable for the delivery of care and services, and promotes a culture of safe, inclusive, and quality-driven culture.

The governing body receives reports, generated by the service on a monthly basis, which outlines information relating to internal audits, consumer and representative and staff feedback and complaints, continuous improvement initiatives, reported hazards and risks, and clinical and incident data analysis. The 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 the processes and mechanisms for effective organisation wides governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. The service has an effective electronic care planning system, continuous improvement framework, established financial governance arrangements and processes for workforce governance, feedback and complaints.

Staff demonstrated how incidents were identified and responded to and reported in accordance with legislative requirements including SIRS reporting and restrictive practice. The organisation has a documented risk management framework and a governance framework. These frameworks cover consumer safety, risk management, person-centred care, clinical safety and the escalation of critical incidents, escalation, reporting and investigation instructions and the roles and responsibilities of each staff member in incident management.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated how the principles applied to their work.

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)