Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Garden View Court Hostel |
| **RACS ID:** | 3177 |
| **Name of approved provider:** | East Grampians Health Service |
| **Address details:**  | 88 Lowe Street ARARAT VIC 3377 |
| **Date of site audit:** | 12 November 2019 to 13 November 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 12 December 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 20 January 2020 to 20 January 2023 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Garden View Court Hostel (the Service) conducted from 12 November 2019 to 13 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Clinical governance coordinator | 1 |
| Personal support worker student | 1 |
| Health care workers | 2 |
| Cleaners/support staff | 2 |
| Catering coordinator | 1 |
| Environmental service coordinator | 1 |
| Maintenance coordinator | 1 |
| Trainee enrolled nurse | 1 |
| Endorsed enrolled nurses | 3 |
| Consumers | 13 |
| Human resource manager | 1 |
| Chief executive officer | 1 |
| Representatives | 2 |
| Lifestyle engagement staff | 1 |
| Administration staff | 1 |
| Nurse unit manager/service manager | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has met the six requirements under Standard 1.

Of consumers and representatives randomly sampled,100% agreed that staff always treat them with respect. Consumers reported that the service protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, is undertaken in a way that respects their privacy. Consumers reported that they feel heard when they tell staff what matters to them and that they can make decisions about their life, even when it involves an element of risk.

Staff gave examples of how they maintain the privacy of consumers and could demonstrate their understanding that consumers receiving personal care can feel vulnerable and what they do to ensure consumers are made to feel respected and comfortable. Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice.

The service uses consumer surveys, and feedback and complaints mechanisms to ensure that consumers are satisfied that staff treat them with respect and support them to maintain their identity and live the life they choose. The service also demonstrated how electronic management systems support the protection of confidential information, consistent with documented policies and procedures.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found that that the organisation has met all five requirements under Standard 2.

Of consumers and representatives randomly sampled, 100% said consumers always have a say in their daily activities and receive the care they need. Consumers said they feel safe and are confident that staff listen to their goals and preferences, and that the service obtains input from other professionals to ensure consumers receive the right care and services to meet their needs.

Staff interviewed showed they understood the process of updating and reviewing care plans and how they were notified of changes to care. Staff were able to identify how they work with others (including medical practitioners, allied health professionals, carers and family) to deliver tailored care and service plan and monitor and review the plan as needed.

Consumer files reviewed by the Assessment Team demonstrate that plans provide current information, have been developed and regularly reviewed by registered nurses and changes made in response to changes in the consumer.

Advanced care plans including preferences for end of life care were also reviewed. In the event one consumer did not wish to discuss end of life care, staff respected and documented this decision. Staff demonstrated an understanding of adverse incidents and how these are identified, documented and reviewed by the service, to inform continuous improvement.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation has met the seven requirements under Standard 3.

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience report, 100% said consumers always get the care they need and feel safe at the service.

Staff could describe how they ensure care is best practice, where they access information and how they ensure that information is shared both within the organisation and with others outside the organisation. The identification, management and monitoring in relation to smoking, oxygen administration and self-medication is fully reflective of best practice. Care plans reviewed by the Assessment Team evidenced the delivery of safe and effective care in other clinical areas including wound management, mobility and catheter care.

Management demonstrated how timely and appropriate referrals to other health services and professionals occur for consumers and how relevant correspondence is included in care plans. The organisation’s monitoring and review processes are generally effective with improvements made in response to feedback.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has met the seven requirements under Standard 4.

Of consumers and representatives randomly sampled, 100% said consumers are always encouraged to do as much as possible for themselves. A total of 92% said they like the food most of the time or always, while 8% said they like the food some of the time stating it is not always cooked to their liking. Consumers said the menu is varied and of high quality and alternate options are provided on request. Consumers reported overall services and supports for daily living are safe and effective.

Consumers, representatives and staff provided various examples about how the service promotes emotional, spiritual and psychological wellbeing and what this means for them. Consumers said they can move freely inside the service and are assisted to join in community activities whenever they want.

The service demonstrated that it makes timely referrals to other organisations and provides safe, suitable and well-maintained equipment and that staff are appropriately trained to use equipment.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has met all three requirements under Standard 5.

