Performance

Report

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| Name: | Aminya Village Hostel |
| Commission ID: | 6136 |
| Address: | 14 Adelaide Rd, MANNUM, South Australia, 5238 |
| Activity type: | Site Audit |
| Activity date: | 19 March 2024 to 21 March 2024 |
| Performance report date: | 18 April 2024 |
| Service included in this assessment: | Provider: 1244 Mid Murray Homes for the Aged Inc  Service: 4153 Aminya Village Hostel |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Aminya Village Hostel (**the service**) has been prepared by G Tonarelli, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, management, consumers, representatives, and others; and
* the provider’s response to the assessment team’s report, received 8 April 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives interviewed said staff treat consumers with dignity and respect. Consumers said the staff know them and their cultural and spiritual needs well. Staff assist consumers to engage in practices, activities and ceremonies that are of importance to them in a culturally safe manner. Consumers are supported to exercise choice and independence on how they receive care and services including who is involved, to enable them to live the best life they can. Consumers are involved in decision making, care planning, risk assessments and mitigation processes. Consumers said the service recognises personal relationships/connections of importance to them and supports them to maintain these relationships in line with their preferences.

The organisation has policies to support consumer preferences around the delivery of care. Staff demonstrated how consumers liked their care and services provided and who/what is important to them. Staff provided examples of how they recognise and support a consumer’s cultural and religious identity, needs, preferences, and independence, which are documented in the consumers’ care files.

Consumers confirmed where they choose to undertake activities of risk, they are supported to exercise that choice. Documentation confirmed risk assessments and planning are completed.

Information to consumers is communicated clearly and is easy to understand. The service disseminates information through various forums, including one-on-one conversations with staff, a Resident Handbook, meeting forums including the Consumer Advisory Committee (CAC) and Resident and Representative meetings, meeting minutes, notice board displays and the service newsletter. Consumers interviewed were satisfied with the information provided to them, particularly regarding meal choices, activities, key changes, and meetings.

The organisation has policies in place to ensure the consumers’ privacy and confidentiality is respected and protected. Consumer’s said staff were respectful of their privacy through their delivery of care. Staff were observed knocking on doors before entering rooms and locking their computers when leaving the nursing station. Consumer’s personal information is secured, with electronic care documentation being password protected to restrict access.

Based on the evidence and reasons outlined above, I find Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)€ | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The service completes a suite of clinical and risk assessments for consumers on admission. Initial assessments address each domain of care, involve allied health professionals as required, and implement strategies to mitigate identified risks. The information gathered supports the preparation of detailed and individualised consumer care plans to ensure care is delivered safely and effectively. Care planning documentation demonstrated an inclusion of consumers’ preferences, goals, risks, and managed strategies, as well as end of life wishes and advance care planning. Staff undertake regular care conferences to discuss ongoing needs and were able to describe consumers’ risks. Consumers were satisfied with the service’s thoroughness in relation to their assessment of risks.

The service has procedures in place to guide staff practice on when and how to undertake care reviews. Consumer files sampled demonstrated plans are reviewed annually or when there are changes to a consumer’s circumstances which impact on their needs, goals, or preferences. Management regularly reviews care needs and end of life preferences and consult with the necessary internal and external allied health professionals, and palliative care team. A ‘*resident of the day* ‘assessment is undertaken monthly for all consumers, which considers both personal and clinical care requirements. Consumers and representatives are encouraged to participate in regular case conferences to discuss current care needs and strategies.

Care and service plans confirm consumers are included in the development of care including where changes or reviews occur. Consumers and representatives confirmed care plans are accessible to them and were confident staff communicated the outcomes of their care to those involved.

Documentation confirmed investigations into incidents are undertaken and care/service plans updated accordingly. The service maintains a *high-risk* register which includes risk to consumers health and wellbeing and is reviewed regularly.

Based on the evidence and reasons outlined above, I find Standard 2 Ongoing assessment and planning with consumers, compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers were satisfied with their personal and clinical care and confirmed it was tailored to their needs, goals, and preferences. The organisation has policies and procedures in place to guide staff on best clinical and professional practice, in a range of clinical areas. Care files contain assessments and strategies to minimise risks related to various aspects including behavioural support, restrictive practices, falls, diabetes, weight loss, nutrition, hydration, and complex care.

Staff demonstrated understanding of individual consumer preferences. The Assessment team’s report identified gaps in oxygen administration. While the gaps did not align with best practice, there was no noted impact to the consumer, and risks were mitigated by the service implementing measures to resolve these matters systemically.

The service effectively manages high impact or high prevalent risks associated with consumer care, particularly relating to the management and prevention of falls, and choking. Systems are in place to identify, monitor and manage these risks promoting the safety and wellbeing of consumers. Care files confirmed Dignity of Risk forms are in place, along with alternative strategies to minimise risk where a consumer’s preferences don’t align with an allied health professional’s recommendation.

