Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Avonlea Grange Hostel | 26 August 2022 |
| Commission ID: | Activity type: |
| 3551 | Site audit |
| Approved provider: | Activity date: |
| Allity Pty Ltd | 25 July 2022 to 27 July 2022 |

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 Avonlea Grange Hostel (**the service**) has been considered by Alice Redden, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* other information and intelligence held by the Commission in relation to this service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 confirmed consumers were treated with dignity and respect, and they could make informed choices about their care and services to live the life they chose. Consumers said their culture was respected by the service and provided examples of how care and services were delivered in a culturally safe manner.

Consumers and representatives confirmed consumers were supported to make decisions about their care, how it should be delivered, and who should be involved in their care. Staff demonstrated knowledge of consumers’ preferences and choices and described ways they supported consumers to communicate their decisions. Consumers confirmed they could communicate their decisions, and their decisions were respected by staff. Staff explained ways they supported consumers to maintain relationships, including assisting consumers to communicate with family and friends through phone and video calls, emails, and letters.

Consumers and representatives considered consumers were supported to live their best life and could undertake activities associated with risk. Care plans confirmed risk was considered through a collaborative, multidisciplinary approach, using clinical and non-clinical information to inform care and services.

Consumers and representatives expressed information was provided to them in a timely and easy to understand manner which enabled them to make decisions. Information about care and services was observed throughout the service environment, to support consumers to make informed decisions.

Consumers confirmed their personal privacy was respected by staff, which aligned with the Assessment Team’s observations. Staff said, and observations confirmed, consumers’ personal information was kept confidential through a password protected electronic care management system. Staff explained they did not discuss consumers’ personal information in public settings to maintain confidentiality.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers confirmed they were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being. Care plans evidenced risk to consumers health and well-being was considered and clinical assessment tools were used to capture a holistic understanding of consumers’ current needs, goals and preferences. Consumers said, and care plans confirmed consumers’ end of life care preferences were supported by the service.

Care documentation reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers said they knew how to access a copy of their care plan, and staff explained the outcomes of care planning in a clear manner. Staff explained, and care plans demonstrated care plans are reviewed regularly every 6 months, or when there is a change to a consumer’s circumstance, including completing monthly reviews of consumer’s weight and skin integrity.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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 confirmed they received personal and clinical care which was safe and right for their needs. Consumers requiring skin integrity and pain management care generally received suitable care consistent with applicable directives. Care documentation confirmed use of restrictive practices was considered as a last resort, consistent with the legislative requirements.

Care plans and staff feedback demonstrated clinical risks associated with the care provided for each consumer, including falls and pressure injuries were effectively managed through evidence-based assessment and planning. Staff described how the delivery of care changed for consumers nearing end of life to support consumers dignity and comfort, which aligned with the service’s policies and procedures. Care documentation showed that deterioration or change in consumer’s condition is identified and responded to in a timely manner, including through referrals to other professionals, which was consistent with staff feedback.

Staff explained information about consumers’ condition, needs, and preferences was shared within the service, and other providers of care through documented handover notes, referrals, progress notes, and other notifications. Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations.

Staff were observed to follow infection control practices, such as appropriate use of personal protective equipment, frequent hand washing, and cleaning and disinfecting high touch points and surfaces. Staff demonstrated an understanding of antimicrobial stewardship and described ways they minimised use of antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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 said they received safe and effective services and supports for daily living, which was important for their health and well-being, and enabled them to do the things they wanted to do. Staff described various lifestyle services and supports on offer to support consumers’ varying needs, goals, preferences, and functional ability, including creative art, music, bus trips, guest speakers, and arm chair travel. Consumers were observed undertaking various lifestyle activities, with interaction and enjoyment evident.

Consumers reflected their emotional, spiritual and psychological well-being was respected and supported by the service. Staff explained supporting consumer’s emotional well-being through engaging them in a conversation. Staff described how they support consumers to participate in activities within and outside of the service and maintain social and personal relationships, which was consistent with consumer feedback. Staff were observed encouraging and assisting consumers during activities.

Staff explained information about consumers’ needs was communicated through verbal and documented handover processes, progress notes and care planning documentation. Care plans confirmed timely and appropriate referrals were completed to support consumers’ varying needs and interests.

