Performance

Report

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| Name of service: | Carramar Hostel |
| Service address: | 23A Redgum Way MORLEY WA 6062 |
| Commission ID: | 7153 |
| Approved provider: | City of Bayswater |
| Activity type: | Site Audit |
| Activity date: | 14 June 2023 to 16 June 2023 |
| Performance report date: | 31 July 2023 |

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 Carramar Hostel (**the service**) has been prepared by G Hope-Simpson, 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.
* the Approved Provider’s response received 18 July 2023.
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives said consumers were treated with dignity and respect. They reported they could maintain their identities. Staff were knowledgeable about consumers’ backgrounds and preferences and were observed treating consumers with respect. Care documentation reflected consumers’ life stories, cultural and social backgrounds, as well as strategies to support provision of culturally safe care.

Consumers and representatives said their cultural backgrounds were respected and recognised. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services accordingly. Care documentation reflected consumers’ cultural needs and preferences.

Consumers said they were supported to make decisions regarding who they wanted involved in their care and which relationships they wished to maintain. Staff were knowledgeable about the consumers’ personal care preferences. Care documentation evidenced consumers had choice over their care and services.

Consumers gave positive feedback regarding support provided if they wished to take risks. Management confirmed consulting with consumers and representatives upon entry to assess risks and obtain informed consent. Care documentation reflected risk assessments, consent and mitigation strategies developed in consultation with allied health professionals.

Consumers and representatives said they received timely information. Staff described ways in which information was provided, including for consumers who may have difficulty communicating. Televisions in consumers rooms displayed the day’s menu and activities, and names of staff responsible for their care on that day.

Consumers said their privacy was respected and their personal information kept confidential. Staff confirmed they knocked on doors and awaited consent to enter and prior to providing care. Consumer information was secured in the service’s password protected electronic care management system.

# 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

Consumers and representatives confirmed involvement in care assessment and planning. Staff described undertaking assessments upon entry, and care documentation evidenced risks to consumers had been identified as well as strategies to minimise those risks. Staff were guided by policies and procedures regarding care assessment and planning.

Consumers and representatives felt their needs, goals and preferences, including end of life wishes were recognised and supported. Staff said end of life wishes were discussed upon entry and during care reviews, if the consumer wished. Policies and processes provided consumers opportunities to have safe and supported conversations about their end of life wishes.

Consumers and their representatives said they were involved in assessment and planning on an ongoing basis. Care documentation evidenced consumer-centred assessment and planning, inclusive of medical officers, specialists and allied health professionals. Staff confirmed family consultations occur as part of the care review process.

Consumers and representatives confirmed staff explained care changes and clinical matters in a way they could understand, and they were offered copies of their care plans. Staff described how they partnered with consumers and representatives in the assessment and planning process. Consumers and representatives gave positive feedback regarding regular review of care and services. Staff described undertaking routine care reviews every month and 12 months or in response to changes or incidents; care plans confirmed this occurred as per policy.

# 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

Consumers and representatives provided positive feedback regarding personal and clinical care which was tailored to consumers’ needs and preferences. Staff were knowledgeable about consumers’ individual care needs and were observed providing care in line with the directives contained in consumers’ care documentation regarding restrictive practices, pain and wound management. Care plans contained evidence that personal and clinical care provided was safe and effective.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff confirmed routine monitoring, reporting and ongoing assessments were used to prevent or manage risks. Documentation reviewed evidenced clinical incidents were recorded, investigated and used to inform prevention strategies.

Staff explained how care changed to ensure consumers were comfortable and free from pain when receiving palliative care. Care documentation evidenced consumers’ needs and preferences during the palliative process were met. Palliative care policies and pathways guided staff practice.

Consumers and representatives said staff promptly recognised changes in condition or deterioration and responded appropriately. Staff described being able to identify changes to consumers’ mobility, appetite and behaviours. Care documentation reflected timely identification of, and response to, deterioration and changes in the consumer’s condition.

Consumers and representatives were satisfied consumers’ needs and preferences were effectively communicated between staff, and consumers received the care they needed. Care planning documents and progress notes provided adequate information about consumers’ condition, preferences, and care needs to support effective shared care.

Staff described processes for referring consumers to health professionals and allied health services. Care documentation identified timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives confirmed referrals were undertaken as needed.

Consumers and representatives gave positive feedback regarding the service’s infection management practices. Staff were knowledgeable about antimicrobial stewardship, strategies to minimise infection risk and the Infection Prevention and Control lead provided advice and oversight of infection prevention and control at the service.

# 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 confirmed they were supported to engage in activities of interest which promoted their independence and quality of life. Staff described supporting consumers to engage in group activities or undertake independent activities, if appropriate. A calendar reflected a range of activities tailored to consumers’ interests and abilities such as painting and cooking demonstrations.

