Performance

Report

**1800 951 822**

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| Name of service: | Naroo Frail Aged Hostel |
| Service address: | 152 Long Street WARIALDA NSW 2402 |
| Commission ID: | 0273 |
| Approved provider: | Gwydir Shire Council |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 13 February 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 Naroo Frail Aged 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, dated 10 January 2023 to 12 January 2023; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said they feel staff treat the consumers with dignity and respect. Staff addressed consumers by their preferred name and demonstrated an awareness of consumers’ circumstances in line with their care planning documents. The Assessment Team observed gentle and caring interactions between staff and consumers.

Consumers said staff deliver care and services in a way that is culturally safe. Staff described how they adapt care and services to ensure they are culturally safe for each consumer. Care planning documents included information about cultural background and practices.

Consumers and representatives said they are given choice about when care is provided, and their choices are respected. Staff confirmed the service supports consumer choice and independence. Care planning identified consumers’ individual choices around when care is delivered, who is involved in their care, and how the service supports them in maintaining relationships.

Consumers described how the service supports them to take risks. Staff were able to describe examples of how the organisation has supported consumers to exercise choice and control, including when that choice involves risk. Care planning documents included risk assessments and information regarding decisions to support risks to consumers.

Consumers and representatives confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. Staff described different ways information is communicated by the service. The Assessment Team observed information being provided in a clear way that supports informed decision making.

Consumers said the service protects the privacy and confidentiality of their information. Staff could describe the practical ways they respect the personal privacy of consumers at the service. The service has a privacy policy which is provided to both consumers and staff.

# 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 are involved in the care planning process. Staff were able to describe assessment and care planning processes and how consumers and representatives are involved. Care planning documents included risk management strategies for identified risks to the consumer and involvement from medical officers (MO) and other allied health professionals.

Consumers said care and services are planned around what is important to them. Staff said assessments and care planning include consideration of the consumer’s needs, goals, and preferences. All sampled consumers had either an advance care directive (ACD) or advance care plan stored on the electronic care management system (ECMS). The service has an end of life (EOL) pathway for consumers receiving palliative care.

Consumers and their representatives said they are actively involved in the planning and review of care and services. Staff could describe processes for planning, assessment, and reviews of care plans. Care planning documents showed evidence of case conferences and involvement from a range of services, including MO and allied health professionals.

Consumers said the service regularly communicates with them about their care. Staff confirmed consumers and representatives are always offered a copy of their care and services plan. Management acknowledged care plan reviews were overdue for 5 sampled consumers and evidenced a continuous improvement plan with a completion date of April 2023.

Consumers and representatives said they are notified when incidents occur, or there are changes to a consumer’s condition. Staff were aware of the care plan reviews and the service’s incident reporting system, including incidents that fall under the Serious Incident Response Scheme (SIRS). Most care and services plans were up to date in accordance with the service’s policies and procedures.

# 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 consumers’ care needs were met and optimised their health and well-being. Staff demonstrated that they were familiar with the personal and clinical needs of consumers. Care planning documents generally evidenced care that is safe, effective, and tailored to each consumer.

Consumers and representatives were satisfied that risks to health are effectively managed by the service. Care planning documents identified that effective strategies were in place to manage identified risks. The organisation has an approach for monthly data trending and analysis of high impact and high prevalence risks associated with care of each consumer.

Consumers said they felt confident the organisation will support them in accordance with their preferences during EOL. Staff were able to respectfully describe how they support consumers who are approaching the EOL. Care and services plans contained information about consumers’ EOL care in line with their needs, goals, and preferences.

Consumers said they are confident that staff can identify a change in their condition and respond appropriately. Staff could describe how they identify signs of deterioration and communicate this information with family and representatives. The service has a policy for responding to deterioration or change in a consumer’s consumer.

Consumers said their care needs and preferences are effectively communicated between staff. Information about the consumer’s condition, needs and preferences are documented and effectively communicated with those involved in the care of the consumer through the service’s ECMS and other communication sheets. Care planning documents included input from MO and allied health professionals.

Consumers said the service has referred them to appropriate providers, organisations, or individuals to meet their changing personal and clinical care needs. Staff described the process for referring consumers to other health professionals and allied health services. The service has established relationships with various external agencies to support the provision of care and services.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use of antibiotics in line with the organisation’s policy. An outbreak management plan and other documented processes supported the service’s preparedness in the event of a COVID-19 outbreak.

