Performance

Report

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| Name of service: | Carshalton House Hostel |
| Service address: | 11 Stoneham Street GOLDEN SQUARE VIC 3555 |
| Commission ID: | 3168 |
| Approved provider: | Bendigo Health Care Group |
| Activity type: | Site Audit |
| Activity date: | 14 June 2023 to 16 June 2023 |
| Performance report date: | 21 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 Carshalton House Hostel (**the service**) has been prepared by J Miaris, 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 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect, and staff value their identity, culture, and diversity. Staff demonstrated awareness with consumers’ backgrounds and how to make them feel valued. Care planning documents outlined consumers’ backgrounds and personal preferences. Staff were observed interacting with consumers in a respectful manner.

Consumers and representatives said the service recognises and respects their cultural background and staff provide care consistent with their cultural preferences. Staff identified consumers with diverse backgrounds and provided information relevant to ensuring that each consumer receives the care that aligns with their care plan. Care planning documents included information on consumers’ background and cultural needs and preferences.

Consumers and representatives said consumers were supported to exercise independence and choice when making decisions regarding their care, and their choices are considered and respected by staff. Care planning documents highlighted what was important to consumers, including maintaining relationships, and lifestyle choices.

Consumers said they were supported to take risks which enables them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities. Care planning documents demonstrated risk assessments were completed in consultation with a health professional and consumers and representatives in line with the service’s risk management policies and procedures.

Consumers said they received current, accurate and timely information to help them make informed choices. Staff described how information is communicated to consumers with cognitive impairments in a way that is clear and easy for them to understand such as using visual aids and simple language.

Consumers reported their privacy and confidentiality is respected by staff. Management described staff practices such as knocking on doors and seeking permission prior to entry, closing curtains when providing personal care to consumers, and ensuring consumers personal details were not discussed in open areas. Computers were observed to be password protected, including access to the service’s electronic care management system, and staff were observed knocking on consumers’ doors prior to entry.

# 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 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks. Staff described how regular care assessments are completed to ensure safe and effective care is delivered.

Consumers and representatives said the service provides the opportunity to discuss consumers’ current care needs, goals, and preferences, including advance care planning and end of life care. Staff said end of life planning is discussed on admission if the consumer is comfortable to do so and during review processes. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers in line with the services policies and procedures in relation to advance care planning.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Management and staff described processes for partnering with consumers and their representatives in care planning to ensure quality care is provided. This was reflected in consumer and representative feedback.

Consumers and representatives said staff explain information about care and services, and they can access a copy of the consumer’s care and services plan when they want to. Management and staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives.

Care planning documents evidenced they were reviewed on a regular basis and updated when circumstances change. Management and staff advised care planning documents are reviewed every 2 months, or as required. Consumers and representatives said staff regularly discuss care needs with them, and any changes requested were addressed in a timely manner.

# 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 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers were receiving care that is safe and right for them, that meets their needs and preferences. The service had processes in place to manage restrictive practices, skin integrity and pain management which were in line with best practices. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent and a behaviour support plan.

Care planning documents identified that high impact and high prevalence risks were effectively managed, and staff implement relevant strategies to minimise risks such as ensuring call bells are always within reach for those consumers who are at risk of falls. Consumers and representatives said consumers’ care is safe and right for them. Staff explained how they identify, assess, and manage risks for each consumer.

Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place. Consumers and representatives were satisfied with how the service provides care to consumers' nearing end of life, and staff described how they provide end of life care maximising the comfort of consumers.

Staff described how they identify and respond to deterioration or change in consumers’ condition. Consumers and representatives said the service is responsive to consumers’ care needs and they are informed of any deterioration, together with planned management strategies. Care planning documents reflected identification and response to deterioration of changes in consumers’ condition.

Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described how information about consumers’ needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared.

Consumers and representatives said referrals were timely, appropriate and occur when needed and that the consumer has access to a range of health professionals and services. Management and staff described the process to refer clinical matters to other providers. Care planning documents evidenced timely referrals occur when needed.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumer and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Staff explained what is important to consumers, including their interests and what activities they like to do, this information was reflected in care planning documents.

Consumers said their emotional, spiritual, and psychological needs were supported. Staff said if they identified a change in a consumer’s mood or emotional needs, they provided additional support by talking with the consumer to resolve their concerns or by spending one-on-one time with them and supporting them to communicate with those important to them. Care planning documentation included consumers’ individual emotional support strategies and how they were implemented by staff, which aligned with consumers expressed needs and preferences.

