Performance

Report

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| Name of service: | Performance report date: |
| Nareeba Moopi Moopi Pa Aged Care Hostel | 30 August 2022 |
| Commission ID: | Activity type: |
| 5308 | Site Audit |
| Approved provider: | Activity date: |
| North Stradbroke Island Aboriginal & Islander Housing Co-Operative Society Ltd | 26 July 2022 to 28 July 2022 |

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 Nareeba Moopi Moopi Pa Aged Care Hostel (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 | | Compliant |
| 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 indicated they are respected by staff and their identity and culture is valued. Staff are familiar with care plans and described ways to support consumers’ lifestyle choices and preferences and demonstrated respect and an understanding of consumers’ personal needs and circumstances.

Consumers stated their culture is respected and they are able to express their cultural identity and interests. Care planning documentation evidenced the service has sought and captured individualised information as it relates to consumers’ religious, spiritual, and cultural needs and personal preferences.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how they support consumers to make choices for themselves and encourage independence.

Care planning documentation and progress notes evidence the completion of risk assessments for consumers. Consumers were able to describe the ways the service supports them to take risks to enable them to live the best life they can.

Consumers and representatives indicated they receive information that is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice and control. Management indicated they communicate information to consumers and representatives in a timely manner as required in person, by phone and by email.

Staff described the practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering and keeping doors closed when providing personal care. The Assessment Team observed staff to be respectful of consumer privacy when delivering care and services, such as greeting them when approaching them to provide care and closing the door when providing personal care. Any hardcopy material relating to consumers’ personal files are stored in secure offices.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The service was able to demonstrate assessment and planning is effective and includes the consideration of risks to the consumer’s safety, health and well-being. Consumers and representatives expressed satisfaction with the assessment and planning process at the service and said they were actively involved.

Care planning documentation evidenced the current needs, goals and preferences of consumers’ is documented and end-of-life preferences are included. The organisation has policies for palliative care and end-of-life care planning to guide staff practice.

Care planning documentation demonstrated that consumers and representatives are consulted throughout assessment and care planning, and when required, input is sought from health professionals. Staff described the assessment and care planning process involved partnership with the consumer and identified the services process including gathering information about the consumer’s life history, needs, goals and preferences.

Consumers and representatives confirmed the outcomes of assessment and planning have been communicated and are able to access consumer care plans upon request. Management confirmed that consumers and representatives can ask for a copy of the consumer’s care and service plan and will provide a copy in accordance with the consumer’s or representative’s preference.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. Management and staff described the three-monthly review process, where they review consumers’ care and service needs. This includes a clinical review by registered staff, further review of incidents, and review of charting for example continence, behaviour, and pain.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 indicated that consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. The organisation has policies, procedures, guidelines, and flowcharts for key areas of care including but not limited to, restrictive practices, skin integrity and pain management, all of which are in line with best practice.

Management provided comprehensive reports on high impact and high prevalence risks for consumers at the service, such as, falls, swallowing and behaviour management. The service has a documented risk management framework which guides how risk is identified, managed, and recorded.

Management advised that Advance Health Directives are discussed on admission and on review, with brochures and forms provided in hard copy or email. Care is taken to ensure that this is done in a sensitive manner, with the approach adapted where required for cultures where the topic is more sensitive.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described the various ways they recognised and responded to deterioration or change in the consumer’s condition and health status; this included processes to refer for medical review or transfer to hospital.

Consumers and representatives sampled are satisfied that consumers’ needs, and preferences are effectively communicated between staff, and they receive the care they need. The Assessment Team observed the electronic clinical management system and noted consistent, timely and comprehensive sharing of information.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Management and staff advised on the process for referring consumers to other health professionals and provided details of referrals made for specific consumers and the reasons for referral.

Management provided an overview of clinical indicators, including how infections are monitored and reviewed and form part of the clinical indicators program. The organisation has written procedures relating to infection control and practices to reduce the risk of resistance to antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Staff were able to describe how they support consumers’ needs, goals, and preferences to promote independence and quality of life. The Assessment Team observed consumers engaging in activities, interacting with each other and staff.

A review of care planning documentation demonstrates care plans include interventions and strategies to support the emotional, spiritual, and psychological wellbeing of consumers. Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Staff described how consumers participate in the community and how they keep in touch with the people important to them.