# 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 could explain how services and supports for daily living have improved their independence, health, well-being, and quality of life. The needs and preferences of consumers were documented in care plan documents and staff were able to describe how they accessed these records to support care and services.

Consumers said they feel engaged in meaningful activities and the service acknowledges cultural and religious practices. Staff were able to describe how they support the emotional, psychological, and spiritual well-being of consumers. Consumers’ care plans contained information about emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said that they feel supported to participate in activities and maintain personal relationships. Staff described how they work with other organisations, advocates, community members and groups to help consumers follow their interests, social activities, and maintain their community connections. The Assessment Team sighted photos from recent activities at the service with consumers appearing engaged and happy.

Consumers said that information about their condition, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff could describe how accurate, up to date and relevant information was shared with others as consumers moved between care settings, such as between the service and acute care. Consumer care and service plans showed evidence of updates and reviews from a variety of sources.

Consumers said they are supported by other organisations, support services, and providers of other care and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Consumers’ care and services plans showed that the organisation collaborates with other individuals, organisations, or providers to support the diverse needs of consumers.

Consumers expressed satisfaction with the variety, quality, and quantity of food currently being provided at the service. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen.

Consumers said they feel safe when they were using equipment and were aware of how to report any concerns they had about the safety of equipment. There was evidence that the organisation did risk and other assessments before they provided equipment to consumers. Staff could describe the responsibilities they shared for the safety, cleanliness, and maintenance of equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team observed, and consumers and their representatives confirmed, the service was welcoming and easy to navigate. Staff could describe aspects of the service environment that made consumers feel welcome and optimised their independence, interaction, and function.

Consumers and representatives said they were very happy with the cleanliness and maintenance of the service. Consumers were observed to move freely inside and outside the service. The service follows a cleaning schedule to ensure all consumer rooms and communal areas are safe, clean, and well maintained.

Staff described how shared equipment is cleaned and maintained. The service has preventative and reactive maintenance schedules and requests can be lodged by all staff by scanning a code at the nurse’s station. The Assessment Team observed the furniture, fittings, and equipment at the service to be safe, clean, well maintained.

# 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 are encouraged and supported to make complaints and provide feedback. Staff confirmed they are available to talk to consumers and representatives if they have concerns or feedback. The service has various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting feedback via a mobile application, consumer meetings, or emailing the care manager.

Consumers and representatives said they were aware of making a complaint through various avenues, such as advocacy services and external complaints mechanisms. Staff demonstrated a shared understanding of internal and external complaints and feedback avenues and advocacy and translation services. The Assessment Team observed various written materials around the service which had information about contacting the Aged Care Quality and Safety Commission, and advocacy and translation services.

Consumers and representatives said management promptly addresses and resolves their concerns following the making of a complaint, or when an incident has occurred. Staff demonstrated an understanding of open disclosure processes. Review of the feedback register confirmed the service takes appropriate and timely action in response to complaints.

Most consumers reported that their feedback is valued and is used to improve services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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

Consumers and representatives said there are usually enough staff at the service and acknowledged staff shortages can occur due to the location of the service. Management described the rostering system and explained how they ensure there is enough staff to provide safe and quality care. Call bell data for December 2022 indicated that there was an average response time of 2 minutes.

Consumers said staff treat them with respect, understand their individual preferences and choices, and address them with their preferred name. Staff were observed interacting with consumers in a kind, caring and respectful manner. The service has a code of conduct which guides staff practice.

Consumers and representatives said staff are well trained and meet their needs in a friendly and helpful manner. Staff said that they receive the training and supervision they need to do their job well. Records indicated that recruitment, selection and induction are comprehensive, and management were able to demonstrate that training takes place according to roles and service needs.

Consumers and representatives said staff were well trained and knew how to perform their duties. Staff interviewed said that they receive email reminders to attend mandatory education sessions. Management provided staff training records and evidence of how they kept track of the completion of online education through their online learning portal.

The service has a staff performance framework which identifies appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills.

# 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 and representatives said they provide ongoing input on how consumers’ care and services are delivered and confirmed that the service has sought their input in a variety of ways. Staff confirmed the service keeps consumers and representatives informed and engaged in the delivery of care and services. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through a range of committees. The governing body analyses data monthly to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Management and staff described how incidents are identified, responded to, and reported in accordance with legislation, including SIRS reporting. The service maintains a comprehensive risk management framework and risk register that identifies and manages high impact or high prevalence risks, responds to potential and actual abuse and neglect, and enables consumers to experience the best life possible.

Most staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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