Performance

Report

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| Name of service: | Clarendon Grange Hostel |
| Service address: | 40 Stud Road BAYSWATER VIC 3153 |
| Commission ID: | 3222 |
| Approved provider: | Wickro Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 May 2023 to 2 June 2023 |
| Performance report date: | 5 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 Clarendon Grange Hostel (**the service**) has been prepared by M. Nassif, 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 staff treat consumers with respect and dignity and their culture and diversity valued. Staff said they refer to care planning documents to ensure care is delivered in line with consumers’ identity, diversity, and preferences. Care planning documents reflected what is important to consumers to maintain their identity and dignity.

Consumers and representatives said the service delivers care and services tailored to their needs and culture. Consumers with diverse backgrounds were identified by staff who explained how care is delivered with respect which aligned with care planning documents.

Consumers and representatives said they are supported to exercise choice and independence including to make and communicate decisions about the care they receive, and maintain relationships. Staff provided examples of how consumers can make choices about their care and services and how staff assist them to achieve their goals and this information was documented in care planning documents.

Consumers said they are supported to take risks and live the best life they can. Staff demonstrated they are aware of the risks taken by consumers and said they support the consumers wishes to take risks and live the way they choose. Care planning documents assessed and identified risks as well as strategies to mitigate risks and ensure consumer safety.

Consumers said they are happy with the information they received and felt well informed about activities, events and allied health services provided at the service. Staff said they inform and prompt consumers with what is happening on the day so they could exercise choice. Flyers providing information to consumers, such as an activities calendar, was displayed around the service.

Consumers and representatives said they are confident their information is kept confidential. Staff described how they maintain consumers’ privacy when providing care and keep computers locked when unused. This was consistent with observations.

# 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 comprehensive assessments are undertaken and included identification and assessments of risks. Staff described the assessment and care planning processes and the mitigation of risks potentially impacting on the delivery of effective care and services. This was consistent with care planning documents.

Consumers and representatives said assessment and care planning process addressed the current needs, goals, and preferences of consumers, including the advanced care and end of life planning. This information was recorded in care planning documents.

Care planning documents demonstrated the involvement of consumers, their representatives, and allied health professionals. Consumers and representatives said they are involved in the assessment and care planning process through formalised conversations and regular feedback.

Consumers and representatives said they are provided regular updates on the outcomes of assessment and planning. Staff confirmed their practice to notify consumers and representatives of outcomes of assessment and planning and if there are changes or incidents.

Consumers and representatives said, and care planning documents evidenced, care and services are reviewed regularly for effectiveness and when circumstances change.

# 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 are receiving care that is safe and tailored to meet their needs and preferences. Staff described consumers’ individual needs and preferences, personal and clinical care and how they were delivered in line with their care plans. Care planning documents confirmed staff are following documented strategies and clinical management policies to deliver best practice and tailored care.

Consumers and representatives said they felt high impact high prevalence risks are effectively managed by the service. Staff explained high impact high prevalence risks to consumers and the strategies in place to manage these risks. Care planning documents included risk assessments and evidenced effective management of risks.

Staff were able to articulate how to care for consumers nearing the terminal stage of life and to ensure comfort is maximised and their dignity is preserved. Management said the service completes a palliative care assessment and end of life intervention plan and is guided by the medical officer and consumers’ family.

Consumers and representatives said they are confident the service will respond in a timely manner and address any deterioration in health status. Staff described what they would do in response to any deterioration in consumers’ overall health. Care planning documents evidenced when deterioration in a consumer was identified, responses were attended in a timely manner.

Staff were aware of the consumer care needs and preferences confirming the handover process is effective and they receive up to date information about the consumers during handover. Care planning documents provided adequate information to support effective and safe sharing of the consumers’ information in the provision of care.

Consumers and representatives said timely and appropriate referrals occur when needed and consumers have access to relevant health care supports. This was evidenced in care planning documents. Staff described the process for referring consumers to allied and health care professionals and how this informs care and services provided to consumers.

The service had policies and procedures which underpinned infection, prevention and control processes. Consumers and representatives were happy with how the service has managed COVID-19 outbreaks and COVID-19 infections. Staff said they receive training in relation to infection, prevention and control which forms part of a mandatory training module.

# 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 services and supports for daily living meet consumers’ needs, goals, and preferences. Staff interviewed were knowledgeable about consumers’ interests, needs and preferences. Care planning documents reflected what is important to each consumer and what they like doing.

Consumers and representatives said the emotional, spiritual, and psychological needs of consumers were supported. Staff explained how information relating to consumers’ choices, needs and preferences and emotional and spiritual needs are recorded upon admission and updated over time. Care planning documents detailed emotional support strategies and how these are implemented.