Consumers and representatives said consumers were supported to participate in activities within and outside the service, keep in touch with people who are important to them and do things of interest to them. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with. Staff described specific interests of consumers and identified who is important to them.

Staff described how communication of consumers’ needs and preferences occurs via care planning documents, the service’s electronic care management system, and shift handover to enable the provision of safe and personalised care to consumers. Consumers said staff were aware of their conditions, needs and preferences. Care planning documents included adequate information to support safe and effective care.

Care planning documents evidenced the service collaborates with external providers of other care and services. Staff described how they work with external organisations, including volunteers, to broaden the lifestyle services and supports delivered to consumers enhancing their experiences at the service.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food.

Equipment which supported consumers to mobilise and engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers said equipment was easily accessible and suitable to their needs. Staff described how they ensure consumer mobility equipment is safe, suitable, regularly cleaned and well maintained.

# 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 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was welcoming and easy to understand. The service environment was observed to have environments that reflect dementia enabling principles of design with sufficient lighting, navigational signs and wide corridors to support consumers to move around. The service had communal areas for consumers to interact, indoors and outdoors, including lounges, dining areas and courtyards. Consumers’ rooms were observed to be personalised with their own decorations and personal belongings.

Consumers and representatives said the service environment is safe, clean and well maintained and they are able to move around freely. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Documentation demonstrated cleaning and maintenance processes were completed in a timely manner.

The service demonstrated that furniture, fittings and equipment is appropriate, clean and well maintained. Consumers said they have access to safe, clean and well maintained equipment. Maintenance documentation demonstrated maintenance checks were up to date with preventative maintenance schedules in place.

# 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 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives described the various avenues they use to provide feedback on care and services, such as providing direct verbal feedback to staff, speaking at consumer meetings, and using feedback forms. Management said the service has a secure feedback box for completed feedback forms, and staff are able to input feedback onto the feedback register on the consumers’ behalf. The service had flyers encouraging consumers and representatives to provide suggestions, compliments, concerns and complaints in verbal or written forms.

Consumers said they were comfortable raising concerns within the service and reaching out to advocacy services if needed. Management and staff reported they did not currently have any consumers who required interpreter or translation services but were aware of how to engage them if a need arises in the future. A range of posters and flyers produced by other external advocacy services were observed displayed at the service.

Consumers said the service responded to and resolved their complaints or concerns when they were raised or when an incident had occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Documentation demonstrated action is taken in relation to feedback and complaints and open disclosure is practised.

Management described complaints and the actions taken in response, as well as how feedback and complaints have been used to drive continuous improvement across the service. Consumers and representatives reported their feedback is used to improve services and documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# 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 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives confirmed that staffing levels were adequate to deliver the care and support they needed. Management advised the service had adequate staffing to meet consumer care and services and systems on place to manage staff leave. Documentation evidenced that the service had adequate staff, and that call bell response times were monitored to ensure that they were within the service’s performance targets.

Consumers and representatives said staff engage with consumers in a kind, caring, gentle and respectful manner. Staff were observed to greet consumers by their preferred name and demonstrated they were familiar with each consumer’s individual needs and identity. The service had documented policies and procedures to guide staff practice in relation to care and services delivered in a respectful, kind, and person-centred manner.

Consumers and representatives said staff performed their duties effectively and were confident that staff are skilled to meet consumers care needs. Management said the service have a comprehensive education program in place, including the induction process which requires staff to complete role-based training that is monitored by both management and an educator. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff said they were competent to perform their roles providing care consumers need, well trained and up to date with mandatory training requirements and can request additional training of interest to them. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Documentation demonstrated performance of staff is regularly assessed, monitored, and reviewed. Management described how staff performance is monitored through annual reviews, including ongoing observations of staff practice, and provided examples. Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills and knowledge.

# 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 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said the service is well run, and described their involvement in the development, delivery and evaluation of care and services. Management said consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through regular meetings, feedback mechanisms, surveys, and during the care plan review process. Documentation evidenced that consumers were encouraged and supported to be actively engaged in the development, delivery and evaluation of care and services.

Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff feedback aligned with processes specified in the service’s policies and procedures. Observations and documentation reviewed corroborated information outlined in these policies demonstrating that procedural information was translated into practice.

The organisation has a documented risk management framework, which includes policies describing how high impact or high prevalence risks associated with the care of consumers are managed, how potential reportable incidents are identified and responded to and how incidents are managed and prevented. Management described how incidents are analysed, used to identify risks to consumers, managed, and inform improvement actions to support consumers to live their best lives. Staff confirmed they have access to and have been trained on the serious incident reporting scheme and demonstrated awareness of reporting requirements.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work.

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)