Performance

Report

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| Name: | Archbishop Goody Hostel |
| Commission ID: | 7111 |
| Address: | 29 Goderich Street, EAST PERTH, Western Australia, 6004 |
| Activity type: | Site Audit |
| Activity date: | 20 November 2023 to 22 November 2023 |
| Performance report date: | 19 December 2023 |
| Service included in this assessment: | Provider: 776 Catholic Homes Incorporated  Service: 4639 Archbishop Goody 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 Archbishop Goody Hostel (**the service**) has been prepared by Denise McDonald, 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, consumers/representatives and others

# 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 felt staff were caring, respectful and knew what was important to them. Staff described how they supported consumers to maintain their identity and ensure their preferences were met. Policies, procedures and processes outlined consumers rights to respect, choice and dignity.

Consumers said care and services provided was inclusive and culturally safe. Care documentation recorded cultural backgrounds, including needs and preferences of consumers relating to their heritage. Policies guide staff to practice culturally safe care.

Consumers said they chose how care and services were delivered and when, who was involved in their care, what they do and what they eat. Staff were familiar with, and care documentation evidenced, who is important to consumers, their care and services preferences and who was their nominated representatives.

Consumers said they were supported to take risks and live the best life they can. Staff knew which consumers wanted to take risks and described how they support them to stay safe. Policies and procedures support consumer choice.

Consumers advised they receive up to date information about activities, meals, meetings and other events. Staff described how they support consumers, included those with communication impairments, to understand information, including the menu and activities calendar, to enable them to exercise choice. Care documentation reflected consumer preferred methods of communication, to guide staff in delivering consumer centred care.

Consumers felt their privacy is respected. Staff were observed knocking on bedroom doors prior to entering and care was provided behind closed doors. Staff confirmed consent for sharing of information is obtained on entry; space and privacy is given for consumers in intimate relationships and when family and friends visit.

# 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)(c) | 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

Care documentation evidenced consumers were assessed on entry and risks were identified with interventions planned. Staff were familiar with risks to individual consumers and strategies planned to minimise those risks. Policies, procedures and an admission checklist were used to guide staff on the completion of assessment tools and the planning of care.

Staff said and consumers confirmed, their care preferences including for end of life (EOL) were discussed on entry and during care conferences. Care documentation contained consumers preferences for advance care.

Consumers confirmed their involvement in assessment of their needs and ongoing care planning processes. Staff said care plans are developed in consultation with consumers, representatives and health professionals. Staff said care conferences were conducted to ensure care was delivered in line with their preferences and needs.

Consumers said they were informed of the outcomes of assessment and care planning. Care plans were observed to be accessible through the electronic care management system. Staff and consumers confirmed they have access to consumer’s care plans were required.

Policies and procedures guide staff on scheduling care plan reviews with a full reassessment completed 6 monthly and when changes occurred. Care documentation supported review and updates, occurred when an incident occurred. Staff said care plans are reviewed and audited 3 monthly to ensure they were completed, current and care strategies were effective.

# 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 said, and care documentation evidenced, consumers receive the personal and clinical care they need. Staff said care is tailored in line with consumers preferences and health professionals’ directives. Policies and procedures guide staff practice on restrictive practices, maintaining skin integrity, wound and pain management.

Consumers said high impact risks such as their falls or wounds were effectively managed. Staff demonstrated knowledge of consumers at risk, the care strategies planned, which were observed implemented, to minimisation occurrence. Policies and procedures guide staff on high impact risk and data is used to determine high-prevalence risks.

Care documentation, for a consumer who had recently passed away, demonstrated the consumers EOL care was delivered in line with their preferences and met their spiritual needs. Staff said consumers were kept comfortable, through repositioning, oral and eye care, with pain monitored and managed via opioid medications. Policies and procedure on palliative care guide staff practice and palliative care specialists were accessible, if required.

Consumers said staff respond quickly to changes in their health. Staff described how they responded to a consumer's deterioration and care documentation evidenced consumers’ observations were monitored to ensure prompt detection of acute changes or gradual declines in condition. Policies and procedures guide staff on escalation pathways should deterioration be detected.

Consumers said their information was effectively shared. Staff reported up to date information relating to consumers’ conditions, needs and preferences was recorded in their care documentation and available through the electronic care management system. Consumers files contained information shared, with and from, hospitals and specialists.

Consumers said timely and appropriate referrals to relevant health professionals was organised when needed. Staff described referral avenues available for consumers. Care documentation evidenced prompt referrals were undertaken, with consumers reviewed by allied health professionals, medical officers and specialists.

Staff said they completed regular training on infection control practices and described how to minimise the transmission of infections. Policies, procedures and a pandemic plan guide staff practice in minimising antibiotic use and their role in an infectious outbreak. Visitors were screened for infection prior to entry.

# 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 sampled felt they receive services and supports which allowed them be independent and promoted their wellbeing. Staff said the lifestyle information was captured on entry and continually updated as service and support needs changed. Care documentation evidenced consumers’ needs and preferences were captured in their lifestyle plan.

Consumers said their emotional, spiritual and psychological well-being was maintained, giving practical examples of how their Islamic and Jewish faith were supported. Staff said one to one interactions, pastoral care and mental health services were used to support consumers. Care documentation evidenced consumer’s religious, spiritual and emotional support needs were known.

Consumers said they can participate in their community, both within and external to, the service including gardening and attending community markets. Staff demonstrated knowledge of which consumers were interested in which activities and how to support them to participate. Consumers were observed socialising in their known friendship groups and doing what interested them.

