Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Avonlea Grange Hostel |
| Commission ID: | 3551 |
| Address: | 3-7 Patty Street, MENTONE, Victoria, 3194 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 September 2023 |
| Performance report date: | 2 November 2023 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 2299 Avonlea Grange 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 Avonlea Grange Hostel (**the service**) has been prepared by S Byers, 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

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 3

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

Findings

Consumers and representatives said they receive the care that is right for them and were satisfied staff understand their needs and preferences. Consumers were satisfied they receive personal care in line with their preferences, and this aligned with care documentation. Staff demonstrated understanding of each of the sampled consumers’ care needs. Care files recorded personalised strategies for the management of restrictive practices, skin integrity, wounds and pain that were tailored to the consumer’s needs. Wound care records demonstrated consistent wound care, regular review and that pain management is regularly evaluated for effectiveness. The service demonstrated an effective clinical governance system which includes a schedule of consumer reviews that is monitored by clinical management. Management outlined processes to ensure restrictive practices are minimised and meets legislative requirements. All consumers recognised as subject to restrictive practices had a behaviour support plan in place with evidence of informed consent and medical review documented.

Based on the evidence, summarised above, Requirement 3(3)(a) is Compliant.

# Standard 4

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

Findings

Consumers and representatives were satisfied the service supports individual goals and preferences that optimises their independence, well-being and quality of life. Care documentation reflected the consumer’s personalised goals and preferences, and activities of importance to promote their well-being and quality of life. Lifestyle staff described how the weekly activities schedule is informed by the consumer’s preferences. The weekly activities schedule demonstrated emotional support and one-on-one sessions are provided to consumers who choose not to participate in group activities. Staff demonstrated knowledge of each sampled consumers needs, goals and preferences and described how they support the consumers to participate in preferred activities and to achieve their goals.

Based on the evidence, summarised above, Requirement 4(3)(a) is Compliant.

# Standard 7

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

Findings

Most consumers and representatives said there are enough staff at the service. Where negative feedback was received, management consulted with consumer’s and representatives and addressed the feedback immediately. Management described their approach to workforce planning is proactive and informed by staff consistency, continuity of care and skill mix, this aligned with evidence that demonstrated additional staff have been onboarded and rostered shifts planned in preparation for increased care hours. The service demonstrated ongoing workforce planning and active recruitment including an additional morning shift and the implementation of a new care champion role. Staff said staffing levels had improved and provided positive feedback about the addition of the care champion role. Roster and allocation documentation reflected registered nurse coverage and a sufficient number and skill mix of staff rostered for each shift. There were no unfilled shifts for the two weeks prior to the assessment contact. Call bell response data demonstrated call bells are responded to in a timely manner with monitoring and investigation processes in place.

Based on the evidence, summarised above, Requirement 7(3)(a) is 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)