Performance

Report

**1800 951 822**

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| Name of service: | Ashleigh House Hostel |
| Service address: | 20-24 Bergen Crescent SALE VIC 3850 |
| Commission ID: | 3026 |
| Approved provider: | Sale Elderly Citizens Village Inc |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 28 April 2023 |
| Performance report date: | 08 June 2023 |

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 Ashleigh House Hostel (**the service**) has been prepared by D.Fekonja, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 19 May 2023, where the Approved Provider outlined further measures they will take to ensure continuous improvement is maintained.

# 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 said they are always treated with dignity and respect. Staff were observed to acknowledge consumers by name as they passed them. Care plans were individualised and reflected things of importance to the consumer, including their values and goals.

Staff described how their respect for consumers’ individual differences informs the provision of bespoke care and services for each person. Consumers are supported to exercise choice and independence about how care and services are delivered to them and what they choose to do, even if it involves a level of risk. Where risks to a consumer’s health and well-being have been identified, the risks are assessed and documented in the consumer’s care planning documents.

The service communicates with consumers in a range of ways to deliver information. This includes organising resident meetings where a range of information is shared with them and also on posters and notice boards in place across the service. Menus and important messages are also provided on the television monitors and information booklets are provided to each consumer that outlines the service’s daily routine and feedback mechanisms.

Consumer privacy and dignity is respected across the service in the way consumers are treated and also by the way their information is secured.

Based on the evidence I find the service compliant with this Quality Standard.

# 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

Requirement 2(3)(e) was found non-compliant following an Assessment Contact from 15 November 2022 to 17 November 2022. At that time the service was not able to demonstrate assessment and planning are reviewed for effectiveness when a consumer’s circumstances change specifically in relation to when they return from hospital. The Assessment Team during the site audit of 18 April 2023 to 28 April 2023 recommended this requirement as met.

The service has reviewed clinical processes and has implemented a more systematic process for the review of consumer care including ensuring the registered nurse on shift review the skin, mobility, transfer, nutrition, and hydration assessments, and records the consumer’s weight, vital signs and medication changes when a consumer returns from hospital.

The Assessment Team’s review of the care planning documentation evidenced assessments and care planning had been updated after any incident or change in the consumer’s condition including falls and hospital admissions. Assessments are reviewed by the registered nurse who then updates care plans as part of the’ resident of the day’ process. There was inconsistency in relation to the care plan for one consumer but the service has taken on this feedback and reviewed and updated the care plan. Further continuous improvement plans are being put in place to strengthen this area.

Consumers and representatives expressed confidence the service’s care planning process informed safe, person-centred care. Care planning documents reflect the outcomes of a range of risk assessments including in relation to falls, nutrition, skin integrity, responsive behaviours, specialised care needs and lifestyle choices such as smoking for each consumer including those receiving respite care.

Care planning information was reflective of consumers’ current care needs and preferences including end-of-life care. This information is regularly reviewed and each consumer has an advanced care directive (ACD) in place. File review evidenced that a consumer’s end-of-life wishes were followed and their comfort care was maintained.

Care planning documentation reflected ongoing collaboration between the service, consumers and/or representatives, other health professionals and external agencies involved in the care of the consumer. One representative said the service worked in partnership with others to provide care to the consumer and this had a positive impact on the consumer’s quality of life.

The service communicates frequently with consumers and their representatives to ensure the information in their care plan is up to date and reviewed regularly. Staff received care planning information during electronic and printed handovers.

Based on the evidence I find the service is now compliant with all requirements under this Quality Standard.

# 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

Requirements 3(3)(a) and 3(3)(b) were found non-compliant following an Assessment Contact from 15 November 2022 to 17 November 2022. The service at that time was unable to demonstrate that consumers subject to restrictive practices always had informed consent; consumers with responsive behaviours did not have behaviour support plans; consumers sustaining falls were not monitored according to the service’s post-fall protocol and consumers living with diabetes did not have a comprehensive diabetes care plan. The Assessment Team during the site audit of 18 April 2023 to 28 April 2023 recommended these requirements as met.

The service has ensured they now review the psychotropic medication and chemical restraint register weekly and have created a streamlined form for documenting all the required information for psychotropic medications and chemical restrictive practices including evidence of authorisation and consent. The service is working with general practitioners to determine whether psychotropic medications prescribed without an indication or appropriate diagnosis are prescribed for behaviour management purposes. Consumers who are subject to chemical restrictive practices have a chemical restrictive practice care plan which documents the restraint has been authorised by the general practitioner and consented to by the consumer or their substitute decision maker.

A clinical staff member now has oversight of consumers with diabetes and ensures their diabetes directives are in place and are accessible to all required staff. Education has been provided to staff on falls management protocols, with visual reminders in the nurse’s stations. Behaviour support plans are being reviewed to ensure they are comprehensive and reflect specialist recommendations.

