**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Myrtle Cottage Group Inc |
| Commission ID: | 200612 |
| Address: | 6 Bosci Road, INGLEBURN, New South Wales, 2565 |
| Activity type: | Quality Audit |
| Activity date: | 18 January 2024 to 19 January 2024 |
| Performance report date: | 13 March 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7695 Myrtle Cottage Group Inc  
Service: 27736 Myrtle Cottage Group Inc - Care Relationships and Carer Support  
Service: 23794 Myrtle Cottage Group Inc - Community and Home Support

**This performance report**

This performance report for Myrtle Cottage Group Inc (**the service**) has been prepared by M Abjorensen, 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 Quality 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 did not submit a response to the Assessment Team’s report for the Quality Audit.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | CHSP |
| 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/representatives confirmed consumers are treated with dignity and respect and staff know about their culture and background and the things that are important to them. Staff interviewed had knowledge and respect of consumers’ individual backgrounds, culture and identities. Documentation reviewed contained reference to consumers’ culture, diversity, life history and important relationship information. The service has policies relating to member participation and social inclusion.

Consumers/representatives reported staff understand consumers’ preferences and culturally sensitive aspects of their services. Consumers/representatives advised this makes consumers’ feel valued and culturally safe. Staff demonstrated how services are delivered tailored to suit consumers’ individual cultural preferences, such as speaking in a consumer’s preferred language. The service has a diversity plan which is incorporated into service provision. Cultural awareness training is delivered to all staff.

Consumers/representatives advised consumers make decisions and communicate choices about how services are delivered and who is involved in their care. Consumers also confirmed they felt they are given plenty of opportunities to make connections with others, including new relationships made with other likeminded social group consumers. Staff described how they support consumers to make choices through the information they seek from, and provide to, consumers. Care documentation reviewed records consumer choices and decisions about care and services, including any substitute decision makers. Training is provided to staff on choice, independence and consumers’ rights to make decisions about their care and services.

Consumers/representatives advised the service enables consumers to live their best lives by supporting them to remain living in their own home independently. Staff and management confirmed identified risks and mitigating strategies are discussed with consumers/representatives and documented in consumer files to guide staff practice. Staff and management provided practical examples of risk mitigation strategies used to support consumer choice and independence. The service has policies and procedures in place to ensure that consumers are supported to take risks and take responsibility for their own decisions.

Consumers/representatives confirmed they receive information that is timely, clear and accurate. Documentation provided to consumers included clear and accurate information on services available, consumers rights and responsibilities, complaints information, activity calendars and newsletters. The service reviews information regularly to ensure it is relevant, current, clear and understandable. The service seeks alternate strategies, such as verbal and written translation methods to ensure information provided can be understood by all consumers to inform choice.

Consumers/representatives said they are satisfied that staff respect consumers’ privacy and keep their personal information confidential. Staff reported training on consumer confidentiality had been completed and provided practical ways consumer privacy and confidentiality is maintained. Documentation showed policies and procedures to protect confidential information are in place and are adhered to by staff and management.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | CHSP |
| 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/representatives confirmed consumers had received an in-home assessment prior to the commencement of services that included discussion of their needs, goals and preferences and assessment of individual risks. Staff advised consumer assessments are based on My Aged Care initial assessments and are guided by assessment and care planning policies and procedures available. Documentation reviewed evidenced initial assessments identified and addressed individual consumer risks.

Consumers/representatives confirmed consumers were asked about goals and preferences during assessment and planning processes. Most consumers advised they could not recall if advanced care planning was discussed but confirmed they would discuss this with relevant people when appropriate. Staff interviews, and documentation reviewed showed consumer goals, needs and preferences and advanced care planning are discussed with consumers/representatives upon onboarding and reviews. Information documented in consumer care plans was evidenced to include tailored and individualised needs, goals and preferences.

Consumers/representatives advised they are fully involved in assessment and care planning processes and provided positive feedback on how staff involve them and provide them with information to inform choice. Documentation reviewed showed consumers, those consumers wish to be involved and other organisations and individuals are included in care planning discussions.

Not all consumers/representatives interviewed could recall receiving a copy of the consumers’ care plan. However, all consumers/representatives interviewed could detail services received, frequency of attendance and relevant staff involved in providing care and services documented in respective consumer care plans. Staff advised they have access care plans which contain sufficient information to provide services in-line with consumers’ needs and preferences.

