

**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: | Site Audit |
| Activity date: | 7 January 2025 to 9 January 2025 |
| Performance report date: | 20 February 2025 |
| 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 Jason Bayldon, 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

All consumers and representatives said staff treat consumers with dignity and respect. Staff were observed treating consumers with respect and in a caring manner, demonstrating patience with meal assistance for those who require it, and having conversations with consumers on topics of interest to them. The service’s dignity and choice policy guides staff in providing dignified and respectful care and services.

All consumers and representatives said care and services provided are culturally safe. Lifestyle staff said they provide a mixed denomination church services and were able to provide examples of how they provide culturally safe care and services to consumers which were reflected in consumers care documentation.

All consumers and representatives said they are supported to exercise choice and maintain their independence and relationships of choice. Staff described how they support consumers to make decisions about their care and services and explained how they involved family and friends in decisions about the consumer’s care. The service has policies and procedures to guide staff and consumers in decision-making processes.

Consumers said they are supported to take risks. Staff described the strategies they use to support consumers to take risk. Care documentation demonstrated risks are identified using risk assessments and risk management strategies are discussed with the consumer and representative.

All consumers and representatives said information is provided in a timely manner and in a way that is easy to understand. Staff described how consumers are provided information to support consumers to exercise choice. Consumer meeting minutes and newsletters demonstrate consumers are provided with information about upcoming events and changes that are occurring at the service.

Consumers and representatives said they are confident consumers’ information is kept confidential and said staff respect consumers’ privacy. Care staff described how they protect a consumer’s privacy when providing care, including closing doors and drawing curtains when providing personal cares and asking permission to enter consumers’ rooms. The Assessment Team observed the doors closed and curtains drawn when consumers were receiving personal care and staff seeking consent prior to entering a consumer’s room.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# 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

Clinical staff described how initial and ongoing assessments automatically generate care plans and include input from allied health professionals and other external providers as required. Clinical staff described how a notification of risk form is signed by consumers/representatives to acknowledge they accept an activity of risk. The Assessment Team sighted risks forms for sampled consumers that were appropriately signed by consumers or authorised substitute decision makers.

Consumers and representatives said they are receiving care and services that meet their current needs, goals and preferences. The clinical care coordinator described how staff use discretion when consumers/representatives are uncomfortable discussing end of life planning. Appropriately completed advance care plans were sighted by the Assessment Team.

Consumers and representatives said they feel like partners in planning care. Staff provided examples of how they involve consumers, family, representatives and external providers in care planning. The Assessment Team sighted documentation describing how case conferences are organised shortly after consumers settle into the service. The Assessment Team reviewed care documentation for sampled consumers which contained evidence of other organisations, individuals and other providers of care are involved in consumer assessment and planning.

Consumers and representatives said they knew care plans were readily available to them but were satisfied with verbal updates from staff about care plans and service provision. Clinical staff said outcome details are documented in a timely manner and consumers and representatives confirmed staff communicated changes to consumers and representatives at the time changes to care plans are made.

Consumers and representatives said they are satisfied with the care provided and are kept informed when changes to care and services occur. Clinical staff described effective reassessment processes for consumers including when incidents occur. The Assessment Team reviewed care plans for sampled consumers and noted reassessment is occurring regularly in accordance with reassessment policies and procedures.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers at the time of the performance report decision.

# 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

The Assessment Team reviewed care planning documentation, wound directives, wound charts, progress notes and other relevant documents sampled consumers which evidenced best practice and included appropriate directives, charts included the type of wound, medication to be administered, wound measurements and pain management directives. The service has an electronic care planning system which includes validated tools and drives best practice. For consumers who are subject to environmental or chemical restraints, the Assessment Team verified that written consents and behaviour support plans were documented in their electronic files. The Assessment Team observed clinical and care staff effectively using strategies to de-escalate the behaviours of a consumer during the site audit.

Consumers and representatives confirmed consumers with high-impact high-prevalence risks receive appropriate care and services that are safe and right for them. Management described effective clinical governance processes to manage clinical and other risks for consumers. Documentation reviewed by the Assessment Team for sampled consumers indicates the service effectively assesses consumers’ risk and documents strategies to mitigate identified risks.

Advanced care and end of life care plans reviewed by the Assessment Team were individualised and appropriate. Staff were able to describe how they provide care and services to consumers who are palliative at the service.

Management, clinical staff, allied health professionals and care staff described processes in place which immediately address consumer care and services when their condition deteriorates. The clinical care coordinator provided examples to the Assessment Team describing the service’s response to consumers who have experienced a change in their condition. The Assessment Team reviewed sampled consumers electronic records which evidenced incidents are identified and interventions put in place to stop or reduce the deterioration of consumers’ conditions.

