Performance

Report

**1800 951 822**

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| Name: | Christophorus House Hostel |
| Commission ID: | 0200 |
| Address: | 396 Peats Ferry Road, HORNSBY, New South Wales, 2077 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 23 April 2024 |
| Performance report date: | 31 May 2024 |
| Service included in this assessment: | Provider: 431 Christophorus House Retirement Village  Service: 216 Christophorus House Hostel |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Christophorus House Hostel (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received on 10 May 2024
* the performance report dated 10 January 2023 for the Site Audit conducted from 31 October 2022 to 2 November 2022.

# Assessment summary

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| Standard 8 Organisational governance | Not Applicable as Requirement not fully assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement 8(3)(d) was not compliant following a Site Audit conducted from 31 October 2022 to 1 November 2022. An Assessment Contact was conducted on 23 April 2024 to reassess the Requirement.

Management recognised high-impact and high-prevalence risks included falls, medication administration, pressure injuries and wound care and infection control. The incidents register primarily captured skin tears and falls incidents, with some discrepancy noted between the register and the quality indicator summary. Whilst timely and appropriate actions post-incidents and investigation was demonstrated, preventative measures were similar and generic. The risk management policy was outdated and board engagement about high-impact and high-prevalence risks was not evidenced.

Management advised consumer abuse and neglect was identified through clinical indicators and from feedback and complaints. Quality indicator and risk management discussions occurred at board level and board members attended for consumer visits regularly. Incidents identified under the Serious Incident Response Scheme were recorded and reviewed by the board, and notification to the Commission was evidenced. Most staff were knowledgeable about consumer abuse and neglect identification and response, and about the Serious Incident Response Scheme.

Most consumers and consumer representatives were satisfied they were supported to live the best life they can. For one incident, care documentation was not updated. Management discussed strategies which supported consumers to live with dignity and holistically. The dignity of risk register confirmed risk assessments were informed by consumer needs and preferences and included risk identification, reduction strategies and review mechanisms. Incident reports were generated under the electronic incident management system for submission to the board, a newly applied process which required further development. Risk escalations were processed by the general manager.

In response to the Assessment Team report, the Approved Provider discussed the recent implementation of the care and clinical governance report which is reviewed at each board meeting and recommendations from the clinical governance committee are tabled and discussed. Falls data for March 2024 was submitted for consideration, and was noted by the Approved Provider to be consistent with the incident register. Data relating to skin tears was noted to be consistent with the quality indicator summary and incident register and was collected from both falls and skin tear incidents. The Approved Provider responded to the issue of incident recording, noting consumer care documents were updated.

In making a decision on Requirement 8(3)(d), I have considered the intent of the Requirement which is to ensure that appropriate systems and processes are in place to identify and assess risks to the health, safety and well-being of consumers. I have considered the consumer voice and note most consumers were satisfied with the support they receive to live their best life. Consumers are consulted about risk and the impacts of the risks they choose to undertake, which considered dignity of risk and are also informed by consumer needs and preferences. Risk identification, reduction of risk strategies and risk review mechanisms are in place, and risk escalations are managed.

I acknowledge the recent changes to organisational processes, with implementation of the care and governance report and its tabling and consideration at each board meeting. I also acknowledge identification of consumer abuse and neglect occurs through assessment of clinical indicators and feedback and complaints, with associated risk management discussions occurring at board level and appropriate reporting under the Serious Incident Response Scheme.

As such, I find Requirement 8(3)(d) is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)