Consumers and representatives are satisfied they receive safe, quality care that meets their needs and preferences. Care documentation generally reflected ongoing assessment, monitoring and evaluation of care provided to consumers including in relation to wounds, pain, catheter management, seizure and restrictive practices.

Care documentation showed consistent assessment and review after the identification of pressure injuries and when falls have occurred. Care documentation showed ongoing assessment, monitoring and evaluation of high impact and high prevalence risks including in relation to diabetes and responsive behaviours.

The service was able to demonstrate that consumers at the end of their life are given appropriate care and their dignity preserved. One consumer’s family expressed gratitude for the care and support provided to themselves and their family member during their palliation.

Consumers and representatives are confident the service responded to changes in a consumer’s condition in a timely manner with referrals made when required. The service has guidelines for responding to deterioration and health changes which include increased observations, the implementation of nursing interventions, referral to general practitioners, and transfer to hospital where this is consistent with the consumers’ preference for care. Care planning documentation shows appropriate actions taken in response to deterioration or changes in a consumer’s health and wellbeing.

Information about a consumer’s care needs and preferences is shared with others as appropriate and handover sheets reflected information about a consumer’s care needs, preferences, and interventions. The clinical handover sheet is prepared daily and includes information obtained from progress notes.

The service has policies and practices to guide staff on how to minimise the risks of infection and promote the appropriate use of antibiotics. Staff practised good hand hygiene and wore masks throughout the Site Audit and consumers and representatives said the service has effective infection prevention and control practices.

Based on the evidence I find the service is now compliant with all requirements under this Quality Standard.

# 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 and their representatives indicated that the consumer is provided with support to optimise their independence, health, well-being, and quality of life. Social and lifestyle care plans are individualised and reviewed regularly to ensure the consumer’s preferences are considered in the planned activities and individual support programs. Attendance records are maintained for each consumer and provide the lifestyle staff with information on the consumers’ engagement level. Individual support is also provided for consumers who do not wish to participate in group activities. Ongoing evaluation of the program occurs through meetings, surveys, and verbal feedback.

Consumers and representatives said the service provides good supports for consumers' emotional, spiritual, and psychological well-being. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and could describe how they support individual consumers such as referring them to outside organisations as required. The service holds regular church services for the consumers.

The service supports consumers to enable them to participate in the community, have social and personal relationships and do things of interest to them. One consumer spoke about how the service respects and supports their marital relationship and even prepared a celebration for the couple’s wedding anniversary.

The service demonstrated that timely and appropriate referrals to individuals, other organisations and service providers occur. Consumers and representatives confirmed referrals occur promptly and document review demonstrates a range of services and organisations are available for staff to refer the consumers where appropriate.

The consumers commented favourably on the quality of the meals and snacks served and there were a variety of options available as per the seasonal menus. The menu monitor visits each consumer every day and ascertains each consumer’s meal choice for the next day. Care planning documents included information on consumers’ dietary needs, dislikes, allergies, and preferences and reflected the consumer’s current requirements which helped inform food service staff. Staff were observed to provide meal assistance to consumers in a respectful and unhurried manner.

The Assessment Team observed the consumer’s mobility and transfer equipment to be clean and well-maintained. Each consumer had individual transfer slings allocated for transfer equipment. The physiotherapist ensures mobility and transfer equipment is checked and fit for purpose and makes recommendations for replacement or repair as required.

Based on the evidence I find the service compliant with this Quality Standard.

# 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

The Assessment Team observed the service environment to be clean and uncluttered with a range of communal spaces that provides the consumers with opportunities to engage and interact in group activities or pursue individual interests or personal quiet time. The service is divided into 2 separate units, a 60-bed general community called Ashleigh House and a secure 20-bed memory support unit, called Brenda Burditt Manor. The memory support unit has been renovated and provides open communal spaces, wide corridors and 2 secure courtyard areas for consumers to access freely.

The wayfinding in some areas of the service was not clear, and 2 residential corridors had dim lighting, however, this did not negatively impact consumers. In their response to the Site Audit report the approved provider has acknowledged this feedback and has added it to their continuous improvement plan.

The service including furniture and fittings is clean and well-maintained with a preventative and reactive maintenance system. Outdoor areas included walking paths, a designated smoking area with appropriate fire safety equipment, garden beds and shaded seating areas.

Based on the evidence I find the service compliant with this Quality Standard.

# 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 are aware of and encouraged and supported to provide feedback and make complaints. Feedback is mainly provided verbally but the service also provides options for consumers to make complaints via a feedback form. The service has a complaint and feedback policy and procedure at an organisational level.

Consumers are members of the resident committee and the food focus group. These consumers said the regular meetings are the main forum in which they raise feedback on a variety of issues and often do so on behalf of the cohort of consumers.

Information packages, notices, and meeting minutes viewed reflect that consumers and representatives are informed about how to raise concerns, provide feedback, access interpreter or advocacy services, and complete feedback forms. There were lodgement boxes with feedback forms observed throughout the service.

