Princes Court Homes Hostel

Performance Report

27-29 Princes Street   
MILDURA VIC 3500  
Phone number: 03 5022 1022

**Commission ID:** 3279

**Provider name:** Princes Court Homes Inc

**Site Audit date:** 7 January 2020 to 9 January 2020

# 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 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 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

# 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

The Assessment Team found that overall, sampled consumers confirmed during the site audit that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The following examples were provided by consumers during interviews with the Assessment Team:

* they are always treated with respect by staff
* staff know what they need and like and listen when they talk to them
* staff know their cultural background and what is important to them
* they are able to exercise choice in decisions about their care and the way care is delivered, even though a small number of consumers and representatives felt consumers’ personal care was provided to fit in with staff routines.
* that their privacy is respected and personal information is kept confidential.

The Assessment Team found that staff interviews and review of care documentation demonstrated the service knows its customers well and supports consumers to receive individual care, maintain relationships important to them and make choices and decisions.

Staff described to the Assessment Team how they understand consumers’ individual preferences and discussed how the care provided aligns with these preferences. Staff also demonstrated an understanding of individual consumers key relationships with family and friends and described how they support these relationships and consumers’ engagement within the community.

Processes have commenced to ensure care documentation reflects consumers’ choice. Individual consumers’ care plans contain strategies to support relationships with key people in their lives. These processes are supported through organisational policies and procedures.

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

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 COMPLIANT Ongoing 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

The Assessment Team found that overall most consumers and representatives sampled confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most consumers and representatives interviewed confirmed they feel they are involved in care planning in some way and are consulted by staff in either a formal or informal manner. Consumers and/or representatives feel they have a relationship with key staff who will answer and address questions relating to care and services provided.
* Most consumers and/or representatives interviewed confirmed they are informed about the outcomes of assessment and planning. The service commenced offering a copy of the consumer’s care plan recently, thus not all consumers and/ or representatives are currently aware of this.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Care planning documents sampled demonstrated assessment and planning, including consideration for risks and individual preferences. While the Assessment Team identified assessment and planning for a consumer admitted on respite was not fully completed this was immediately addressed by management. Care planning documents sampled generally included goals and preferences, advance care planning and end of life planning. The involvement of other organisations and providers of care is incorporated into assessment and planning. Care and services are reviewed regularly. Staff described how the assessment and care planning process identifies and addresses consumers' goals, needs and preferences. Appropriately skilled and trained staff complete assessments and care reviews.

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

The Assessment Team found that overall most consumers and representatives sampled consumers did consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and representatives outlined in various ways how their needs and preferences are met.
* Consumers and representatives felt satisfied that they are consulted and informed when change or deterioration in consumer health or need occur.
* Consumers and representatives were satisfied that referrals were made to appropriate medical practitioners, allied health professionals and other organisations to optimise health and well-being.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Care documentation sampled demonstrated care needs and preferences are identified, monitored and reviewed, including risk assessments for lifestyle preferences. Staff were able to identify personal care needs and preferences of consumers. Staff could demonstrate identifying and monitoring of change in consumers condition or needs. Management has systems in a place to monitor and review personal and clinical care practices.

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 support 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

The Assessment Team found that overall sampled consumers confirmed they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed said they are supported by the service to do the things they like and commented on their involvement in different activities, group or individual, of interest to them.
* Consumers said they are supported to keep in touch with family members and other people who are important to them. This occurs through visits, support to access the community, or through the use of technology.
* While some consumers were not fully satisfied with the quality of the meals, the majority of consumers commented positively on the meals provided.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers. Observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

The service provides a range of lifestyle group activities of interest to consumers, and consumers are also supported to maintain individual interests and networks. A daily late afternoon program to support consumers living with dementia is delivered and intergenerational activities with the local kindergarten and English language centre are run during school terms. Care planning documentation reflects assessment of and planning to support emotional, spiritual and psychological support needs including through the lifestyle program.

The organisation is undertaking improvement activities in consultation with consumers to improve the quality of the meal service.