The organisation recognises, address, and regularly reviews the needs, goals and preferences of consumers nearing the end of life. Staff demonstrated collaborative approaches with consumers, representatives, relevant allied health professionals and palliative care teams. Staff are knowledgeable in pain management planning and escalation strategies utilised for each consumer in their time of need. Review of a recently deceased consumer’s file indicated that the end-of-life pathway was promptly and effectively managed by the service.

The organisation promptly recognises and responds to deterioration or changes in consumer’s mental health, cognitive or physical function, capacity, or condition. Consumer files demonstrated the service’s process in ensuring changes to consumer conditions are recognised, documented, and referred to appropriate medical practitioners/specialists or allied health professionals in a timely manner. Strategies to minimise risk associated with deterioration or change are regularly reviewed for effectiveness and updated in care plans.

The service implements infection control measures, including standard and transmission-based precautions as well as practices to promote appropriate antimicrobial prescribing and use. Staff demonstrated familiarity with infection control measures, policies and procedures and described ways in which they manage infection related risks to consumers. The service’s implementation of outbreak management plans was observed in use and aligns with best practice. In relation to antimicrobial stewardship, the service demonstrated its attempt to minimise antibiotic usage for antimicrobial resistance, with consumer records detailing discussions around the reasons for use, and risks associated with long term use.

Based on the evidence and reasons outlined above, I find Standard 3 Personal and clinical care, compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers described how the service supports their needs, preferences, interests and independence through daily supports and services. Consumers and representatives confirmed the service recognises their spiritual, cultural, and emotional needs and provides access to services that promote these. Consumers and their representatives confirmed they are encouraged to participate in the community and maintain personal connections and relationships of importance to them. Care, lifestyle and clinical staff demonstrated an understanding of how consumers like to spend their time, what their interests are, their care needs and how they accommodate consumers preferences.

Care documentation included consumer profiles containing information about their history, likes, dislikes, pastoral care needs, leisure, and lifestyle needs, which are used by the service to plan individualised care and services. Documentation, consumer interviews and observations showed consumers are engaged in their preferred lifestyle, leisure, religious/spiritual activities and demonstrated how these internal and external activities are facilitated/organised by the service and/or external groups.

The service has systems and processes in place to effectively communicate consumers’ needs, conditions, and preferences. Staff were able to describe different methods used to communicate internally and with others, where care responsibilities are shared. Staff were demonstrated knowledge of consumer’s interests and described ways they communicate new interests or changes for consumers as they become known. Consumers said understand their care needs and representatives claim to be well informed. Staff and management described the process for referrals to external services and services which assist consumer’s health and wellbeing. Documentation demonstrated variation in activity planning, and lifestyle staff demonstrated how volunteers are used to support those at risk of social isolation.

Consumers and representatives are satisfied with the meal service and dining experience, and confirmed they have choice in meals or meal alternative options. Consumer feedback, staff interviews and documentation indicate meals are varied and of suitable quality and quantity. A seasonable 4-week rotational menu is developed in consultation with kitchen staff and allied health professionals. Food allergies, dietary needs, preferences, and restrictions are integrated into care plans and kitchen staff are knowledgeable in consumer dietary requirements. The service has mechanisms in place to ensure food safety and to obtain consumer and representative feedback. Observations reflect a calm dining experience, with varied meals provided to meet individual meal preferences, and staff assisting consumers respectfully and as needed.

Equipment used to support lifestyle activities and daily living, including mobility aids, exercise leisure and, garden equipment was observed to be safe to use, clean and well maintained. Staff are knowledgeable in their responsibilities to keep equipment clean and escalate any issues for maintenance.

Based on the evidence and reasons outlined above, I find Standard 4 Services and supports for daily living, compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representative were satisfied the service environment is safe, clean, and well maintained. Consumers can move freely both indoors and outdoors. Consumers confirmed they can access the parts of the service they use independently or with assistance from staff, including outdoor areas. Observations reflect a welcoming environment, with staff enabling consumers to interact with each other and with staff. Staff described strategies used to support consumers to move around the internal/external environment at their pace and with dignity. Corridors and communal areas have large windows, garden views and natural light to promote open space. Communal sitting areas are furnished with lounges, books, and coffee tables, for consumers and/or their families to use. Furniture and equipment were observed to be well maintained, clean and free debris and dust.

Consumer rooms are personalised with personal memorabilia effects relevant to their personal interests and preferences. Consumers sampled said rooms were cleaned daily and were satisfied with the cleanliness of their personal equipment, rooms, and other areas. Cleaning staff were observed cleaning consumer rooms, bathrooms, and communal areas in line with a schedule, while politely engaging with consumers.

The service has routine and preventative maintenance schedules, as well as mechanisms for the reporting of maintenance issues and/or hazards, to ensure a safe environment. Contracted services are engaged to support upkeep and maintenance. All mechanical and electrical devices are tested and tagged, and visible signage on equipment requiring reactive maintenance. Emergency evacuation provisions are in place, and staff confirmed they are trained on what to do in the event of an emergency.