Consumers and representatives felt consumers were supported to participate in activities both within and outside of the service as they choose, and the service gives them the opportunity to express their individual interests. Staff described how they support consumers to do the things of interest to them and participate within and outside of the service environment. This information was consistent with care planning documents.

Staff said any changes to the condition, needs and preferences of consumers are communicated through handovers and emails and documented in care planning documents. Care planning documents provided adequate and correct information to support and effective care as it relates to services and supports for daily living.

Consumers and representatives said if the service could not provide the support consumers required, they were confident they would be referred to an appropriate provider. Staff said the service engaged external services to provide specific activities that consumers wished to participate in. Care planning documents evidenced the service collaborated with external providers to support the diverse needs of consumers.

Consumers and representatives said the meals provided were varied and of suitable quality and quantity. Staff were observed to be assisting, encouraging, and offering choices with meals to consumers during the Site Audit. Care planning documents noted consumers’ dietary needs, dislikes, allergies, and preferences and staff were aware of these.

Consumers said the equipment provided is safe, suitable, clean, and well maintained. This was consistent with observations. Staff described how equipment is kept safe, clean, 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 is welcoming and consumers said it was easy to move around the service environment and they felt comfortable within the service. The service had floor plans and signage to support consumers in finding their way around the service.

Consumers said they are free to mobilise both indoors and outdoors and the service is safe, clean, well maintained, and comfortable. This was consistent with observations. Staff described describe the process for documenting, reporting, and attending to maintenance issues. Cleaning schedules demonstrated all tasks were attended and up to date.

Consumers and representatives said fittings, furniture and equipment are in good working order, and when not working they get reported and repaired promptly. The service’s preventative and reactive maintenance program reflected items are promptly dealt with, and preventative maintenance is conducted in accordance with maintenance schedules.

# 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 are supported to provide feedback, suggestions and make complaints. Staff described how they supported consumers in providing feedback or making a complaint. Posters were displayed throughout the service with both internal and external feedback process information.

Consumers and representatives said they have been provided with information regarding how to provide feedback or make a complaint and felt they could access support or advocacy to help them should it be required. Staff and management referred to external resources available. The service displayed posters and leaflets advertising the Commission and other advocacy and interpreter services.

Consumers and representatives said when things had gone wrong, the service apologises, acts promptly to resolve issues, and communicates well. Management and staff explained how open disclosure occurs and how the service responds in a timely manner. The service’s feedback register demonstrated the use of open disclosure.

Feedback from consumers and representatives demonstrated the service is listening and responding to feedback, with improvements occurring to the quality of care and services where appropriate. This was consistent with, and reflected in, the service’s plan for continuous improvement which included feedback from consumer and representatives.

# 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 the service had an adequate mix and quantity of staff to meet the needs of consumers. Staff said the service had the right number and combination of staff to deliver quality care and if they are ‘short,’ staff are reallocated. Staff roster prior to the Site Audit evidenced all shifts were filled.

Consumers and representatives said staff are kind, caring and gentle when providing care. This was consistent with observations. Staff said they had received training on the topic of culture and diversity and demonstrated an awareness of consumer needs and preferences which aligned with information in care planning documents.

Management said all recruited staff must meet the minimum qualification and registration requirements for their respective role, and ensure they have current criminal history checks completed. Employee records demonstrated the service monitors professional registrations and criminal history, appropriately. Consumers and representatives said staff know what they are doing, confirmed they are happy with the staff and believe they are competent in their care.

Staff described how they have regular mandatory training sessions, saying they are well supported and can approach management if they feel they need additional training. Training records demonstrated most staff had completed mandatory training. Consumers and representatives said they are confident in the abilities of staff and thought they had been trained well to perform their duties.

Management advised, and staff interviews confirmed, the service has a probationary and ongoing performance review system in place. Performance reviews are conducted at 3 months for new staff, with annual reviews for all staff, thereafter. Documentation confirmed reviews have been undertaken.

# 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 they have input into how consumers’ care and services are delivered through feedback forms, during the ‘resident’ meetings or by speaking directly with management. Documentation reflected the engagement of consumers in the development, delivery and evaluation of care and services.

Management said the service provided regular quality reports to senior management and the Board, and the organisation has a set of meeting structures and committees to oversee safe and quality care. Management said, and documentation confirmed, an analysis of monthly audits and clinical indicators is conducted, and these reports are reviewed and analysed for the clinical governance and Board meeting papers.

The service had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. For example, staff members described an effective information management system and discussed continuous improvement strategies at the service.

The service had effective risk management systems in place, for example, to monitor and assess high impact or high prevalence risks associated with care of consumers and to identify and respond to abuse and neglect of consumers. Management and staff described their roles and responsibilities in relation to the risk management systems.

The service had a clinical governance framework that included antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Management and staff described their roles and responsibilities under the clinical governance framework.

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)