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 services 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

The Assessment Team found that overall consumers interviewed feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers and representatives said staff are welcoming and visitors are encouraged to join in. Consumers described how they access activities in different areas of the service including lounge areas for conversation.
* Consumers said they enjoy sitting outside in the sunshine and looking at the gardens.
* Consumers interviewed confirmed that the service is clean and well maintained.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

The service was observed to be welcoming. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and areas for use as preferred. Consumers have ready access to tidy outdoor areas with gardens, benches and communal tables, paths and handrails that enable free movement around the area.

Doors across the service are unlocked and many open automatically to enable consumers to come and go as they wish. Management said they have a project pending board approval to improve access to and security of the service.

Public areas are well maintained with some carpet staining evident. Areas of plaster cracking evident in the special care unit impacts on the presentation of the living environment. Management are considering options to upgrade or replace older buildings, however maintenance is planned in the near future.

The Assessment Team observed some fire egress routes to be impeded, unclear signage and assembly points, and an untidy smoking area. Management implemented action during the audit to address these deficits. While management had taken corrective action following abnormal water test results, an opportunity was identified to review processes to identify broader systemic maintenance issues and associated risk. Management arranged for an asbestos audit during the site audit in response to the Assessment Team identifying this had not occurred as scheduled.

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

The Assessment Team found that overall consumers interviewed considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* The majority of consumers and representatives interviewed said that they were comfortable raising concerns about care and services and felt confident that action would be taken.
* Consumers and representatives interviewed who had raised concerns with management said that they were satisfied with the response from management.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The organisation has recently updated the complaint policy and procedure and maintains a register of all complaints to assist actioning and follow up with consumers. Where appropriate issues raised through consumer feedback and complaints leads to activities to improve services and care delivery. Complaint data is regularly reviewed by the board of management. Staff have a broad understanding of open disclosure. Management was aware of the advocacy and other services to support consumers and representatives are communicated to consumers and staff demonstrated an awareness of advocacy processes.

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

The Assessment Team found that overall consumers confirmed they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers said staff know them well and pointed to their pendant call bells saying staff encourage them to use this and attend promptly. Consumers said staff do not rush them and assist them when they need this.
* Consumers and representatives said they get the care they need and the service is well run.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Staff confirmed there are enough staff and time to complete their tasks and are aware of what they are required to do. They described how they work as a team and support each other where care needs are more complex. Staff said they work regular shifts and in the same area for the rostered period. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

The workforce is recruited to specific roles requiring qualification, credentialing or competency with orientation of new staff occurring. Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers. Performance appraisals occur as scheduled and have been enhanced in relation to probation monitoring. Human resource processes monitor staff availability and suitability with shifts routinely filled with the service's staff.

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

The Assessment Team found that overall consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* A consumer participated in interviewing of staff and many consumers attended the annual general meeting. Consumers participate in the nomination of staff and the board meets attends consumer and representative meetings.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

There is a skills-based board and an operational plan with initiatives developed for the service as a result of a self-assessment process with evidence of progress monitored and responsibility assigned. The service has a continuous improvement plan that is developed from a range of sources and demonstrates a commitment to outcomes for consumers. While the service demonstrated effective information management systems, the Assessment Team noted review of policies does not always occur when required.

The organisation’s governing body requires a range of reporting to support their oversight of governance. Consumers have agreements in place and there is an established process for communication of the new Charter of Aged Care Rights. However, the Assessment Team noted documentation of consultation and approval where changes of room are agreed does not always occur.

Meetings occur with various stakeholders and information is considered in relation to clinical governance, antimicrobial stewardship and the use of restraint. Incident reporting includes the monitoring high impact or high prevalence risks. Mandatory reporting occurs as required and management understands requirements and obligations.

The organisation ensures the recruitment of appropriate levels and skill of staff to meet service and care needs with police certification processes generally effective and other monitoring occurring. Management implement mandatory training as required. Oversight of the complaint management process includes trending and identification of opportunities for improvement. There is a food safety plan in place. Essential maintenance is generally monitored and occurs as scheduled.

There are effective clinical governance processes in place. Restraint used is the least restrictive possible with monitoring and review occurring. The organisation has implemented self-assessment tool to support monitoring and review of psychotropic medications.

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.

### 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.