Performance

Report

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| Name: | Clarendon Grange Hostel |
| Commission ID: | 3222 |
| Address: | 40 Stud Road, BAYSWATER, Victoria, 3153 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 September 2024 |
| Performance report date: | 24 September 2024 |
| Service included in this assessment: | Provider: 1593 Wickro Pty Ltd  Service: 1981 Clarendon Grange 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 Clarendon Grange Hostel (**the service**) has been prepared by G. Harbrow, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all Requirements assessed. |
| **Standard 4** Services and supports for daily living | **Not applicable as not all Requirements assessed.** |
| **Standard 7** Human resources | **Not applicable as not all Requirements 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 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 |

Findings

The Assessment Team found consumers and representatives were satisfied with the personal and clinical care received. Care documentation demonstrated assessment and care planning developed in consultation with consumers and or their representatives and tailored to individual needs. Care delivery reflected best practice principles in relation to management of skin integrity and pain, and while staff demonstrated a lack of knowledge when explaining restrictive practices, they advised of completing education about same. Service training records confirmed service provision of, and staff attendance for education regarding restrictive practices. The service’s management explained staff understanding of restrictive practice terminology may impact on staff ability to demonstrate their understanding and have committed to provision of additional education.

The Assessment Team report indicates service management advised of a commitment to minimising the use of restrictive practices. The service’s psychotropic register confirmed all consumers prescribed psychotropic medication are aware of the associated risks. The psychotropic register shows consumers prescribed psychotropic medications have a general practitioner (GP) diagnosis, with consent provided for the administration of psychotropic medication. Behaviour support plans are in place for consumers prescribed psychotropic medications, which staff described the use of, as the last resort.

Management advised and documentation confirmed a 3 monthly review of all consumer medications including psychotropic medications. Care plan documentation shows the consumer and or representative advised of any medication changes and associated risk.

Consumers indicated and care documentation confirmed the service provides wound care in line with consumer care plans. Regular wound review, with documented measurement and photography is undertaken by a registered nurse (RN). The service seeks the active engagement of GPs and wound consultants as required.

Consumers indicated and care documentation confirmed the servcie provides effective pain assessment and management, in consultation with consumers, consumer representatives, GPs and RNs.

# 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 |

Findings

Consumers and representatives are satisfied with the support received to meet their needs and optimise independence. Staff explained the service provides a lifestyle program tailored to accommodate variety in consumer engagement, cognitive and physical ability. Service staff develop a well-being care plan in consultation with consumers, which outlines each consumer’s life story, what is important to them, and their goals. The Assessment Team observed consumers engaging in a variety of social, leisure and lifestyle activities and being supported to engage.

# 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 |

Findings

Consumers confirmed they are satisfied with service staffing levels and call bell response times. Staff described adequate workforce numbers to meet the care needs of consumers. Service management advised of, and rostering confirmed a planned workforce reflective of suitable allocation and skill mix, to deliver safe and quality care and services.

Management said call bell response times are monitored and reviewed through monthly quality reports with response times exceeding acceptable times, investigated with staff, and analysed for trends and associated adverse events. The Assessment Team report indicated no adverse events, related to a delay in call bell response times were identified. The Assessment Team observed sufficient staffing levels across the service, and call bells being attended to in a timely manner.

The service has a planned process to replace unplanned leave and is engaged in ongoing recruitment for clinical and care staff, with the recent successful onboarding of additional staff.

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