Consumers/representatives confirmed reviews of care and services are conducted on a regular basis, including informally and by request. Staff advised care plans are reviewed at least formally on an annual basis, but confirmed due to the nature of services provided, informal reviews occurred on a more frequent basis. Documentation reviewed included evidence consumers have formally been reviewed in the last 12 months and when circumstances have changed.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | CHSP |
| 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. | Not Applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Applicable |
| 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. | Not Applicable |

Findings

Standard 3, Personal and clinical care is not applicable, as the service does not provide consumers with personal and clinical care funded through the CHSP program.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | CHSP |
| 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. | Not Applicable |

Findings

Consumers/representatives provided positive feedback on the social support services offered that had assisted in improving consumers’ quality of life and sense of belonging. Staff described providing services and supports based on individualised consumer needs and preferences. Documentation reviewed showed consumers services and supports are tailored to their individual interests, needs and preferences.

Consumers/representatives reported staff regularly check on how they are, and advised rapport built with staff helps meet their emotional and psychological needs. Staff confirmed they monitor consumer moods and overall wellbeing and escalate any concerns. Staff demonstrated a good knowledge of individual consumers’ needs, personalities and interests. Staff provided practical examples of how they support the emotional, spiritual and psychological needs of consumers, such as assisting consumers to attend best fit social group settings. Documentation reviewed showed consumers emotional, spiritual, and psychological needs are assessed and used to inform services service delivery needs.

Consumers/representatives advised consumers have opportunities to do things that are meaningful to them through the centre-based activities and outings program. Staff confirmed awareness of important consumer relationships and could describe individualised social activities enjoyed by consumers. Care planning documentation reviewed contained information on consumers’ life stories and social needs.

Consumers/representatives advised they were satisfied the service has good communication systems in place to ensure staff know consumers’ needs and when changes occurred with their care. Staff confirmed there is sufficient information available in care plans which identify any additional support required, such as to provide mobility help to consumers whilst out in the community. Staff described how ongoing communication within the service and with others where responsibility of care is shared ensures consumers condition, needs and preferences are met.

Consumers/representatives reported referrals are made from time to time, with their permission. Staff were aware of referral processes available and described referring consumers to internal social groups, respite and welfare services as required. Staff advised consumers are also assisted to attend other local community social groups of their choosing. Review of documentation showed consumers are referred to My Aged Care when additional assistance is required, including approval for other CHSP services or a home care package.

Consumers/representatives expressed satisfaction with the quality and sufficiency of food provided, in particular, the barbeques regularly held. Consumers confirmed if they do raise issues regarding the food they are provided with alternative options. Staff advised meals are suitable for diabetics and any special food requirements, such as vegetarianism, are considered on the day the individual attends. Management advised whilst the menu is generally set, consideration is given to consumers individual needs and preferences and meals adapted to suit preferences. A dietary list was sighted in the kitchen of consumer allergies and likes and dislikes regarding food.

Requirement (3)(g) is not applicable for CHSP funded services, as the service does not provide equipment to consumers funded through the CHSP program.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 4, Services and supports for daily living.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | CHSP |
| 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 provided positive feedback on the service environment and said it was welcoming, comfortable and easy to move around independently. Several consumers said the centre is suitable for the many different activities they enjoy, such as arts and crafts and games. Staff advised due to the size of rooms used mobility aids can be kept near consumers to allow independent mobility if desired. Management explained the service environment had been purpose built to maximise consumers’ sense of belonging, independence, interaction and function. This included the incorporation of assistive technology, such as a hearing loop for hearing impaired consumers. The service environment was observed to be welcoming, spacious and easy to understand, with flowers and art and craft works displayed adding to a sense of belonging. Evacuation plans, fire extinguishers and exit signs were also observed, with signs noted to be in working order.

Consumers confirmed the service environment was clean and well maintained and they have free access to outdoor areas if they wish. Observations conducted showed consumers accessing outdoor garden areas freely. Staff advised they would report any service environment issues via the incident system as a hazard for appropriate follow up action and confirmed maintenance and regular environmental checks are conducted.

Consumers advised the furniture in the service environment and the buses they travel on are very clean and well maintained. Staff expressed satisfaction with the suitability, safety and cleanliness of equipment used. Staff confirmed cleaning of furniture and equipment occurs daily or as required and regular maintenance checks on furniture and fittings including buses are conducted. Observations conducted showed clean and well-maintained furniture that were of suitable height for consumers. Buses were observed to be in good clean condition and contained safety equipment such as first aid kits and fire extinguishers. Up to date documentation was confirmed to be in place regarding maintenance of vehicles and insurances.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| 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/representatives said they are encouraged to provide feedback or raise complaints and would feel comfortable with contacting the service should the need arise. Staff described how they encourage and support consumers to raise issues through the complaints process. Documentation reviewed confirmed consumers are provided various ways to provide feedback, including suggestion forms.

Consumers/representatives advised they were aware of other methods for raising and resolving complaints if required. Staff and management described external agencies referred to, such as advocacy groups to support consumers resolve concerns. Documentation reviewed showed information on internal and external complaint mechanisms, translating and interpreter and elder advocacy rights services are provided to consumers/representatives.

