Performance

Report

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| Name of service: | Bilyara Hostel |
| Service address: | 1 Holman Place COWRA NSW 2794 |
| Commission ID: | 0214 |
| Approved provider: | Cowra Retirement Village Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 15 November 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 Bilyara Hostel (**the service**) has been prepared by E Woodley, 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; 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

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

All consumers and representatives interviewed by the Assessment Team said staff treat consumers with dignity and respect and understood their individual choices and preferences, which was also observed throughout the Site Audit by the Assessment Team. Staff interviewed were aware of, and deliver, care and services in ways that consider consumer’s preferences and needs in relation to their background and culture.

The service demonstrated that consumers are supported to exercise choice and independence, to make decisions when family, friends, carers or others should be involved in their care, and maintain relationships of choice, including intimate relationships which is evidenced in their care plans. The service supports consumers to take risks to enable them to live the best life they can. Staff could describe consumers who chose to take risks and how they are supported to understand the benefits and possible harm when they make decisions, which is consistent with the service’s policies.

Consumers and representatives advised they receive up to date information about activities, meals, COVID-19 and other events happening in the service. A review of the consumer meeting minutes demonstrates the service provides up to date information about feedback and complaints, continuous improvement activities and other changes in the service. The service has a monthly newsletter for consumers and representatives.

Staff practices ensure that consumer’s privacy is respected, and their personal information is kept confidential in line with the service’s privacy policy. One consumer said care staff are respectful of their privacy and when they need to have a private conversation, staff attend their room and close the door behind them. Staff said that prior to entering a consumer’s room they knock, wait for a response to enter and close the door behind them ensuring privacy is maintained. The Assessment Team observed this in practice throughout the Site Audit.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated that assessment and planning considers individualised risks for consumer’s health and well-being. Risk assessments reviewed included risks associated with falls, skin integrity, pressure injuries, behaviours requiring support, co-morbidities, and previous medical history with information collated to facilitate safe and effective care delivery. Consumer care documentation reviewed demonstrated assessment and planning reflects consumer’s goals, needs, and preferences, and includes input from consumers, representatives and other care providers. End of life and advanced care planning discussions commence on admission to the service. The service has systems and processes in place to review consumer care and services on a scheduled basis, or when changes occur. Prompts within the electronic system alert staff to upcoming or overdue interventions, reviews and assessments.

All consumers and representatives interviewed by the Assessment Team confirmed they are involved in care planning on admission to the service and on an ongoing basis. The service demonstrated that care plans are accessible to consumers and their authorised representatives if they wish to see them. The outcomes of assessment and planning by other services and providers are documented in consumer care plans.

# 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Review of consumer records showed evidence of care and practices in managing consumer pain, skin integrity, and restrictive practices which is effective, best practice and aligned with the individual consumer’s needs, goals and preferences. Observations by the Assessment Team and interviews with staff confirmed staff know the consumers, their care needs and goals, and deliver care according to the consumer’s care plans and in line with the service’s policies and procedures. The service has processes in place to effectively identify and manage high impact and high prevalence risks for consumers such as falls and skin integrity. Care plans documented risks and strategies to minimise the risks and guide care delivery in line with the consumer’s established goals and preferences. Consumers and representatives interviewed said consumers are receiving care which they consider is effective for them and results in positive outcomes.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. For a consumer who had recently passed away at the service, the Assessment Team found their end of life needs, goals and preferences were reviewed, and the consumer’s representatives and medical officer were involved in the end of life care planning and delivery, including pain management to ensure the consumer’s comfort.

Care planning documents and progress notes reviewed by the Assessment Team reflected the identification of, and response to, deterioration or changes in the function, capacity or consumer’s condition.

The service demonstrated that information relevant to the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others involved in their care. Documentation in care plans, progress notes and reviews provided necessary information for staff and other health providers to effectively deliver care and services. The service demonstrated that referrals to other organisations, individuals and care providers is timely, and appropriate for consumers. Consumers and representatives interviewed said they see their medical officer when they need to, and many also see the physiotherapist, dietitian, podiatrist and nurse consultants regularly.

The service demonstrated processes are in place to minimise infection related risks and to support appropriate use of antibiotics to reduce the risk of increasing antibiotic resistance. Staff demonstrated an understanding of how they minimise the spread of infection and need for antibiotics and ensure they are used appropriately. The Assessment Team observed appropriate standard and transmission based precautions to prevent and control infection.

# 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers interviewed were satisfied they receive safe and effective services that enhance their independence, well-being and quality of life. Consumers indicated they have opportunities to participate in activities of interest provided at the service and outside the service environment. Care planning documentation reflected a lifestyle profile which includes individual preferences, interests, social, cultural and spiritual needs and traditions that are important to the consumer. Staff demonstrated knowledge of individual consumer’s needs and preferred activities and how they support consumers to meet their needs, goals and preferences. Most consumers and staff were able to consistently describe the services and supports available to promote consumer’s emotional, spiritual, and psychological wellbeing. For example, church services, psychologists, psychiatrists, psycho-geriatricians, and the mental health team.

