Performance

Report

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| Name of service: | Chelsea Lodge Hostel |
| Service address: | 8 Gosney Street WINCHELSEA VIC 3241 |
| Commission ID: | 3184 |
| Approved provider: | Winchelsea Hostel & Nursing Home Society |
| Activity type: | Site Audit |
| Activity date: | 19 June 2023 to 21 June 2023 |
| Performance report date: | 27 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 Chelsea Lodge 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 the 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 they felt valued and respected by staff and they were aware of their cultural background and what is important to them. Staff demonstrated an awarness of consumers’ backgrounds. Care planning documentation reflected what was important to the consumer and reflected consumers’ identity and culture. Interactions between staff and consumers were observed to kind and respectful.

Consumers said the service were familiar with their backgrounds, personal identities, and culture. Staff demonstrated an awareness of consumers’ cultural backgrounds and how this influences the way they deliver care on a day-to-day basis. Care documentation reflected consumers’ culture and preferences for care and included strategies to assist staff with providing care to that consumer. The lifestyle activities calendar reflected various culturally based activities by consumer preference.

Consumers said they were supported to exercise choice and maintain their independence and maintain relationships of their choice. Care planning documents reflected consumer choices and what was important to them, including maintaining personal and social relationships, and lifestyle choices. Staff described how they support consumers to maintain their independence and communicate their choices about how their care is delivered. The service had policies to guide staff in supporting consumers to make and communicate decisions about their care.

Consumers and representatives said the service enables consumers to take risks to encourage consumers to live their best life and the service supports them in making decisions that involve consumers taking risks. Staff were aware of consumers who want to take risks and demonstrated how they support them. Care planning documents demonstrated risk assessments were completed in consultation with a medical officer and consumers or their representative and were reviewed regularly.

Consumers said they are provided with information that allows them to make choices about how they live their lives including meal selections, lifestyle activities, and what is happening at the service. Staff described how they provide accurate and timely information to consumers and support them to make decisions and described different ways information is communicated to ensure it is easy to understand and accessible to consumers, including strategies to communicate information to consumers with poor cognition.

Consumers said the service respects their privacy and confidentiality and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. Staff described the procedures for protecting consumer privacy and handling confidential information securely. Consumer information is kept in the electronic care planning system that requires a password to access. The service had policies which guide staff practice in respecting the consumer’s privacy and protecting their personal information.

# 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 wishes of consumers, including the identification of risks. Management and staff described how regular care assessments are completed to ensure safe and effective care is delivered and care planning process ensures that risks are identified and managed with strategies in place for consumers in line with services documents policies and procedures.

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. The service had a policy in place to guide staff in providing palliative care services.

Care planning documents reflected the involvement of consumers, representatives, organisations, service providers and other health professionals in the assessment and planning process. Management and staff described review processes and how consumers, representatives and relevant others are involved in assessment and care planning to inform care and services. Consumers and representatives said they were actively involved in the assessment, planning and review of consumers care and services.

Consumers and representatives said the outcomes of assessments and planning were communicated to them and they had a current copy of their care plan or know how to access one if they choose to. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. Documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning, that were in line with the service’s care planning and evaluation policy.

Consumers and representatives said they are notified when there are changes or when incidents occur. Care planning documents evidenced they are updated when circumstances change, such as a change in health or when incidents occur. The service is guided by policies and procedures for recording and reporting incidents. Staff said care and service plans were regularly reviewed for effectiveness and when circumstances change or when incidents occur.

# 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 they were satisfied with the standard of personal and clinical care provided, and that it is safe, effective and addresses consumer’s needs. The service had relevant policies in place to guide staff in providing best practice care and staff were knowledgeable of the service’s procedures, in relation to restrictive practices, wound management, medication management and pain management. Care planning documentation evidenced that the service monitors and evaluates care in these areas effectively and reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

Consumers and representatives said the service identifies and manages risks for consumers. Staff identify, assess, and manage high-impact or high prevalence risks to the safety, health, and well-being of each consumer. Policies and procedures, input from health professionals, and clinical protocols guide how the organisation manages high-impact or high-prevalence risks and clinical data is captured to inform continuous improvements. Care planning documentation evidenced identification of risk factors, individualised interventions, and evaluation of these strategies.

Consumers and representatives said consumers wishes and preferences in relation to end of life were recorded and respected. Management and staff described processes and procedures around palliative care, which were supported by relevant policies. Documentation evidenced consumer preferences were recorded and respected at end of life, and comfort care measures were provided and care planning documents detailed consumers’ advance care planning information, including choices and end of life preferences.

Consumers and representatives said the service had been responsive in identifying and responding to changes in consumers health status and condition. Staff described and provided examples of how they identify and respond to deterioration or change in consumers’ condition, including referral to other services. Care planning documentation demonstrated deterioration in consumers’ health, capacity and function were recognised and responded to. The service had policies in place to support staff in identifying and managing deteriorating consumers.

Management and staff described the processes in place for communicating information, including handover, care documentation, care plans and staff messages through the electronic care management system, and with others where clinical care is shared. Care planning documentation contained adequate information to support effective and safe sharing of consumer’s information in providing care, including communication with external providers.

Consumers and representatives said referrals were appropriate and consumers have access to a range of health professionals. Management described resources available to consumers and methods of referral to internal and external health professionals. Care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals.