Consumers said their needs and preferences were effectively shared between care and hospitality staff, as required. Staff said use daily handovers, huddles, meetings, emails, care documentation and whiteboards to communicate changes. Staff were observed handing over changes to consumers needs, between shifts.

Staff gave practical examples of, and consumers confirmed, they had been referred to library services, volunteers and vision support organisations, and this had occurred promptly. Management advised a range of organisations were routinely scheduled to frequently visit and support consumers.

Consumers said the food was good, they have lots of choice, can ask for something not on the menu and have access to food and drink all day. Staff advised, the menu is designed with consumer input and checked by a dietitian. Meals were observed to be nicely plated; consumers were offered their choice of meals and additional servings.

Consumers said equipment provided was safe, suitable for their needs, well-maintained and clean. Equipment used for daily living and lifestyle activities was observed to be clean, and well-maintained. Staff knew to clean equipment, before and between use, and said lifting equipment was scheduled for inspection 6 monthly.

# 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 said they felt at home, they belong, the environment was welcoming and easy to navigate. Staff said they encouraged, and consumer rooms were observed, consumers to decorate their rooms with personal items to strengthen their sense of belonging. The service environment was observed to contain design principles to promote a home-like environment and support consumer independence and social interaction.

Consumers said the service was kept clean, they can access all internal areas and they can come or go as they please, however the required staff assistance to operate the front door as it is locked to prevent intruders. Staff described cleaning schedules were used to monitor daily and weekly cleaning of consumers’ rooms and communal areas.

Consumers confirmed, and furniture, fittings and equipment were observed to be, clean, safe, and well maintained. Staff confirmed they have sufficient equipment to provide consumer care and demonstrated knowledge of processes to request maintenance. Maintenance documentation evidenced preventative maintenance was completed as scheduled

# 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 confirmed they felt encouraged and comfortable in providing feedback and raising their concerns. Feedback forms and lodgement boxes were observed to be readily accessible to consumers and their representatives. Staff demonstrated knowledge of feedback mechanisms, and described how they support consumers/representatives to raise issues.

Consumers confirmed they were aware of external complaints agencies, however, were comfortable raising their concerns directly with the service. Staff advised an advocate had given a presentation at a consumer meeting. Pamphlets and posters, promoting access to advocacy services were displayed.

Consumers said their concerns are actively addressed and resolved in a reasonably timely manner, where possible. Staff demonstrated knowledge of, and confirmed the practice of, open disclosure principles when things went wrong. Management advised their role was to action complaints quickly and confirmed open disclosure was applied.

Consumers confirmed improvements were made as a result of their feedback and complaints. Staff said they discuss feedback and complaints in staff meetings, and they plan improvement actions to address feedback received. Management said feedback from different sources, was registered, actions planned were monitored to completion through a continuous improvement plan.

# 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

Consumers said there were enough staff to ensure their individual care and services needs were attended. Staff said processes were in place to manage unplanned leave, unfilled shifts or gaps in workforce mix. Rostering documentation evidenced a registered nurse was on duty continuously and care minute targets were being exceeded.

Consumers said staff were kind, caring and respectful. Staff were familiar with consumers identity, culture and diversity. Policies and procedures promoted a philosophy of supporting consumer dignity, choice, maintenance of identity, and culturally safe practices.

Consumers and representatives stated staff were competent and performed their roles effectively. Management stated staff are required to meet competency requirements and qualifications outlined in position descriptions. Personnel records evidenced practical competency attainment, currency of qualifications and security clearances, was monitored.

Consumers felt staff were well trained for their roles. Staff said they have access to training through a variety of means and are required to complete a program of mandatory training, annually. Education records evidenced all staff had completed the required training, including modules on incident management and open disclosure.

Management described various processes were used to formally, and informally, monitor the performance of the workforce. Policies and procedures were in place to guide staff through performance monitoring and management. Personnel records evidenced all staff had completed their annual appraisal and probationary appraisals were conducted for new staff.

# 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 said they were engaged in the development, delivery and evaluation of care and services via a range of mechanisms, including through a consumer advisory committee. Management and staff confirmed consumers suggestions are sought for menu development and design of activity programs. Care and complaints documentation evidenced, consumers are consulted to evaluate care and improvements.

The governing body sits atop the organisations structure and meets 3 monthly. Management advised reports on clinical data, complaints, emergencies, risks and improvement actions are provided to the Board, so they have oversight of the service’s performance and the quality of care provided. Policy and procedural framework ownership rests with the Board.

Management described the organisation-wide systems and processes that underpin the delivery of quality, safe and effective care and services. Staff knew their roles and responsibilities, confirmed they have access to accurate, current information, regulatory compliance was demonstrated, complaints and feedback led to continuous improvement and when additional resources were required, funding was available.

Management demonstrated effective risk management systems and practices were in place to manage high-impact/high-prevalence risks associated with the care of consumers, which enabled them to live their best life. Staff used an incident management system to report incidents or allegations of neglect and elder abuse and to investigate and determine root cause to minimise reoccurrence.

A clinical governance framework, overseen by the clinical governance sub-committee, provides is supported by specific policies and procedures. The framework contains the rationale for ‘why and how’ and the risk profiles for AMS, minimising the use of restraint and open disclosure. Staff understood their roles and responsibilities in providing clinical care, using restraint as a last resort, apologising when things went wrong and reducing microbial resistance.

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