Performance

Report

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| Name: | Autumn Lodge Hostel |
| Commission ID: | 0105 |
| Address: | 1-3 Short Street, MACKSVILLE, New South Wales, 2447 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 22 November 2023 |
| Performance report date: | 18 December 2023 |
| Service included in this assessment: | Provider: 1609 NVC Group Limited  Service: 121 Autumn Lodge 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 Autumn Lodge Hostel (**the service**) has been prepared by M. Wyborn, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received on 14 December 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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 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)(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

In the Assessment Contact Report, the Assessment Team reported that the organisation has appropriate policies and procedures in relation to conducting consumer assessments, and reported that consumers and representatives provided positive feedback about assessment and planning undertaken at the service. The Assessment Team reported however, care and services documentation did not consistently provide evidence of up-to-date comprehensive assessment and care planning that takes into consideration critical risks to each consumer’s health and well-being. The Assessment Team highlighted that this could pose a risk that some consumer assessments and care plans do not inform the delivery of safe and effective care and pose a higher risk of uniformed delivery of care and services. In their response to the Assessment Contact Report, the Approved Provider supplied their plan for continuous improvement and highlighted their focused and targeted efforts in relation to consumer palliative and end of life care, emergency care, pain management, falls management and incident management education. The Assessment Team also reported on actions undertaken by the service to remediate previous non-compliance including upgrading the service’s health information system to be mapped correctly to populate robust consumer care plans and provide training to relevant stakeholders, completion of risk notifications to ensure consumer risks are captured, and review of all consumer care plans with a focus on risk identification and clear documentation. Further, the service has provided education to all staff in relation to risk activity assessment, and reviewed their risk processes including notification of risk form and developed an effective risk register. These response actions demonstrate immediate and ongoing effective measures at the service to ensure appropriate consideration of risk to each consumer health and well-being as part of the service’s assessment and planning processes, and I find the Approved Provider’s findings to be more compelling. Therefore, I find the service compliant in Requirement 2(3)(a).

The service demonstrated effective consumer assessment and planning that identified and addresses individual consumer needs, goals and preferences. The Assessment Team reported that consumer care and services documentation adequately addressed all areas of care and services and contained consumers’ individual preferences to meet their current needs, and consumers and representatives provided positive feedback in relation to their needs, goals and preferences being met. Staff effectively demonstrated their knowledge of the current needs or preferences for consumers in their care. Consumers who experience behaviours of concern are provided detailed behaviour management plans that include individual strategies to minimise and reduce the behaviour of concern, and care is provided in accordance with these plans as demonstrated in consumer care documents. Clinical staff demonstrated that conversations around end of life planning and advance care planning routinely occurs during the admission process, and for those consumers who do not want to discuss these issues at admission, the discussion is scheduled again as part of their three month care review, biannual case conference, or when circumstances change, such as a deterioration that may lead to end of life pathway. The Assessment Team observed discussions are appropriately documented in the consumer’s advance care planning documents or progress notes. With these considerations, I find the service compliant in Requirement 2(3)(b).

The service demonstrated effective review of consumer care and services. The Assessment Team reported that consumer care and services are regularly reviewed for effectiveness when circumstances change, or incidences occur that impact on the needs, goals or preferences of consumers. The service adopts a three monthly care planning schedule and a biannual case conferencing schedule, and the Assessment Team’s review of care planning documentation highlighted that consumer care plans are reviewed on a regular basis. Staff advised that in addition to the scheduled care plan review processes, incidents may trigger a reassessment or review of consumer care needs. Clinical staff demonstrated effective processes for undertaking review of care and services, and staff advised they are informed of impending consumer assessments via a task list that is generated using the service’s electronic care planning system. Clinical staff highlighted that consumers are reviewed by allied health specialists and medical officers when a consumer’s condition changes or incidences occur, and appropriately described the referral pathways for when specialist review is required.

The Assessment Team reported that the service administers an effective plan for continuous improvement and has recently upgraded their electronic care planning system in an effort to improve information management, care plan development and reporting mechanisms. The service has development and implemented additional assessment forms and reporting tools on the electronic care planning system, and reviewed the admission process and schedule for capturing, documenting and communicating consumer information, needs and preferences. In addition, the service has delivered education to staff on the use of the updated electronic care planning system, policies and procedures relating to the recently introduced assessment and reporting tools, with a focus on the process of escalation and incident reporting.