Consumers/representatives provided positive feedback that any concerns raised are promptly responded to and are kept informed of appropriate action taken to resolve concerns. Staff and management understood the concept of open disclosure and provided practical examples of how open disclosure principles had been used in resolving consumer feedback/complaints. Feedback and complaints policies and procedures were observed to be in place to guide staff practice.

Management confirmed feedback and complaints are monitored, analysed, trended and presented to the Board for review. Documentation reviewed showed continuous improvements to the quality of services are based on reviews of consumer feedback and complaints data.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| 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/representatives confirmed consumers receive safe and quality care and services. Consumers/representatives also advised they were aware of contingencies in place to ensure continuity of service delivery. Management advised consumers are notified of shift changes due to unplanned leave and are offered a change in staff or a choice to reschedule services to another day and time. Documentation reviewed showed there are sufficient staff to cover planned and unplanned staff leave.

Consumers/representatives described staff as kind, caring and respectful. Staff advised they were aware of individual consumer preferences and were able to provide practical examples of individualised respectful and compassionate care to consumers.

Consumers/representatives advised staff are attentive and provide competent care to consumers. Management confirmed staff must have at a minimum, a Certificate III in aged care or equivalent, and current first aid and cardiopulmonary resuscitation certification. Successful applicants are requested to provide relevant compliance checks including police certificate, drivers licence, suitable qualifications and registrations prior to commencement of their role.

Staff confirmed they were satisfied with induction and ongoing training provided at staff request or as mandated. Management advised staff have access to an internal training platform, which includes a combination of online and face to face training. In addition, staff are provided access to seminars and workshops. Training modules reviewed included education on the serious incident response scheme, dementia specific training, abuse and neglect, open disclosure, infection control and cultural awareness. Training schedules are available, and an internal compliance system is used to track attendance.

Consumers/representatives expressed satisfaction with staff performance. Staff and management confirmed annual performance reviews are conducted to discuss training needs and provide feedback on performance. However, staff and management advised regular monitoring of staff development also occurs throughout the year. Completion of staff formal performance reviews is monitored by senior management. Documentation reviewed confirmed staff performance reviews are up to date.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human Resources.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| 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. | Not Applicable |

Findings

Consumers/representatives advised they are actively engaged in the evaluation of care and services provided to consumers. Consumers/representatives confirmed they have the ability to provide both verbal and written feedback. Staff described how formal and informal methods of communication, such as the use of surveys are used to engage consumer feedback. Management described a client advisory committee is in place to ensure consumers have an avenue to engage in how their care and services are developed, delivered and evaluated. Client advisory committee meeting minutes are presented to the Board on a quarterly basis.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management interviews, and documentation reviewed confirmed the governing body receives reports inclusive of analysed incidents and feedback and complaints. In addition, the Board is actively in the process of recruiting additional members to ensure there is a range of expertise available to discuss and implement service improvements.

Effective organisation wide governance systems are in place including:

Information management

* Consumers confirmed they receive information that is timely, clear and accurate and are satisfied that their personal information is kept private and respected by staff delivering care and services.
* Staff advised they have access to sufficient password protected consumer information relevant to their role.

Continuous improvement

* The service identifies opportunities for continuous improvement via risk assessments, management, staff and consumer feedback, consumer reviews and incidents.
* Management advised senior executives are currently in the process of completing the service’s continuous improvement plan to formalise tasks.

Financial governance

* The organisation oversees financial governance through quarterly financial reports to the board and annual audits conducted.

Workforce governance

* The organisation has workforce governance processes in place including the assignment of clear responsibilities and accountabilities, recruitment and retention strategies and workforce performance management.
* The Board is kept informed of human resource issues including ensuring sufficient staff are employed to provide services and training is up to date.

Regulatory compliance

* Organisational systems are in place for all staff to meet regulatory compliance requirements.
* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.

Feedback and complaints

* Management confirmed a feedback register is used to collate feedback and complaints and data is reported quarterly to the Board.

Effective risk management practices and systems were demonstrated, for example:

* The service has a risk management system in place for the recording of incidents. Staff are guided by policies and procedures in place. In addition, the service has a consumer reportable incidents protocol used to identify level of priority and subsequent time required to report consumer incidents to the Commission.
* Management advised training on the Serious Incident Reporting Scheme (SIRS) has been completed twice by staff, including in both a residential and home services setting.
* Review of incident register data confirmed data is collated, analysed and included in the Quality Care Council Sub-committee monthly report to the Chief Executive Officer that is then reported to the Board.

Requirement (3)(e) is not applicable, as the service does not provide clinical care funded through the CHSP program.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 8, Organisational governance.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)