Consumers and their representatives interviewed expressed satisfaction the consumer’s condition, needs, and preferences are effectively communicated. Staff said management, registered nurses, a physiotherapist, care staff and hospitality staff can access the electronic care planning system at any time to review consumer care planning information. Care staff described how they receive handover information at the beginning of each shift from clinical staff about consumers changing or deteriorating conditions, new care and services required, required charting and any necessary progress notes they need to enter on the electronic care planning system.

Consumers confirmed they are referred to other providers when required. Care documentation for all consumers sampled contained information relating to general practitioner consultations for consumers either by formal referral, telehealth or scheduled regular rounds at the service.

The Assessment Team observed staff practicing infection prevention controls, wearing personal protective equipment appropriately and sanitising their hands when required. Management said a consumer and staff immunisation program is implemented each year. All clinical and care staff interviewed had a good understanding of the importance of infection control and antimicrobial stewardship.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 Personal care and clinical care at the time of the performance report decision.

# 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 representatives said the service’s lifestyle program meets their needs and staff support them to be as independent as possible. Lifestyle staff said, and consumer meeting minutes confirmed, consumers are invited to provide input on the activity schedule to ensure it meets consumers’ needs, goals and preferences. The Assessment Team observed staff assisting consumers to attend and participate in activities.

Consumers and representatives said they receive effective care and services that support their emotional, spiritual and psychological wellbeing. Volunteers said, and staff confirmed, consumers are referred to volunteers for one-on-one conversation and encouragement when they are feeling low. Clinical staff said, and care documentation confirmed, consumers are referred to mental health services if they require psychological or emotional support.

Management and staff said the service has an onsite café that offers a comfortable environment for consumers to spend time with family and friends. The Assessment Team observed family members visiting consumers in their rooms and common areas. The service’s activity schedule offers a range of opportunities for consumers to participate in their community, including bus trips and rides on horse drawn carriages.

Consumers and representatives said care and services are consistent and the staff know consumers’ preferences. Clinical, care, lifestyle and hospitality staff said they refer to consumers’ care plans for information about consumers’ current needs and preferences.

Hospitality staff said they inform clinical staff if they identify a change in a consumer’s condition. Lifestyle staff said they engage the service’s physiotherapist to ensure consumers are safe to participate in activities. A review of care documentation demonstrated referrals are made to other providers of care and services in a timely manner.

All consumers said the meals are of suitable quality and quantity. Hospitality staff said consumers are invited to provide feedback about the meals during consumer meetings. A review of the consumer meeting minutes confirmed this occurs. Hospital staff said each consumer’s dietary needs and preferences are documented in the consumers’ care plan and on whiteboards in the kitchen and kitchenettes.

Consumers and representatives said consumers have access to equipment that is fit for purpose, well maintained and clean to assist them with their daily living activities. Lifestyle staff said, and management confirmed, the service purchased a motorised wheelchair to assist consumers to attend bus outings. Lifestyle staff said, and documentation confirmed, all consumers with mobility impairments are supported to use the mobility aid if they choose to attend outings on the bus.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# 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 representatives said they are made to feel welcome, and consumers can bring personal effects from home to decorate their room. The Assessment Team observed consumers rooms and the service environment to be welcoming with staff greeting consumers as they entered the service.

All consumers said the service was clean and well maintained and laundry items are returned in good condition. Cleaning staff said they follow the service’s daily and weekly cleaning schedule to ensure the service remains clean. A review of documentation confirmed maintenance staff conduct inspections each day to identify hazards or maintenance issues.

Staff described effective processes for maintaining and cleaning equipment, furniture and fittings. The Assessment Team reviewed the preventative maintenance schedule which included maintenance activities such as servicing electric lifting equipment and air conditioning systems.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 5 Organisation’s service environment at the time of the performance report decision.

# 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 said they are encouraged to provide feedback to staff and the management team. The Assessment Team reviewed the service's newsletter and consumer handbook which includes instructions for making complaints. Management said the option is available for complaints to be anonymous, and the management team communicate to staff about ensuring consumers and representatives are made to feel safe in providing feedback and making complaints.

Consumers and representatives said they have not used advocacy services but are aware the services are available. Management described the processes in place for accessing language services, if needed.

Consumers and representatives said the management team are responsive to their feedback and complaints and take action to resolve complaints in a timely manner. The service manager said they investigate complaints and initiates the open disclosure process. Staff said when they require additional equipment, such as lifters, the management team are responsive and will provide additional equipment if the request is beneficial for providing safe and quality care and services for consumers.

Consumers and representatives provided examples of how their feedback and complaints have been used to improve the quality of care and services. The service manager said they analyse feedback and complaints to identify trends and risks. Management said this information is then documented in a report and presented to the Quality Improvement Committee who review the information and identify areas for improvement. Management said, and a review of the service’s complaints register demonstrated, complaints resolved by the management team are recorded in the complaints register and reported to the governing body.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# 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 and representatives said there is sufficient staffing numbers to provide safe and quality care and services. Administration staff said, and care staff confirmed, staff who call in sick are replaced by internal staff where possible, and agency staff are used as a last resort. Documentation such as consumer satisfaction surveys, consumer meeting minutes and rosters evidenced the service has adequate staffing numbers.

