Carramar Hostel

Performance Report

23A Redgum Way
MORLEY WA 6062
Phone number: 1300 313 000

**Commission ID:** 7153

**Provider name:** City of Bayswater

**Assessment Contact - Site date:** 10 July 2020

**Date of Performance Report:** 24 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as two of the six specific Requirements have been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(c) and (3)(d) in this Standard. These Requirements were found Non-compliant following a Site Audit conducted on 10 March 2020 to 12 March 2020.

In relation to Standard 1 Requirement (3)(c) the Decision Maker found the service did not demonstrate that one consumer was supported to exercise choice to make decisions about the way their services are delivered. In relation to Standard 1 Requirement (3)(d) the service did not demonstrate that one consumer was supported to take risks to enable them to live the best life they can.

The Assessment Team recommended Requirements (3)(c) and (3)(d) in Standard 1 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 1 and find the service is Compliant with Requirements (3)(c) and (3)(d).

The service has implemented a range of actions to address the deficiencies identified which I have detailed below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(c) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the Site Audit, including:

* The service ensures all consumer choices are contained in each consumer’s care plan and staff are aware of consumer choices.
* Following a family conference with the consumer’s representatives, the consumer is able to exercise their choice to have a glass of wine with lunch and dinner in the dining room.

In relation to Standard 1 Requirement (3)(c), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

* Three consumer files viewed by the Assessment Team demonstrated the service’s client management system documents choices, risks and preferences.
* Consumers said staff support them to exercise choice and independence on the way in which services are delivered to them, who should be involved in their care, and to maintain relationships.
* Staff interviewed were aware of consumers’ choices and preferences and said this information is documented in each consumer’s care plan.
* Staff said a multi-disciplinary approach is used to assess consumers’ level of independence, including what is important to them. This includes a re-assessment of consumers who wish to smoke using the organisation’s new Choice Risk and Preference form.
* The Assessment Team observed consumers walking with or without mobility aids, using adaptive equipment during meal service to maintain their independence, and being supported to engage in activities of their choice.
* Audits and surveys monitor and review this Requirement.

For the reasons detailed above, I find the approved provider, in relation to Carramar Hostel, does comply with Requirement (3)(c) of Standard 1.

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the Site Audit, including:

* The service conducted a family conference to discuss the risks for one consumer to continue to walk independently. During the conference, management and the representatives also discussed mitigating the risks to enable the consumer to take the risk of walking. The risk-taking choice is now in place and contained in the care plan.

In relation to Standard 1 Requirement (3)(d), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

* The consumer and representatives said the service held a family conference and explained the risks of walking, including the possibility of falling. The consumer confirmed the risks had been explained to them and they have been provided with equipment and assistive devices to assist them with their choice to continue walking. The consumer said they were satisfied with the outcome and the support provided to them by staff.
* Staff interviewed described the areas in which consumers wish to take risks. This included outlining how consumers are supported to understand the benefits and possible risk of harms associated with their choice, and how they are involved in problem solving to reduce the risk where possible.
* The Assessment Team viewed care plan documentation which contained information on the risks which consumers wish to take.
* Clinical incidents are monitored and reviewed monthly. The incident process showed staff re-assess following all incidents as per the clinical pathways. Strategies are reviewed and updated in care plans as required.
* Clinical meeting minutes showed consumers are monitored for changes and identified actions are discussed and recorded.
* Audits and surveys monitor and review this Requirement.

For the reasons detailed above, I find the approved provider, in relation to Carramar Hostel, does comply with Requirement (3)(d) of Standard 1.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.