Consumers and representatives expressed their needs and preferences are communicated within the organisation, and to those who share responsibility for care. Management described how changes in consumers’ care and services are communicated through verbal and documented handover processes, and how care plans are reviewed every three months with care plans updated.

Consumers provided positive feedback regarding the quality and quantity of the meals provided by the service and advised the meals aligned with their preferences and dietary requirements. Management and hospitality staff explained that they identify whether consumers like the food through monitoring consumption, formal, and informal feedback directly from consumers following meals.

The Assessment Team observed that where equipment is provided, it is safe, suitable, clean, and well maintained and that staff and maintenance undertake ongoing monitoring that equipment is fit for purpose. A review of the preventative maintenance log by the Assessment Team demonstrated regular maintenance of equipment is completed.

## Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Assessment Team observed the service to be welcoming, and suitable with shared areas for consumers to interact, and private areas for consumers to use. Consumers expressed positive feedback regarding the service environment and provided examples of what makes the service a nice place to live within.

Consumers stated the service was clean and well maintained and said they are able to move freely, both indoors and outdoors, this feedback was consistent with observations made by the Assessment Team. Management described the garden project currently being undertaken by the service and described the engagement process to involve consumers in the design and contribution of the plants and garden.

A review of the preventative maintenance books by the Assessment Team demonstrated regular maintenance of equipment is completed according to a schedule. Consumers indicated furniture, fittings and equipment are clean, well maintained and suitable for their use.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 and representatives stated they are encouraged and supported to provide feedback and make complaints. Management and staff demonstrated a shared understanding of the processes available to consumers if they wished to raise a feedback or complaint.

Consumers and representatives were aware they had access to advocates, language services and other methods for raising and resolving complaints, however they indicated they are comfortable with raising concerns directly with staff and management. Management and staff advised that translation services are provided to consumers who need them, and staff assist them to access them.

Consumers and representatives felt that management quickly addresses and resolves their concerns once a complaint is made, or when an incident has occurred. The service indicated that information about providing feedback and making complaints is available to consumers and representatives in the organisation’s resident handbook and via its website.

Management was able to produce the organisation’s complaints register which records complaints and feedback and was able to explain how complaints are resolved at the point of care. Consumers and representatives said they have no complaints about their care and services and that if they did, they would talk directly with the appropriate staff member.

**Standard 7**

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| Human resources | | Compliant |
| 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 were observed receiving support from suitable staff and confirmed staff treat them with dignity and respect, were competent and well trained. Management acknowledged some recent challenges to staffing but advised the service had recently onboarded two staff members, both clinical and care staff said they work collaboratively to ensure consumers receive their required care needs.

Consumers and representatives expressed that workforce interactions are kind, caring and respectful of each consumer’s identity, culture and diversity, this feedback was consistent with observations made by the Assessment Team. Care planning documentation was observed to have detailed information regarding consumers’ background, identity, and cultural practice.

The Assessment Team identified that training records were maintained showing the training programs including onboarding training, mandatory training, and role specific training. Consumers and representatives confirmed that staff are well trained and meet the needs of consumers mostly in a friendly and helpful manner.

The service has implemented a range of appropriate systems and processes to safeguard the staff recruitment process, trained, and supported to deliver care and services in line with the Quality Standards. Management provided an explanation how the organisation had implemented an online system for induction training and external training for all staff and was able to track mandatory training.

Staff indicated management are proactive with assessing, monitoring, and reviewing staff performance and staff are encouraged to adopt a best practice approach to their engagement with consumers. Management outlined the organisation’s staff performance framework and explained how the performance review process entailed counselling, performance improvement planning, investigation and a discipline process.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 and representatives indicated they were engaged in the individual development, delivery and evaluation of care services. Management was able to demonstrate how consumer data received from feedback forms, surveys, and meetings was accumulated into an integrated continuous improvement system.

Management confirmed that the service’s performance is monitored and reviewed through a review of key performance data including incident data, review of consumer and representative feedback and satisfaction surveys with results provided to key personnel and management. The Assessment Team reviewed a variety of reports in relation to clinical data and analysis, feedback and complaints resolution, and risk incident evaluation, which allowed the broader management team and the Board to provide a culture of safe and inclusive care.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities.

The service was able to demonstrate a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff were able to demonstrate a comprehensive understanding of the minimisation of types of response and least intrusive measures.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)