Consumers and representatives consistently said staff are kind, caring and provide professional care and services. Staff members said how they engage with consumers on a personal basis and build positive relationships through regular conversations and asking about their wellbeing. The Assessment Team observed staff interactions with consumers to be kind and caring during meal services and group activities.

Consumers and representatives said staff are competent and professional and have the right skills to provide quality and safe care and services. Competency assessments, including manual handling competencies, are performed by a qualified trainer observing employees completing specific tasks related to their role. Staff said, and management confirmed, they have completed education in relation to infection control, such as completing mandatory hand hygiene modules.

Consumers and representatives said they feel staff are professional and competent in performing their roles. Management said they are supported by a human resources division at head office to find new staff and provides a short list of suitable candidates to the management team. The clinical education coordinator said the service provides ongoing training and education to all staff in topics related to dementia support, manual handling and clinical care, including skin integrity, wound management, medication management.

Management said staff performance is reviewed annually by the service manager or direct senior report during performance reviews. A review of documentation confirmed that most staff have had performance reviews completed regularly. Staff confirmed they also receive informal feedback about their performance from their supervisors.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# 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 provide feedback to the governing body through complaint and feedback forms, consumer meetings, and the quality care advisory body. Consumers and representatives feedback is provided to the governing body through various reports such as complaints and clinical trends, risk analysis, and data from consumer satisfaction surveys and audits. Meeting minutes of the quality care advisory body show feedback provided to the governing body and written responses by the governing body to the quality care advisory body.

Consumers and representatives said they feel the service functions well in support of their identity, culture and diversity and they feel safe and included in providing feedback into the culture and the way things are done. Staff confirmed the governing body and management team support, model and inform staff of cultural values and policies and processes. Documentation shows the governing body, and the management team regularly engage in robust discussions in the analysis of risks and concerns to find solutions and strategies to mitigate risks and implement improvements.

The service was able to demonstrate effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example:

* The service has an information and communication technology infrastructure managed and maintained through head office that regulates how information is stored, shared, and destroyed. Staff have access to consumers’ information through digital information systems, reference material and paper documentation.
* The governing body receives the risk register and PCI each month for discussion and analysis to mitigate risks. Meeting minutes demonstrated the improvements to the service by the governing body.
* The service has a digital tool to monitor budgets and make changes to revenue and costs. The payroll is reviewed by the financial manager and CEO, and the organisation has yearly financial audits which are reported to the governing body.
* The governing body demonstrates it has systems and processes to ensure there are enough and mix of staff to provide safe and quality care and services. The management team and the head office recruitment division ensure staff have the right skills and qualifications through checking the validations of qualifications, employment references and police checks.
* Management demonstrated the governing body membership meet’s the regulated requirements. Staff confirmed changes in aged care law are communicated through handover and staff meetings, email, and memos and notice boards.
* The governing body demonstrated it has oversight of consumers’ feedback and complaints. Policies and processes outline consumers and representatives are encouraged and supported to provide feedback and make complaints, have support for language and advocacy services, and feedback and complaints data is used to inform continuous improvements.

Staff said a physiotherapist performs manual handling training and education for care staff and registered nurses receive additional clinical training and education from external allied health professionals such as wound and medication management. The governing body has a high prevalence and high impact register which includes data from admissions assessment, assessment tools which determine the most appropriate section for the consumer such as higher care or memory support unit. Staff were able to describe their responsibility to identify and report abuse and neglect such as looking for bruising, skin tears, and changes in consumers emotions or regular routine. The service has an incident management system which is managed by the service manager and the senior quality compliance coordinator. Incidents are analysed and reviewed and report to the governing body.

Clinical data is provided to the governing body through the care and quality committee and clinical reporting by the management team. The governing body has a clinically trained member who reviews clinical data and provides clinically informed evaluations and recommendations. The service has policies and processes to minimise infection related risks, including the appropriate prescription and use of antibiotics. The clinical education coordinator provides ongoing education to consumers, representatives and staff about antimicrobial stewardship. Registered nurses confirmed they have received online antimicrobial stewardship training and education.

Policies and processes outline the approach to restrictive practices, including obtaining consent from consumers and representatives, using behaviour support plans which detail relevant information, such as alternative strategies for addressing behaviours of concern, and how to monitor and record the effectiveness of behaviour support plans. The clinical care coordinator and registered nurses discuss strategies to minimise restraint with consumers and representatives.

Staff were able to describe the policy and process, and the management team use this to identify when things go wrong, address immediate needs, acknowledge and apologise, analysis and make improvements.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 8 Organisational governance at the time of the performance report decision.

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)