Consumers said staff follow infection control protocols including wearing personal protective equipment and were satisfied with the standard of cleanliness at the service. The service had policies and procedures in place to guide staff in relation to antimicrobial stewardship, infection control management, and documented processes for the management of an infectious outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and demonstrated an understanding of precautions necessary to prevent and control infection and the steps they could take to minimise the use of 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 were satisfied that services and supports for daily living are safe, effective, and meet their needs, goals, and preferences, optimising their independence, well-being, and quality of life. Care planning documentation identified consumers’ choices, services, and supports they need to do the things they want to do, and staff were familiar with individual consumer preferences.

Consumers described support and services available to them to promote their emotional, spiritual, and psychological wellbeing. Staff described how they support consumers emotional and spiritual needs; staff gave examples of how they recognise diversity to provide services that are meaningful to the consumer and how they support consumers to have access to religious services to meet their preferences. Care planning documentation outlined consumers emotional and spiritual needs with strategies in place to support and ensure consumers emotional, spiritual, and psychological wellbeing needs are met.

Consumers and representatives said consumers were supported to participate in the community within and outside the service, do things that are of interest to them and maintain social and personal relationships. 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.

Consumers said they have accessed a range of services and supports to meet their care needs. Staff described other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Care planning documents evidenced the service collaborates with external providers of other care and services to support the diverse needs of consumers.

Consumers said they were satisfied with the quality, quantity, and variety of food they were served; they are provided with a choice for each meal daily and can request something different if they choose to. Documentation and meal plans demonstrated that they provide meals that are varied and of suitable quality and quantity, with a variety and choice of meals available to consumers. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food and the menu is developed based on consumer feedback and input.

Equipment which supported consumers to mobilise and engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers indicated equipment is safe, suitable, and clean. Staff said they ensure consumer mobility equipment is safe and suitable and described the process for reporting maintenance issues through the service’s maintenance request system.

# 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 said the service has a welcoming environment that is easy to understand and has allowed them to optimise their sense of belonging and independence. Management explained that they aim to create a welcoming environment through creating a familiar environment for the consumers. Consumers’ rooms were observed to be personalised, with consumers choice of their own personalised furniture and decorations and the service environment was observed to be welcoming with communal seating available indoors and outdoors and signage to support navigation around the service.

Consumers and representatives said the service is clean, well maintained, comfortable to live in and consumers can move freely inside and outside as they choose. Staff said they assist consumers to access all areas of the service. Consumers were observed moving freely throughout the service both indoors and outdoors. Staff explained how they ensure the service environment is safe for consumers, and described processes for cleaning, documenting, reporting, and how maintenance is managed at the service.

Consumers said furniture and equipment were safe, clean, and suitable. Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# 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 said they understood the complaints process at the service, and they were comfortable raising any concerns with staff. Management and staff described the different mechanisms for consumers to provide feedback, suggestions, compliments, or complaints. Staff were aware of the process to follow when an issue is raised with them directly. Feedback forms and locked feedback boxes, brochures and posters for complaints services were observed displayed throughout the service for consumers to access.

Consumers and representatives said they were aware of other ways of raising complaints and advocacy services if required. Staff were aware of the process to engage advocacy and language services should a consumer or representative require them. The service had feedback forms and brochures with advocacy and language services displayed on noticeboards throughout the service.

Consumers and representatives said the service had responded to their feedback appropriately and communicated with them to discuss their concerns. Staff demonstrated that appropriate action is taken in response to feedback and complaints and an open disclosure process is used when things go wrong. The service has policies which guide them on receiving and responding to complaints, as well as practicing open disclosure.

Consumers and representatives said they are satisfied that their feedback and complaints have resulted in improvements made at the service. Management described detailed processes and provided examples of how feedback and complaints provided to the service are reviewed and used to improve the quality of care and services. Documentation reflected the various ways the service captured compliments 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 said they were satisfied there is enough staff to meet consumers’ care needs and answer call bells promptly. Observations indicated that staff were available when consumers required staff assistance. Management and staff described how they ensure there is enough staff to provide safe and quality care to consumers, ensuring shifts were covered. The service had systems in place to support roster development and evidenced that staffing levels were adequate, and the service had implemented effective strategies to manage staffing challenges.

Consumers and representatives said staff are kind, caring and respectful. Staff were observed interacting with consumers in a kind, caring and respectful manner addressing consumers by their preferred name and engaging in friendly and familiar conversations with them. Staff demonstrated awareness of consumers’ cultural and personal backgrounds.

Consumers said that staff are competent and know what they are doing and are satisfied with the care they were provided. Management provided records to show that the workforce is competent, and members of the workforce have the qualifications and knowledge to perform their roles effectively. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff said they receive training and support to provide the care and services consumers require. 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.

The service demonstrated that appropriate processes were in place to regularly assess, monitor and review the performance of staff. Management demonstrated that systems were in place to record and track staff performance reviews, the service had implemented a schedule for any staff that had fallen overdue. Staff explained the performance review process, including 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 said the service engaged with them in the development, delivery and evaluation of care and services, through direct feedback or participation in consumer meetings. Management described the ways consumers and representatives are engaged including customer experience surveys, feedback, and meetings. The service had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Consumers and representatives advised the service promotes a culture that is safe, inclusive, and professional. 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.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, compliance and feedback and complaints. For example, in relation to financial governance, management described how the organisation uses both internal and external resources to manage financial governance in the organisation and processes were in place for purchases supporting service delivery when required.

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, including identifying abuse and neglect of consumers. 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. The service described an incident management system used to collect and record incident data which is analysed to guide management in risk and prevent incidents.

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 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)