Hocart Lodge Aged Centre Inc

Performance Report

3 Knowles Street
HARVEY WA 6220
Phone number: 08 9729 0499

**Commission ID:** 7051

**Provider name:** Hocart Lodge Aged Centre (Inc)

**Assessment Contact - Site date:** 1 July 2020

**Date of Performance Report:** 25 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

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| --- | --- |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(c) | 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.
* the provider’s response to the Assessment Contact - Site report received on 20 August 2020.

# STANDARD 6 COMPLIANTFeedback and complaints

### 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 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.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as one of the four specific Requirements has 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 Requirement (3)(c) in this Standard. This Requirement was found Non-compliant following a Site Audit conducted on 28 January 2020 to 30 January 2020.

At the Site Audit conducted on 28 January 2020 to 30 January 2020, the Decision Maker found that feedback and complaints raised verbally by consumers and representatives are not consistently captured in the service’s feedback system. Complaints reported verbally to staff are not captured on the complaints register or reported to management to ensure management are aware of and take appropriate action in response to verbal complaints.

The Assessment Team recommended Requirement (3)(c) in Standard 6 as met following the Assessment Contact conducted on 1 July 2020. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 6 and find the service is Compliant with Requirement (3)(c).

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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 Assessment Contact, including:

* Changes have been made to the management structure to provide increased avenues for consumers and/or representatives to provide feedback. This has included the introduction of the role of Hospitality Supervisor in May 2020 and the recruitment of two Unit Managers with clinical skills from 27 May 2020. Responsibilities of the Unit Managers includes regularly scheduled engagement with consumers and/or their representatives.
* There has been an increased opportunity for consumers and representatives to provide feedback at the point of service, such as in the dining area or in the foyer.
* Changes have been made to the annual care review process by including an opportunity for feedback and increased consumer and/or representative engagement.
* The organisation has reviewed their complaint management protocol for staff and updated their complaints management policy.
* The service has commenced monthly relative short surveys with the content of the survey changing each month. The survey forms have been placed at the entrance of the service, emailed to representatives and advertised in the newsletter.
* The service’s electronic system has been upgraded to include the ability to run a feedback report.
* Complaints management education was completed to staff by June 2020.

In relation to Standard 6 Requirement (3)(c), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

* Consumers said they can provide feedback using the feedback form which is provided to them by staff.
* Representatives said they are able to provide feedback and were satisfied their concerns were addressed.
* While four of the eight consumers interviewed said the service does not listen to their complaints regarding meals, management said they have introduced a new role of Hospitality Supervisor. Documentation provided by management showed that complaints regarding meals are now being followed up by the Hospitality Supervisor and feedback provided to consumers.
* One consumer said that while they have lodged a number of feedback forms about the quality of meals provided, there has been improvement with the cuts of meat being used by the service. The consumer advised senior staff at a ‘Resident of the Day’ assessment in July 2020 that they are satisfied with the care and services provided.
* Management said consumers are encouraged to provide feedback at their monthly meeting which is attended by the Unit Managers, Cook and Hospitality Supervisor.
* Staff were aware of the feedback process, said feedback forms are brought around to each area and they encourage consumers to fill in feedback forms.
* The Hospitality Supervisor said all complaints and compliments are documented on a feedback form and entered onto the system. Complaints are followed up with staff and feedback provided to the complainant.
* The organisation has an Open Disclosure process and senior staff received education on Open Disclosure in July 2020. Staff were able to describe this process and how they will offer an apology to the consumer and/or their representative when things go wrong.
* Management said the Unit Managers conduct ad hoc visits to five to six consumers and/or representatives during the week to confirm their satisfaction with the care and services provided. In addition, the Chief Executive Officer will visit consumers to monitor the delivery of services.
* The organisation conducts a ‘Resident of the Day’ process with each consumer and this provides an opportunity for staff to raise with the consumer whether they are satisfied with the care and services provided.
* Documentation viewed by the Assessment Team showed that feedback is provided by consumers and representatives and are summarised each month for discussions at meetings.
* Audits and surveys are conducted to provide consumers with the opportunity to provide feedback. Management said the service is currently conducting an annual Consumer and Relative Satisfaction survey in August 2020.

For the reasons detailed above, I find the approved provider, in relation to Hocart Lodge Aged Centre Inc, does comply with Requirement (3)(c) of Standard 6.

# 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.