Torbay Hostel

Performance Report

43 Exeter Street
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**Commission ID:** 5086

**Provider name:** Torbay Lifestyles and Care Limited

**Assessment Contact - Site date:** 2 December 2020 to 3 December 2020

**Date of Performance Report:** 14 January 2021

# 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 3 Personal care and clinical care** |  **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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 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 |

# 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 12 January 2021
* the Infection Control Monitoring Checklist completed at the time of the Assessment Contact.

# STANDARD 3 NON-COMPLIANTPersonal 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 representatives said consumers receive the care they need and have access to a medical officer. They provided examples of how pain is managed, wound care is delivered and how the staff promote consumer comfort at the end of life. Consumers provided positive feedback about staff and said that staff understood their needs, goals and preferences and engaged in ongoing consultation with them and the consumer.

In relation to COVID-19, consumers said they receive information from management and staff regarding how to minimise infection related risks.

Clinical documentation demonstrates staff respond promptly to a change or deterioration in the consumer’s condition and implement strategies to provide comfort and dignity at the end of life. There is evidence of input from medical officers and specialists, allied health professionals, occupational therapist, dietitian and nurse practitioner in clinical documentation. Clinical documentation includes evidence of regular and ongoing communications with family members and representatives.

Staff were familiar with consumers’ care needs, described the escalation process when a consumer’s needs changed and said they could access registered nursing staff for guidance. Registered nursing staff said they are guided by policies, procedures and work instructions; they have access to other health professionals including senior clinical staff and a nurse practitioner. Staff could describe how information about consumers is shared for example at verbal handover, in written handover documentation and in care plans. Electronic message alerts in the care documentation system notify staff of changes to consumers’ health status. The Assessment Team observed handover processes and confirmed that consumers’ health and well-being was discussed including changes in consumer’s health.

The Assessment Team found that the organisation has written policies and procedures relating to antimicrobial stewardship, infection control and an outbreak management plan specific to COVID-19. Registered nursing staff together with the management team described practical steps they would take to reduce the risk of increasing resistance to antibiotics and provided examples of how they undertake regular assessments, increase fluids for those consumers who are prone to urinary tract infections, use personal protective equipment and promptly identify a consumer with an infection. In relation to COVID-19, the Assessment Team confirmed that pre-screening for all staff and visitors is occurring prior to entering the service, signage is in place, hand sanitisers are available and staff, consumers and visitors were observed to be practicing hand hygiene.

The service has policies and procedures relating to personal and clinical care including advance care planning and palliative care.

Personal and clinical care is monitored through supervision of staff, reviewing consumer feedback, care plan reviews, clinical audits and observation of staff practice.

While the organisation generally has systems and processes to support the delivery of safe and effective clinical and personal care, deficiencies were identified in relation to the analysis and investigation of falls related incidents. This has resulted in a finding of Non-compliance in one requirement specific to this Standard.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-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) Non-compliant

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

The organisation has a risk management framework that guides how risk is identified and managed.

Care planning documentation described key risks to consumers including falls, self-medication, swallowing, pain and cigarette smoking. For consumers who are restrained, risk assessments had been completed.

Most consumers and representatives said they were satisfied with the way staff supported them. A small number of representatives raised concerns about consumer falls in an external area of the service.

Staff have received education relating to high impact and high prevalence risks. Registered nursing staff were able to describe how they identify, assess and manage risks for consumers including for example skin integrity, weight loss and pain management. Staff were able to provide specific examples of how they support consumers with complex behaviours by ensuring comfort cares are met and monitoring for signs of pain.

The Assessment Team found clinical incidents are generally recorded on the service’s incident management system and consumers are receiving appropriate care following a fall. However, the service did not demonstrate effective analysis and investigation of falls related incidents that were occurring in one area of the service. As a result, this information was not available to inform decision making for the prevention and minimisation of falls within this area of the service.

The Assessment Team found that incident data was incomplete and did not consistently address the locations where consumers were falling or possible contributing factors such as footwear, failure to use mobility devices or environmental factors.

The approved provider, in its response provided an action plan demonstrating that a committee has been established to address risk. The committee will assess, report, trend and manage all clinical risks, incidents and indicators; an environmental assessment has been completed and opportunities for improvement are being addressed. An audit is being completed across the service to ensure information relating to mobility and transfer practices for consumers are accurate and current. The service has moved to a new electronic incident reporting program that will ensure detail relating to incidents such as site of fall, contributing factors, and review process are addressed.

While I acknowledge the actions taken by the approved provider and am confident these will enhance risk management processes, at the time of the Assessment Contact the service was not implementing effective risk management practices in relation to falls.

For the reasons detailed, this requirement is Non-compliant.

### 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 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 and representatives said staff are kind and caring, listen to them and know what is important. They said staff know what they are doing and provided examples of how staff supported them with their care, clinical, lifestyle and hospitality needs. Most consumers and representatives said there were adequate staff although a small number of representatives had experienced occasions where they could not locate a staff member promptly following an incident.

In response to concerns raised by two representatives about the availability of cleaning staff on weekends, management said cleaning staff are available five days a week and care staff are required to complete cleaning on weekends. They said they are aware of concerns raised in relation to availability of cleaning staff and have taken action to address this situation including trialling new cleaning products and increased scheduled cleaning. The Assessment Team interviewed staff, including cleaning staff, who generally felt they had sufficient time to complete their duties. The service environment was observed to be clean.

Management staff review the roster and analyse where staff are required in order to meet consumers’ needs and preferences; casual staff are available to backfill leave. Recruitment and orientation processes ensure staff have the knowledge and skills to undertake their role. New staff are supervised and are provided shifts with an experienced colleague to support their transition into the workplace. Education and training is provided to staff and registered staff provided examples of education they had received relating to wound care, end of life planning, behaviour management and falls management.

A staff performance framework is in place and staff were aware of the performance appraisal process. Management described how staff performance is monitored including through observation of staff practice, incident reporting mechanisms, feedback and audits. Management said when underperformance is identified action is taken support the staff member and they provided examples of this to the Assessment Team.

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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Effective management of high-impact or high-prevalence risks associated with the care of each consumer including in relation to the identification and management of risks associated with falls related incidents.