All consumers and representatives interviewed for the consumer engagement report said consumers always feel at home and safe at the service. Feedback through other interviews indicated similarly high levels of satisfaction. For example, a representative said they feel like part of a family and a consumer said he could go anywhere he liked. Consumers also commented on having everything they needed, the cleanliness of the service and how well the gardens were maintained.

The service was observed to be welcoming (with individual rooms decorated with memorabilia, photographs and other personal items), clean and tidy, free of odour and of a comfortable temperature. Communal areas and corridors are adorned with paintings and photographs of consumers. There is signage to help consumers navigate the service. The garden courtyard is well maintained and inviting. Consumers have freedom of movement indoors and outdoors.

Preventative and reactive maintenance programs ensure a structured approach to managing the living environment. Staff were satisfied they had the supplies and equipment to undertake their role and demonstrated an understanding of the service’s procedures to ensure a safe living environment. Management demonstrated that feedback and monitoring processes drive improvements.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation has met all four requirements under Standard 6.

Of consumers and representatives interviewed for the consumer experience report, 92% said staff follow up when they raise things with them most of the time or always. One consumer said this occurs some of the time but explained that “half the time I'm out” and the service follows up as soon as they can. All consumers and representatives interviewed were aware of ways to raise a complaint and felt supported and encouraged to provide feedback. The majority said they have never had to make a complaint as there was nothing that needed to be changed or improved but expressed confidence that if they did complain, they would be listened to and their issue resolved. Consumers and representatives described the multiple ways they provide feedback, including directly to the manager and during consumer/family meetings.

Information about internal and external feedback processes and advocacy services are provided to consumers and representatives at the entrance to the service and in the consumer handbook. A feedback box is also available at the entrance. Staff were able to describe the feedback and complaints process. The organisation has developed an open disclosure framework and management demonstrated a working understanding of open disclosure.

Complaints are trended and analysed by management and reported monthly to the governing body.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

#### The Assessment Team found that the organisation has met all five requirements under Standard 7.

All consumers and representatives interviewed for the consumer experience report said the service is well run most of the time or always and consumers always get the care they need. In addition, all consumers and representatives said staff are always kind and caring and know what they are doing.

Comments from these interviews and other interviews, which indicated similarly high levels of satisfaction, included that staff take the time to talk to consumers, work as a team and are consistent.

There are processes to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services. Management explained, and documentation confirmed, the service has processes in place for rostering of staff and replacing staff in the roster. Staff were observed to be attentive, kind and caring in their interactions with consumers, families and other visitors to the service. Staff said they have sufficient time to complete their work load and that circumstances of unplanned leave is always replaced. Recruitment, selection, induction and orientation processes ensure staff have the required knowledge and skills to deliver services. Staff are recruited to specific roles requiring relevant qualifications and/or experience and are provided with relevant information to enable them to complete their tasks.

Management monitor staff compliance with nursing registrations and police certificates. Management and staff have access to policies and procedures to guide care and services and these are reviewed regularly. Management and staff have access to a range of education to support them in their relevant positions. Staff are satisfied with education opportunities to support them in their roles.

Management discussed processes to monitor staff performance, including feedback from consumers and representatives, clinical data and annual performance appraisals.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

#### The Assessment Team found that the organisation has met all five requirements under Standard 8.

All consumers and representatives interviewed for the consumer experience report said the service is well run and they have a say in daily activities. Consumers and representatives described how they attend consumer/family meetings where their feedback is sought and they review particular aspects of care or service delivery.

The organisation demonstrated a culture of safe and quality care and engagement of consumers in the design, delivery and evaluation of care and services, through regular care consultations and consumer/family meetings, scheduled audits and annual consumer surveys. A governance structure includes consumers and community representatives on board committees.

Discussions with management and staff and review of consumer files, related documentation and the quality improvement plan demonstrated how risks to consumers are assessed and managed to ensure consumer choice and how outcomes of incident and complaints investigations, scheduled audits and consumer feedback contribute to improvements.

Organisation wide governance systems are in place to manage information securely and confidentially and ensure the service complies with all regulatory requirements. A quality framework describes the expectations for delivery of safe, effective care. High impact, high prevalence risks including falls are investigated and managed and outcomes of incident and complaints investigations, scheduled audits and consumer feedback contribute to improvements. All incidents, complaints and clinical indicator data on high impact, high prevalence risks are reported through the committee structure to the board. The clinical governance structure addresses anti-microbial stewardship, open disclosure and minimising the use of restraint.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure