Napier Street Aged Care Services

Performance Report

179 Napier Street
SOUTH MELBOURNE VIC 3205
Phone number: 03 9696 9229

**Commission ID:** 3152

**Provider name:** 179 Napier Street Hostel Association Inc

**Site Audit date:** 31 January 2022 to 2 February 2022

**Date of Performance Report:** 1 March 2022

# Performance report prepared by

Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 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 Site Audit; 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.
* the provider’s response to the Site Audit report received on 22 February 2022.
* other intelligence and information held by the Commission regarding the service.

# STANDARD 1 COMPLIANT Consumer 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

Consumers felt valued and respected at the service and said they are treated with dignity. Consumers explained how they are supported to make choices involving risks and maintain their relationships at the service. Staff spoke about consumers in a way that indicated respect and an understanding of their personal circumstances. Staff described how consumers’ culture influences how care and services are delivered.

Care planning documentation reflected the diversity of consumers and detailed their backgrounds, needs and preferences. Chosen interests and activities, including those involving risks, were documented for each consumer. Staff described how consumers are supported to make informed choices about their care and services and how they are supported to maintain their relationships, including accessing services in the community and using video calls.

Consumers described how they are supported to be as independent as possible and make decisions about how care is delivered. Staff described how they give consumers information about options for meals and lifestyle activities. Information including the menu and lifestyle calendar were clear in depicting choices for consumers.

Consumers felt their privacy is respected. Staff were observed greeting consumers respectfully and protecting consumer privacy in their interactions. Staff described how they always knock on consumers' doors before entering rooms, and provide care in line with consumers’ preferences.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### 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.*

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

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

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### 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:

1. 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.

## Assessment of Standard 2

Consumers and their representatives said they are involved in the initial assessment and ongoing planning of consumers’ care, including advanced care and end of life wishes. They said staff explain relevant information to them about care and most were aware of how to access care plans.

Consumer care documentation showed effective and comprehensive care planning processes occur to identify the needs, goals and preferences of consumers, and care planning considers risks to their health and well-being. Staff described how they use the assessment and planning to deliver safe and effective care.

Care plans reflected they were developed in consultation with the consumer (and their representative if desired), and involve recommendations or information from other health professionals. Care plans are reviewed regularly and updated when circumstances change or incidents occur. The service has policies related to recognising and responding to changes in a consumer's health, and monitors clinical indicators to identify strategies to minimise risk to consumers. Staff said care plans are reviewed every month, or as necessary to reflect current consumer needs, goals and preferences. Staff described how incidents that impact consumers inform the review of care and services, such as through medical officer review and further assessment of consumers to obtain current needs.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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 COMPLIANT Personal care and clinical care

### 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:

1. 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.

## Assessment of Standard 3

Consumers and their representatives said consumers get safe and effective personal and clinical care that is safe and right for them. Care plans and progress notes support that consumers are receiving care that is tailored to their needs and optimises their health and well-being.

The service has policies and procedures that guide staff in the delivery of best practice clinical care and services. This includes the use of restrictive practices, skin integrity maintenance and pain management. The service produces a monthly quality report which shows clinical indicators, incidents and risks, and staff discuss results and identify improvement opportunities.

Care planning documentation identifies the high-impact or high-prevalence risks applicable to each consumer. Staff described the effective management of these risks when delivering consumers’ care.

Care plans reflect consumers’ end of life needs and wishes. Staff described practical ways in which they maximise comfort for consumers nearing the end of life. The service has policies and procedures with a focus on maximising comfort and preserving dignity.

Staff described examples of when a change in a consumer’s condition was recognised and responded to effectively and promptly. Consumers and their representatives felt consumers’ needs and preferences were effectively communicated between staff and others involved in their care. Care documentation showed referrals to other health professionals where relevant.

The service has an outbreak management plan, and policies and procedures related to infection control and antimicrobial stewardship. Staff described how they follow these policies to control infection and appropriately use antibiotics.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

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

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

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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 COMPLIANT Services and supports for daily living

### 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:

1. 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.

## Assessment of Standard 4

Consumers said they feel supported to do things they want to do, including participating in activities of interest to them and maintaining their independence. Staff described what was important to consumers and their activity preferences. The lifestyle calendar is revised on a monthly basis with consumer input.

Care plans include information about the services and support each consumer needs for their emotional, spiritual or psychological well-being and to live the life they want. Staff knew when a consumer was feeling low and what they could do to support them, such as sitting with the consumer and providing emotional support.

Consumers described how they participate in the community and maintain relationships with people important to them. Consumers are supported to have visitors and leave the service for community activities. The service works with external service providers and organisations to supplement activities and services.

Consumers felt their condition, needs and preferences are effectively communicated within the organisation and with others involved in their care. Staff explained how care plans are updated as consumers’ needs and preferences change, and staff conduct handover and hold meetings to remain informed.

Consumers said that they like the food provided at the service, it is tailored to their needs, of suitable quality and quantity. Care documentation reflected their dietary needs and preferences. The menu offers variety, with special meals to celebrate cultural occasions. Staff explained how they know when consumers are enjoying meals and how they change the menu based on feedback. The kitchen area was observed as tidy and clean with systems to ensure staff undertake their duties.

A range of activity products and equipment were observed, with all items appearing safe, clean, well-maintained and appropriately stored. Staff said they have access to equipment when they need it and described maintenance request processes.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### 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.

## Assessment of Standard 5

Consumers said the service environment is welcoming and feels like home. Consumers are supported to personalise their rooms.

The service environment consists of two buildings with signage, handrails and lighting to support consumers to move freely. It was observed to be welcoming, easy to navigate and decorated with paintings and pictures.

Staff described how consumers, including those with limited mobility, are supported to move around the service and access the outside areas. Consumers have free access to outdoor areas and access to lifts to move between floors, with staff assistance as needed.

Consumers and their representatives said the service environment is clean. The service has a cleaning schedule and monitoring occurs to proactively identify maintenance needs. Furniture, fittings and equipment were observed to be safe, suitable and clean. Staff described how they clean equipment and ensure it is safe and well maintained.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback 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

Consumers and their representatives considered they are encouraged and supported to give feedback and make complaints. Whilst most consumers sampled had not made a complaint, they felt safe raising concerns at the service, and confident that action would be taken. There are feedback forms that consumers can place in dedicated boxes located around the service, or consumers may raise concerns directly with staff.

Some consumers were aware of advocacy services available. Posters were displayed referencing external advocacy and language services, and consumers have access to information in their rooms regarding these services in the consumer’s preferred language.

Consumers and representatives who had made complaints described how their concerns had been satisfactorily addressed and how the service made changes as a result. Staff were aware of the service’s open disclosure policy and how it relates to handling complaints.

Staff described how they have improved the care and services offered in response to complaints. The service maintains a complaints and compliments register which outlines details and describes the management action taken to address complaints.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### 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.

## Assessment of Standard 7

Consumers considered they get quality care and services and said staff are kind, caring and gentle when providing care. Staff were observed interacting with consumers in a patient and friendly manner. Some consumers and representatives considered there could be further staff rostered at the service, however there was no feedback brought forward to support that consumer care was impacted by the number of staff rostered. Staff said they considered there were sufficient staff numbers. The service has processes to address unfilled shifts. Call bell response data showed few extended waiting times are experienced by consumers, and extended delays are monitored and analysed for improvement action.

Staff demonstrated clear understanding of their roles and responsibilities. Each role has a position description, including relevant skills and qualifications, and staff training and credentials are monitored. Staff considered they receive sufficient training and said they can request additional training if needed. The service’s records supported that staff receive regular training relevant to their roles.

The service has systems in place to monitor, evaluate and improve staff performance. Regular performance appraisals of staff are conducted. The service has processes to deal with any performance concerns.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### 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.

## Assessment of Standard 8

Consumers and their representatives said the service is well run. They are actively consulted through meetings, feedback forms and a customer experience survey to support engagement with delivery and evaluation of care and services. Management and staff speak with consumers and representatives regularly and obtain feedback and suggestions.

The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery through communicating with staff, reviewing audit results and supporting improvement activities that are requested by consumers.

The service has effective organisation wide governance systems relating to information management, financial and workforce governance. The service applies continuous improvement, including through application of information received from feedback and complaints and analysis of incident data. The service maintains regulatory compliance through monitoring legislative change and communicating information to staff.

The organisation has a documented risk management framework. Policies and procedures are in place for identifying abuse or neglect, preventing incidents and supporting consumers to live their best lives. Staff described how they apply risk management policies when caring for consumers. Risk data is analysed and used to inform staff training, to support a reduction in incidents and improvement to quality of care.

The organisation has a documented clinical governance framework. Staff described how they minimise the use of restraint, apply open disclosure and practice antimicrobial stewardship consistent with the framework.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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.