Based on the evidence and reasons outlined above, I find Standard 5 Organisation’s service environment, complaint.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt encouraged and supported to provide feedback, and described the different channels they use to make complaints. This includes submitting written complaints forms through drop boxes, participating in surveys, attending resident meetings and through one-on-one discussions with staff or management. Staff and management described how they support consumers/representatives to provide feedback and described the feedback management processes and systems in place. Observations showed notice boards featuring complaints and feedback information/forms and drop boxes in communal areas for consumers/representatives to provide identified or anonymous submissions. Staff provided examples of how they support consumers to submit written feedback on their behalf, upon request.

Management described systems to support consumers to access external advocacy and language services. Consumers sampled are aware of appropriate advocacy services and oversight bodies and confirmed they could locate the relevant contact details in their personal Resident Handbook. Management demonstrated policies and procedures to guide staff on accessing translating and interpreting services and staff coordinate regular presentations from advocacy services as part of activity planning.

Consumers/representatives confirmed staff and management addressed and resolve their complaints in timely manner and apologise when things go wrong. The complaints register confirmed open disclosure is used by staff, and investigations are completed with outcomes documented.

The service monitors and analyses feedback including complaints, to improve the quality and care of consumers via the service’s continuous improvement plan. Staff described how complaints data has assisted the service to identify gaps and implement changes to improve consumer care and service.

Based on the evidence and reasons outlined above, I find Standard 6 Feedback and complaints, compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service’s workforce is planned to meet the needs of consumers. Staffing levels and mix are determined by care minute calculations and planned against a roster. Processes to manage planned and unplanned leave are in place to ensure all shifts are covered, including short-notice absences. Consumers and representatives were satisfied the number and type of staff is sufficient to meet their needs. Consumers confirmed staff are kind, caring and respectful and respond to calls for assistance in a timely manner.

Staff interactions with consumers were observed to be compassionate, kind, caring and

respectful. Staff are knowledgeable about each consumer’s identity, diversity and preferences and were observed being considerate of consumers’ privacy and dignity. Staff confirmed they are provided instruction on expected workplace interactions on commencement of their employment and through annual training. Consumers and representatives were confident the workforce is competent in delivering safe and effective care and staff are suitably qualified to perform their role.

The service has processes in place to ensure its workforce is recruited, onboarded, trained, equipped, and supported to deliver care and services in line with the Aged Care Standards. Management has processes to ensure clinical and care staff are not listed on the Commission’s Aged Care Banning Orders Register, and that staff hold the necessary statutory declaration, police checks, qualification registrations, licences, and regulatory agreements.

Management have defined performance development and management policies and procedures to guide staff performance and improvement. Staff reported undertaking annual performance appraisal and receive ongoing training and assessment. Documentation confirmed a process for monitoring employee reviews. Management described processes for onboarding, training, and assessment protocols for probationary staff. New staff are assigned a ‘buddy’ during shifts and monitored accordingly for a period of 6 months or until such time as the staff member can demonstrate confidence and competency. Mandatory training is managed and tracked by a coordinator and ad hoc training is delivered where deficiencies in knowledge or skills are identified.

Based on the evidence and reasons outlined above, I find in Standard 7 Human resources, compliant

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives described their involvement in the development, delivery and evaluation of care and services including consumer involvement in the evaluation/planning of care and services; resident meetings; Consumer Advisory Committee (CAC) meetings; monthly quality audits; and, day-to-day conversations with management. A CAC comprising of 5 consumers, 1 representative and service management was established In July 2023 and meet quarterly with outcomes tabled to the Board.

The organisation’s governing body (the Board) promotes a culture of safe, inclusive, and quality care and services. The Board keeps informed through various monthly reports on the service’s performance, containing information on clinical trends and indicators, complaints and feedback and Serious Incidents Report Scheme (SIRS) reports.

The organisation has a governance framework to support all aspects of the organisation, including information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management demonstrated processes are in place to ensure these areas are monitored and regularly reviewed. Electronic information is safely stored and there are electronic platforms in place to record and report on all aspects of organisational governance, including continuous improvement. Financial governance is managed by a finance team with oversight from the board, and the organisation has a strategy in place to maintain financial viability. The organisational structure has clearly assigned delegations and accountabilities for the entire workforce and there are policies around rostering, staff performance and regulatory conformance. The organisation is informed of legislative changes through its subscriptions to regulatory and peak bodies and monitors and tracks changes through a regulatory compliance register.

The organisation has effective risk management systems and practices in place to manage high-impact or high prevenance risk; identify and respond to abuse and neglect; support consumers to live the best life they can; and manage and prevent incidents. A clinical governance and incident management framework is supported by policies and procedures to guide staff practices and implement preventative strategies to minimise risk. Data collected through a Resident Accident and Incident register is analysed against national benchmarking and reported to the board to support continuous improvement.

The service has systems, procedures, and processes to support clinical staff to provide care that promotes antimicrobial stewardship; practice open disclosure; and minimises the use of restrictive practices, and provided practical examples of how these are implemented by staff.

Based on the evidence and reasons outlined above, I find Standard 8 Organisational governance, compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)