Consumers and representatives were satisfied with the process management followed to resolve complaints raised or feedback they provided. Actions have been taken in relation to complaints made about food temperature and issues with the temperature of rooms during the summer months. Open disclosure is practised and consumers choosing to raise complaints anonymously are supported. Consumer feedback will also be used to create actions on the continuous improvement plan in the new electronic information register.

Based on the evidence I find the service compliant with this Quality Standard.

# 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

Most consumers and representatives said there was enough staff to provide the care and services they require and usually do not wait more than 10 minutes for their call bell to be answered. Staff stated they could use more staff as they often work understaffed. The service’s management stated the current rostering requirements are generally filled with the permanent staff, part-time staff working additional hours or extra shifts. Agency nursing staff have been required to ensure the requirement of a registered nurse is rostered on each shift. The Assessment Team reviewed the roster from 9 April 2023 to 15 April 2023, which identified sufficient staffing levels in clinical, care and other personnel across all shifts.

Consumers and representatives were satisfied that the majority of staff are kind and caring and provide care to their expectations and this was observed by the Assessment Team. Consumers believed staff had the knowledge and skills to meet consumers’ care needs and provide quality and safe services. The service currently has one registered nurse who has completed the appropriate infection prevention and control (IPC) course and is the nominated IPC Lead for the service. all staff who are medication endorsed are required to pass an annual medication competency assessment that is undertaken by an external education service. Catering staff had completed the ‘Maggie Beer’ training program for aged care cooks and chefs. The service purchased the 11 training modules and they are accessible for all food service staff to complete on the electronic learning platform.

The service has an overview of the staff adherence in completing allocated mandatory modules through the electronic training platform which prompts staff by email to complete modules when they are overdue. Consumers are satisfied that staff are trained and equipped to provide the care they need. They stated even the newly recruited staff provide care and services up to their expectations.

The service conducts performance appraisals bi-annually and new staff undertake a probation period. New staff spoke of ongoing support during the probation period and are given adequate time to settle into their roles. The clinical manager, who has been incumbent in their position for 6 months, had recommenced the clinical and care staff appraisal cycle from January 2023.

Based on the evidence I find the service compliant with this Quality Standard.

# 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

The service was found non-compliant in requirement 8(3)(d) following an Assessment Contact conducted from 15 November 2022 to 17 November 2022. At the time the service was not able to demonstrate consistent effective risk management systems were in place to monitor high impact /high prevalence risks such as restrictive practice, responsive behaviours, diabetes management and comprehensive post-fall care and observations completed. The service has implemented a number of improvements in these areas which have been outlined in Quality Standards 2 and 3. The Assessment Team during the site audit of 18 April 2023 to 28 April 2023 recommended this requirement as met.

The service demonstrated management and staff are utilising the risk management system in place. This system allows staff to access policies and processes online which reflect clinical best practice for managing incidents. There is a strengthened policy in relation to restrictive practices that ensure informed consent has been obtained and that there is regular review and monitoring. Staff are being supported and provided with further training opportunities to understand and apply the service’s processes in relation to high impact and high prevalence risks, reporting serious incidents and restrictive practice.

The service demonstrated the strengthened identification, assessment and interventions planned for risks for each individual consumer. Review, both regular and when the consumer’s condition changes, has also been strengthened with a new schedule of care conferences and clinical oversight by the clinical manager to ensure care review processes are followed.

Consumers said the service is well run and feels like home to them. Consumers and their representatives provided positive feedback on their engagement in both formal and informal forums to provide feedback and suggestions to improve the delivery of care and services. Consumers said they receive information about improvements and changes at the service through meetings, lifestyle activities and directly from staff and management.

The service has a Board that meets 2-monthly to provide oversight to a number of sub-committees, strategic planning, and governance functions to ensure the service is meeting and compliant with the Aged Care Quality Standards. The Board was supportive of the measures taken to ensure the service returned to full compliance with the Quality Standards.

The service demonstrated it has effective organisation-wide governance systems in place for managing and governing information management, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service demonstrated online systems for oversight of human resources and rostering, and a management system that provides updated policies and procedures in line with updated aged care regulations and legislation, platforms to monitor feedback and the continuous improvement plan.

The service’s clinical governance framework includes policies and process maps to guide staff on antimicrobial stewardship, restrictive practice and open disclosure and reflects recent updates in line with regulatory changes for restrictive practice. Staff have received training in understanding the Serious Incident Response Scheme (SIRS), open disclosure and minimisation of restrictive practice. The management of risks with appropriate actions are adhered to, reporting and monitoring of infections with the appropriate treatment completed, and clinical incidents are investigated and where trends are identified, actions are taken. Staff are supported with further training opportunities when gaps are identified.

Based on the evidence I find the service is now compliant with all requirements under this Quality Standard.

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)