Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Gorrinn House Hostel |
| **RACS ID:** | 3066 |
| **Name of approved provider:** | Ararat Retirement Village Inc |
| **Address details:**  | 27 Albert Street ARARAT VIC 3377 |
| **Date of site audit:** | 03 September 2019 to 04 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 07 October 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:** | 06 November 2019 to 06 November 2022 |
| **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 Gorrinn House Hostel (the Service) conducted from 03 September 2019 to 04 September 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 details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not 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** |
| --- | --- |
| Consumers | 18 |
| Consumer representatives  | 5 |
| Chief executive officer/Director of care | 1 |
| Finance manager | 1 |
| Continuous improvement and admissions officer | 1 |
| Hospitality and environmental services staff | 5 |
| Nursing staff  | 2 |
| Team leader | 1 |
| Care staff | 10 |
| Activities coordinator | 1 |
| Maintenance staff | 2 |
| Board member | 1 |
| Volunteer | 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 that the organisation has met all six requirements under Standard 1.

Consumer experience interviews show that 100% of consumers and representatives said they are treated with respect, encouraged to do as much as possible for themselves and that staff explain things to them most of the time or always.

The service demonstrated consumers are treated with dignity and respect and they actively promote a culture of respect and inclusion. The service provides staff training to ensure they are equipped to deliver personalised and culturally appropriate care. Staff demonstrated knowledge and provided practical examples of how they respect consumers privacy

Consumers said the organisation is responsive, inclusive and sensitive to their needs and they are encouraged to exercise their choice and to be as independent in the life they choose to live. Staff demonstrated knowledge and provided practical examples of how they respect consumers privacy. The service encourages feedback and conducts surveys to monitor consumers’ satisfaction.

Consumers and representatives are satisfied that the service promotes and protects privacy and confidentiality of information. The service demonstrated how information is stored and kept secure and confidential. The service promotes the value of privacy and dignity through staff training and performance management monitoring.

#### 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:

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
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 the organisation has met all five requirements under Standard 2.

Consumer experience interviews show that 100% of consumers and representatives said they have a say in their daily activities most of the time or always. Consumers and representatives said in various ways they are satisfied care is planned and delivered effectively.

The service demonstrated assessment and planning is completed in consultation with the consumer and with others the consumer wishes to be included. Consumers said they are satisfied with how the level of consultation they have regarding their care and feel their care is planned and delivered according to their needs and preferences. Consumers and representatives confirmed the service communicates with them promptly if there is a change in the consumers health status.

Staff described how they use care plan information to deliver safe and effective care and services, including end of life care planning and referral to other providers to assist in the delivery of care. Review of care plans and risk assessments showed risk management strategies are documented in the progress notes or on a risk assessment. Staff could describe risk management strategies.

Care documentation reviewed by The Assessment Team demonstrated regular review and updating in consultation with the consumer and/or their nominated representative. Staff showed an understanding of how to identify and report adverse incidents or hazards and management demonstrated how the information is used 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:

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.

##### 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 the organisation has met all seven requirements under Standard 3.

Consumer experience interviews show that 100% of consumers and representatives said they felt safe and get the care they need most of the time or always. Consumers and representatives said in various ways they are confident consumers are receiving care that is safe and right for them.

The service demonstrated they provide and understand how to deliver safe and effective personal and clinical care and services. Consumers and representatives gave examples of individualised care and services that optimise consumers’ health and well-being. Management and staff described how they apply their knowledge and practices to ensure personal and clinical care and services meet consumers’ needs and preferences and optimises their health and well-being.

Each consumer’s care plan reviewed demonstrated care is delivered safely and effectively. Changes in consumers’ condition were identified and communicated to appropriate parties including representatives, medical practitioners, specialist services and allied health professionals. The service demonstrated that risks associated with individual consumers are identified, assessed and managed in consultation with the consumer or their representative.

Staff demonstrated an understanding of infection prevention and control practices appropriate to their positions and the service is working with medical officers to ensure antibiotic use is monitored and appropriate. Processes used by the service to ensure care is best practice include policies, procedures and best practice guidelines.

#### 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:

1. is best practice and
2. is tailored to their needs and
3. 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:

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.

### 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 organisation has met all seven requirements under Standard 4.

Consumer experience interviews show that 100% of consumers and representatives said they are encouraged to do as much as possible for themselves most of the time or always and 100% agreed they liked the food most of the time or always.

Consumers and representatives interviewed expressed satisfaction with the services consumers receive and the range of activities available to them. The services offers a range of unplanned and self-directed activities along with group, individual and community functions.

Policies and procedures provide guidance and support for staff to ensure consumer needs goals and preferences for daily living are provided. Care plans detail information regarding consumers’ needs and preferences and strategies to ensure these are met. Local religious groups conduct church services and staff facilitate visits from other spiritual advisors according to consumer wishes. The service provides emotional, psychological and spiritual well-being through assessment and referral to professionals with the relevant expertise to provide guidance and assistance

The service demonstrated it seeks consumer input regarding all aspects of the service. Maintenance systems ensure equipment and furniture are safe, suitable, clean and well maintained.