Processes are in place to document and share information about consumer’s needs and preferences, both within the organisation and with others when required. The information is up to date and accurate, and staff were able to describe ways that the service effectively manages the communication of this information in relation to services and support for daily living. The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumer’s care planning documentation provided evidence that the service collaborates with external providers to support the diverse lifestyle needs of consumers.

Most consumers interviewed were happy with meals offered by the service. Food focus meetings are held regularly and feedback from these meetings is brought to the consumer meetings. Management advised if a consumer does not like what was on the menu, they are able to advise the kitchen and other choices are offered.

Equipment used for activities of daily living was observed by the Assessment Team to be safe, suitable, clean and well-maintained. Consumers said they were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items were replaced when necessary.

# 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

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Overall, the service environment is welcoming with wide corridors, a café and communal spaces where consumers can meet with other consumers, friends and family, and outdoor garden areas with undercover seating. Consumers have personalised rooms decorated with furnishings and personal items that reflect individual preferences and styles. Overall, consumers interviewed considered that they feel they belong in the service, feel safe and comfortable, and the service environment is easy to understand.

The service was observed to be well maintained, safe, clean and inviting to consumers. The service grounds were well landscaped and maintained, and include internal and external garden areas that were accessible to consumers. The grounds are easily accessible via doors in communal areas as well as doors in consumer rooms that open directly into garden areas. The service has cleaning and maintenance schedules in place to ensure indoor and outdoor furniture, fittings and equipment are safe, clean and well maintained.

# 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

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

The service demonstrated consumers and their representatives are encouraged and supported to provide feedback and make complaints. Internal processes to provide feedback and complaints include feedback forms, locked mailboxes at the service for anonymous complaints, consumer meetings, and verbal communication to staff, management or the board members when they visit the service. Most consumers and representatives interviewed said they prefer to raise their concerns directly with staff and/or management and these are addressed.

The Assessment Team observed brochures and posters displayed around the service which provide information on external complaints agencies, advocates and language services.

Staff interviewed were able to explain how they applied open disclosure should they receive feedback or a complaint. Most consumers and representatives interviewed said they had no need to make formal complaints as the service addressed any concerns they had in a timely manner and apologised when things went wrong.

The service has a plan for continuous improvement which is used to log improvement actions from different sources including complaints and feedback. The service provided examples where feedback and complaints from consumers were used to improve care and services. For example, after it was raised that meals were cold when delivered to consumer rooms the service purchased additional food trolleys and plate warmers to address the issue.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated that the workforce is planned to enable the delivery and management of safe and quality care and services. The number and skill mix of staff is maintained and managed effectively. Consumers interviewed said their needs are met in a timely manner and they usually do not wait long to have their call bells answered. Staff interviewed said they can complete their workloads during their rostered shift. While the service has recently experienced difficulties with recruitment and the filling of shifts when staff are sick or on extended leave, overall, the workforce was found to work together to ensure the delivery of care was safe for consumers and needs were met.

All consumers and representatives interviewed said staff are kind and caring. The service was noted by the Assessment Team to have a staff culture of inclusiveness and advocacy for consumers. Staff respect for all consumer’s identity, culture and diversity was apparent. Staff were observed assisting consumers with their meals, exercising patience and speaking to consumers in a kind and caring manner.

Feedback from consumers and representatives was that they felt the workforce is competent and that staff have the knowledge to deliver care and services that meet the needs and preferences of consumers. The service demonstrated processes to monitor staff competencies and ensure staff are trained and qualified in their roles. Staff competencies are monitored on an annual basis and are determined depending on the staff members role. Staff can be required to undertake a competency assessment earlier than planned if performance issues are identified or upon staff requests. All staff interviewed corroborated that they have completed training, stating that on top of mandatory training sessions, online modules and face to face training sessions are undertaken on key areas of the Quality Standards.

The service demonstrated assessment, monitoring and review of the performance of each member of the workforce is undertaken. Management advised that feedback about staff performance is captured through audits, consumer and representative feedback, staff feedback and observations.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Management provided examples of different ways the service incorporates consumer feedback and suggestions into changes implemented to care and services at the service and organisational level. The service was able to demonstrate its governing body promotes a culture of safe, inclusive and quality care and services. The Assessment Team interviewed representatives from the organisation’s executive and Board who provided examples of how the governing body monitors that the service is compliant with the Quality Standards, and how the governing body ensures it is accountable for the delivery of care and services across the organisation. Reporting to the governing body was demonstrated to be effective for oversight of the service’s performance and to contribute to informing improvements.

The service demonstrated it has implemented effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service provided evidence to show it has effective risk management systems and practices in place to manage high impact and high prevalence risks, identify abuse and neglect of consumers and support consumers to live the best quality of life they can. The Assessment Team reviewed the service’s incident management system which demonstrated how the service effectively manages and acts to prevent future incidents.

The service has a clinical governance framework in place that is underpinned by policies and procedures to guide staff in open disclosure, antimicrobial stewardship and minimising the use of restrictive practices.

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-1)