Overall, consumers reflected meals were of a suitable quality, and they were able to request additional food if required. Staff explained consumers’ dietary needs and preferences were noted in the food and beverage register, inclusive of allergies and dietary requirements. Staff advised the menu was reviewed by a dietician and was rotated on a seasonal basis.

Equipment required for activities for daily living was observed to be suitable, clean and well maintained. Maintenance documentation demonstrated regular cleaning and servicing of equipment was undertaken.**Standard 5**

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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 the service environment felt welcoming, safe, comfortable, and easy to understand and navigate. Consumers’ rooms are personalised with decorations, photographs and artwork. The service environment is designed with signage and handrails to support consumers to move freely, and staff were observed assisting consumers as needed. Outdoor pathways were wide and free from clutter, and consumers, including those with mobility aids, were observed freely moving about indoor and outdoor areas.

Consumers said the service environment is clean and well-maintained. Staff explained the service’s preventative maintenance system issued alerts on equipment to ensure equipment was safe and fit for purpose for consumers. Staff explained cleaning was undertaken daily, in conjunction with the weekly cleaning schedule and other cleaning requests. Maintenance schedule and logs demonstrated faults and maintenance requests were resolved in a timely and appropriate manner.

Consumers said, and observations confirmed furniture, fittings, and equipment were clean, suitable, and well maintained for consumers’ varying needs. Staff described how equipment is maintained and cleaned, including cleaning between use if shared equipment is utilised. **Standard 6**

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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 supported to give feedback or to make complaints about the service, that a response is given, and action is taken regarding the issues raised. Staff stated they support and encourage consumers to provide feedback and suggestions, including through feedback forms and verbal feedback to staff.

Consumers are made aware of advocates, language services and other methods of raising complaints through handbook and posters displayed at the service. Staff described the advocacy and language services available to consumers, and how consumers with communication difficulties or cognitive impairment are aided to provide feedback or make complaints.

Staff demonstrated an understanding of open disclosure process and how it is practiced when addressing complaints, which was evidenced through the complaints register, meeting minutes and the Assessment Team’s observations. The feedback and complaints register, and continuous improvement plan confirmed information from feedback and complaints were used to improve the quality of care and services. **Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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 they received care and services from staff who were knowledgeable, capable and caring, and felt confident the workforce was appropriately staffed. Staff reflected the workforce had the right number and mix of staff available. Staff rosters, call bell response times, and observations substantiated the service was appropriately staffed. Consumers said staff treated them in a kind, caring manner, with respect to their identity, culture and diversity, which was consistent with the Assessment Team’s observations.

Management explained staff were recruited to ensure they had the right skills, experience, and qualifications to perform the duties as set out in their relevant position descriptions. The service supported staff to be competent in their roles through mandatory and non-mandatory training, probationary reviews, and annual performance reviews. Training records evidenced training was provided in various areas and most staff had completed their role-specific training at the time of the Site Audit.

Documentation confirmed staff had regular performance appraisals, and up to date qualifications and registrations to deliver the outcomes required by the Quality Standards. Staff confirmed they were provided with opportunities to complete a self-assessment of their performance and to discuss training needs or opportunities. **Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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 considered the service was well run, and their input was used in the development and delivery of care and services. Staff explained consumers were able to provide feedback about care and services through meetings, direct feedback to staff, and surveys.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. Information is communicated to the governing body at monthly meetings and regular reporting of consumer feedback, critical data and incidents.

The organisation has effective governance systems in place. Staff are generally able to easily access relevant information through the service’s information management systems. Opportunities for continuous improvement are identified and actioned. Financial, workforce, and regulatory compliance governance systems are suitably addressed. Feedback and complaints are captured, and appropriate action is taken, which also contributes to improvement initiatives and outcomes.

The service has documented risk management framework, which includes policies on high impact or high prevalence risks, identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Staff demonstrated an understanding of the policies and provided examples relevant to their work, including for reporting and managing incidents.

The organisation has a clinical governance framework that includes policies relating to antimicrobial stewardship, open disclosure and the minimisation of restrictive practices. Staff described how the clinical governance framework is applied at the service.

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-2)