#### 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:

1. 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 the organisation has met all three requirements under Standard 5.

Consumer experience interviews show that 100% of consumers and representatives said they feel at home at the service most of the time or always. Consumers and representatives interviewed described in various ways how the service is welcoming and supports their wellbeing.

The service demonstrated that the environment is welcoming, easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Individual rooms are decorated with memorabilia, photographs and other personal items. Each wing has communal areas and a dining room within easy access of the consumer’s room and there are quiet areas available in all wings for consumers to meet with family and friends.

Staff described how they monitor the services cleanliness and maintenance in relation to a safe, clean and well-maintained environment. There are documented processes to guide cleaning staff, cleaning occurs daily and staff follow a cleaning schedule. Maintenance is monitored using maintenance books in each wing of the service, staff said any maintenance issues raised are addressed in a timely manner. The service has a structured process in place to ensure planned preventative maintenance occurs at the service; that is monitored by the maintenance staff. The preventative maintenance program is monitored via a maintenance schedule, monthly worksheets and all external contractors are recorded in the maintenance schedule. External contracts are monitored by the continuous improvement and admissions officer. The service has a process in place for the test and tagging of all electrical equipment entering the service.

#### 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:

1. is safe, clean, well maintained and comfortable; and
2. 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:

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

#### Summary of Assessment of Standard 6:

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

Consumer experience interviews show that 93% of consumers and representatives said that staff follow up when they raise things with them most of the time or always and a small percentage responded some of the time.

The service has processes in place for consumers and their representatives to provide verbal and written feedback and the complaints system incorporates open disclosure processes.All feedback received is monitored via an electronic feedback register and discussed at the monthly continuous improvement meetings. Formal feedback and complaints are monitored by management. Information about internal and external feedback processes is provided to all consumers and representatives as part of the information packs and resident and accommodation agreement. Brochures and information relating to feedback mechanisms is displayed and available to consumers and representatives. There are secure suggestion and request boxes located at the service. Feedback, complaints and compliments are an agenda item for the resident and relative meetings.

The service demonstrated that it monitors, reviews and analysis’s feedback information for trends and feedback is discussed at management, continuous improvement, staff, Board, wing and resident/relative meetings. The services feedback trends data shows positive trends about food. An annual family satisfaction survey is forwarded to consumers and representatives each year.

Consumers and representatives interviewed are satisfied they are aware of and have access to processes to raise feedback and complaints internally and externally. A consumer interviewed stated that staff follow up when you raise things with them some of the time, as only some of the time they can answer my questions.

#### 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:

1. 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 the organisation has met all five requirements under Standard 7.

Consumer experience interviews show that 100% of consumers and representatives said that staff know what they are doing most of the time or always and 100% said they get the care they need most of the time or always.

Management discussed the recruitment, selection, induction and orientation processes to 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 position descriptions and duty statements. Newly appointed staff are supported with shadow shifts, ongoing support and they are also orientated to other areas of the service including kitchen and laundry. There is an induction program provided by management once a month for all new staff that includes an orientation and annual mandatory education agenda and a suite of mandatory education topics. Management have processes in place for monitoring staff compliance including nursing registrations and police checks. The service reviewed and updated their staff performance appraisal process in August 2018. Staff have access to ongoing face to face training. Competency testing is completed for various requirements including medication management, this was confirmed with staff during interviews.

Management stated, and documentation reviewed identified there are systems and processes in place 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 interviewed said there are enough staff to complete their work and said unplanned leave is replaced. A representative interviewed said we are very happy with the service, my wife had been in another service but since we moved here staff treat her really well, she gets fresh food and medications are monitored so well.

The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, care and relationship needs and cultural and social significance.

#### 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 is undertaken.

### 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:

1. 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 the organisation has met all five requirements under Standard 8.

The organisation’s governing body and sub-committees meet regularly. They outline the organisations strategic direction. Board members receive relevant organisational information via email and several attend the continuous improvement meetings. The organisations financial governance is monitored by the finance and building sub-committee and reported to the board.

The organisation receives regular regulatory compliance updates from government departments, peak and funding bodies. Updates received are reviewed by management, relevant staff and discussed and updated at the continuous improvement meeting. The organisations elder abuse policy includes compulsory reporting processes including mandatory and physical/sexual assault reporting. Staff interviewed said they received relevant information about changes in policies and procedures via meetings and memoranda. Policies and procedures are available for staff to access via hard copy.

Management were able to highlight and discuss the main risks to the organisation including financial, human resources and emergencies. However, the organisation is currently reviewing and updating their risk management policies and procedures to meet the Aged Care Quality Standards. All incidents are recorded on a paper-based system and inputted into the organisations electronic database and there are processes in place for escalating the reporting of risks to external agencies.

The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Management demonstrated an understanding of the new legislation in relation to restraint. Management advised that the service is currently a restraint free environment.

#### 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 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

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:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.