With these considerations, I find the service compliant in Requirement 2(3)(e).

# 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 |

Findings

The Assessment Team reported that consumers and their representatives provided positive feedback on how the service provides clinical and personal care, including highlighting their satisfaction on receiving safe and effective personal and clinical care such as diabetes management, oxygen therapy and restrictive practices. The Assessment Team reported however that some consumers were not receiving best practice care that is tailored to their individual needs or optimising their health and wellbeing. This includes pain management, bowel management, falls management and monitoring fluid intake for a consumer who is on a fluid restriction. Action taken to remediate previous non-compliance related to the service providing each consumer with safe and effective personal and clinical care include provision of education to staff on restraints with a focus on minimising the use of restraints, review of the organisation’s restraint management policy, review of all consumers’ bed placement and associated risks. Also, the service reviewed their psychotropic medication self-assessment, their pain management policy and commenced using their pain assessment tool (Abbey Pain Scale and a numerical pain scale) as well as provided pain management education to staff. In their response to the Assessment Contact Report, the Approved Provider supplied their plan for continuous improvement and highlighted their focused and targeted efforts in relation to consumer emergency care, pain management, falls management and incident management education. The service’s plan for continuous improvement provide evidence of ongoing education schedules on topics such as pain management, falls prevention and management and incident reporting. Also noted is in the plan for continuous improvement is education on bowel management, fluid restriction and a focus on review of the service’s return from hospital, overnight, social leave processes. These response actions demonstrate immediate and ongoing effective measures at the service to ensure that each consumer gets safe and effective personal and clinical care, and I find the Approved Provider’s findings to be more compelling. Therefore, I find the service compliant in Requirement 3(3)(a).

The service demonstrated effective management of high impact and high prevalence risk. Service management and staff effectively demonstrated their knowledge of individual consumer risk and how they apply strategies to manage these risks for each consumer. Management monitor key consumer clinical indicators by undertaking routine clinical audits, including consumer behaviour, infection, medication management, weight management, and skin integrity. The service operates a high impact and high prevalence risk register that clearly identifies individual consumer risk, the service routinely monitors consumer weight and provides a timely referral to the dietician for consumers who have experienced significant weight loss. Consumer wound charts are reviewed regularly, and the Assessment Team reported that consumer documentation highlights that when a consumer experiences an injury to their skin integrity, an incident form is completed, a wound assessment is directed, and a wound chart is commenced. The Assessment Team reported that these wound charts highlight regular and consistent monitoring and review by registered nursing staff and photographs are updated on a regular basis. With these considerations, I find the service compliant in Requirement 3(3)(b).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Assessment Team reported that the organisation has effective risk management systems and practices to manage and prevent incidents and the organisation effectively monitors the incident management system.

Management highlighted that the organisation manages high impact or high prevalence risks at a governing level by reviewing registers and clinical information at clinical quality meetings and board meetings, where trends are analysed, and feedback provided.

The organisation demonstrated effective oversight of high prevalence or high impact risk registers that are generated by exporting incident data from their electronic care planning system and are used to prepare monthly service reports for board meetings. The Assessment Team’s review of recent service reports demonstrated clinical and governance committee discussions with the board that include information relating to falls analysis and identification of new infections. In relation to identifying abuse and neglect of consumers management highlighted that the organisation identifies and responds to abuse and neglect of consumers from the service reports and the organisation’s risk management committee ensures serious incident response scheme (SIRS) incidents are reported correctly and that appropriate and proportionate action is taken, and open disclosure practiced with families.

In relation to supporting consumers to live their best lives, management highlighted that consumers are encouraged and supported to engage in the local community at a personal level and this includes links with the local rotary club and the having the service’s café available for consumers and the local community as a place to meet to have coffee.

The organisation demonstrated an appropriate risk management policy that adopts a risk matrix to determine risk ratings and the Assessment Team reported that this data is reported to the board via the care and quality committee meetings, risk management committee meetings and regular service reports.

The Assessment Team reported that the service administers an effective plan for continuous improvement and has recently developed an electronic incident reporting system using their electronic care planning system and updated their risk management and notification processes.

With these considerations, I find the service compliant in Requirement 8(3)(d).

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