Performance

Report

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| Name of service: | Auburn House |
| Service address: | 98 Camberwell Road HAWTHORN EAST VIC 3123 |
| Commission ID: | 4491 |
| Approved provider: | St Vincent's Hospital (Melbourne) Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 June 2023 |
| Performance report date: | 26 July 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 Auburn House (**the service**) has been prepared by N Eastwood, 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 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 acknowledging the assessment team’s report received 20 June 2023.

# Assessment summary

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| Standard 6 Feedback and complaints | Not applicable as not all requirements have been assessed |

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 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 1 and 4 March 2022 and subsequent Assessment Contact between 8 August 2022 and 9 August 2022 (the Assessment Contact).

At the time of the Assessment Contact the service was unable to demonstrate they had successfully implemented mechanisms to effectively capture or review feedback and complaints to improve the quality of care and services.

The service has implemented effective actions in response to the identified non-compliance which have resulted in sustained improvements with this requirement. Consumers and representatives provided positive feedback related to the service’s feedback systems, they also expressed their satisfaction with actions taken in response to suggestions and complaints. Management discussed and demonstrated the organisational and service’s process for encouraging, documenting, and actioning feedback. This was confirmed by examples of how feedback and complaints have resulted in actions and improvements within the service. The organisational quality team is responsible for closing off feedback forms entered in the electronic system; however, this is currently under review to allow greater capacity for the service to conclude outcomes.

The Assessment Team observed evidence of a range of improvements to support consumer access to feedback mechanisms including relocation of the feedback box to a prominent and location at the entry of the service, review of the central notice board to include additional flyers and information, as well as a standardised format of information to be included and displayed. Resident meeting minutes were also reviewed by the Assessment Team which demonstrated consideration to consumer feedback on a range of topics including food and laundry services and lifestyle. There was evidence of the Elders Rights Advocacy service who attended in May 2023 providing 3 training sessions, one for consumers and representatives and 2 for staff.

The Assessment Team noted staff demonstrated their knowledge of feedback systems, how to log complaints, compliments, and suggestions electronically confirming how they inform the manager of any feedback. Staff also confirmed that they attend a daily huddle where feedback is discussed as well as a bedside handover where consumers are encouraged to discuss feedback with staff, any feedback received is recorded and this is a part of the daily routine.

As a result, and with consideration to the implemented actions and available information I find this requirement is now compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)