Consumers felt their emotional, spiritual and psychological well-being was supported. Staff described supporting consumers through one-to-one care, facilitating visits by religious and spiritual members and offering activities cultural appropriate. Care documentation reflected consumers’ spiritual, religious and lifestyle preferences.

Consumers said they were supported to participate within and outside the service environment, keep in touch with people important to them and do things of interest. Care documentation showed consumers have involvement in the community, pursue their interests and maintain personal and social relationships.

Consumers and representatives said the service effectively shared consumer information with those involved in their care. Staff were knowledgeable of consumers’ individual care needs and confirmed exchanging consumer information during handovers and meetings. The service had an effective system to manage information and consumer care.

Care documentation evidenced timely and appropriate referrals were made to individuals, other organisations and providers of other care and services to support consumers’ lifestyle and emotional needs. Lifestyle staff confirmed they used volunteer organisations to connect consumers to their community, and confirmed the service worked with senior support organisations, local shops, schools and churches to assist consumers in maintaining community connections.

Consumers gave positive feedback about the quality and quantity of food and said their food and drinks preferences were consistently met. Staff confirmed consumers’ dietary requirements and said consumer feedback informed the development of the menu. The service was committed to continually reviewing and improving the dining experience of consumers.

Consumers said equipment was safe, suitable, clean and well-maintained. Staff were knowledgeable about processes to report unsuitable equipment and confirmed cleaning of equipment following each use. The service had suitable arrangements for purchasing, servicing, maintaining, renewing and replacing equipment.

# 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 said the service environment was welcoming, safe and easy to navigate. There were multiple indoor and outdoor spaces and navigational signage to support consumers’ independence. Staff were observed greeting visitors on arrival and assisting consumers to mobilise in their 4-wheel walkers.

Consumers said the service environment was safe and maintained, and they could move freely indoors and outdoors. Staff described the daily cleaning routine followed including vacuuming and mopping floors in consumer and staff rooms. Maintenance and cleaning records were up to date and consumers were observed moving freely throughout the service.

Consumers said, and observations confirmed, furniture, fittings and equipment were clean and suitable for consumer’s needs. The organisation had documented policies in place for preventative maintenance and asset management, as well as electrical safety which included testing and tagging for the service and consumer electrical items and equipment.

# 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 said they were encouraged to provide feedback or make a complaint and were aware of relevant processes. Management confirmed feedback forms, meetings and discussions with staff were avenues for consumers to raise feedback and complaints. Staff were guided by policies and procedures regarding appropriate complaint management.

Consumers were aware of external avenues to raise a complaint, including through the Commission or an advocacy service. Staff knew how to engage language services, if needed. Posters on how to access advocacy, language and complaint agencies were displayed on noticeboards.

Consumers and representatives said appropriate action was taken in response to feedback and complaints. Staff were knowledgeable of complaint processes, including the use of open disclosure, and felt comfortable and supported in being able to report any errors. Review of the complaints register evidenced feedback and complaints were managed, and any trends were implemented in the Plan for Continuous Improvement.

Consumers and representatives felt their feedback and complaints were used to improve the quality of care and services. Management gave examples of service-level improvements made in response to consumer feedback. Policies guided staff to implement a resolution-focused approach to continuous improvement.

# 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 they were satisfied with the number of staff, and although staff were busy, their needs and preferences were met. Management confirmed shift vacancies were filled from a staff pool or agency staff as a last resort. Rosters evidenced adequate staff for each shift and call bell data reflected prompt responses.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable about consumers’ needs and preferences and were observed interacting with consumers in a kind and caring manner. Management confirmed staff interactions were monitored through observations, and feedback from consumers and their representatives.

Consumers and representatives considered staff perform their duties effectively and were confident staff were trained appropriately and skilled to meet their care needs. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements.

Management and staff said, and documentation confirmed, staff were trained and equipped to deliver outcomes required by the Quality Standards. The organisation identified staff training needs through staff performance reviews, staff meetings, feedback received from consumers or representatives, and incident and audit results.

Management said staff performance was continually assessed and monitored through ongoing supervision, identifying and addressing issues as they arise, and completing mandatory training. A review of the performance appraisal register confirmed all staff have completed their performance review.

# 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 said they were involved in the development and delivery of care and services. Management confirmed consumer involvement in care development through meetings, care plan reviews and feedback. Meeting minutes evidenced consumer engagement and responsive actions taken to improve care and services.

Management described the organisational structure that supported accountability by the governing body. The service routinely advised the governing body of clinical data which was discussed through a range of governance meetings. The organisational policy on dignity, choice, and diversity underpinned all interactions with consumers inclusive of First Nations Australians, and those living with social disadvantage.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the Plan for Continuous Improvement evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff knew how to identify, respond to, and report serious incidents. Records evidenced staff had participated in training regarding management of serious incidents.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Staff participated in training regarding minimising the use of restraint and open disclosure. Frameworks, policies and guidelines assisted staff to maintain best practice.

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)