Performance

Report

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| Name of service: | Concord Community Hostel |
| Service address: | 4A Cavell Avenue RHODES NSW 2138 |
| Commission ID: | 0491 |
| Approved provider: | RFBI Concord Community Village |
| Activity type: | Site Audit |
| Activity date: | 17 July 2023 to 19 July 2023 |
| Performance report date: | 17 August 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 Concord Community Hostel (**the service**) has been prepared by K. Richards, 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 consumers, representatives, staff, management and others.

The provider did not submit a response to the Assessment Team’s report.

# 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 are caring and recognise and respect consumers’ identity, culture and diversity. Staff demonstrated familiarity with consumers’ needs and preferences, and were observed interacting with consumers with kindness and respect.

Consumers and representatives were satisfied care and services are culturally staff. Staff described adapting communication and cares to meet consumers’ cultural needs, including providing culturally appropriate food and celebrating culturally important events and dates.

Consumers and representatives said they were supported to make and communicate decisions on how and when care and services are provided and maintain relationships of importance. Staff described how they support consumer choices, and care plan documentation recorded consumer decisions and people of importance.

Consumers and representatives provided examples of how the service supports consumers to take risks, enabling to live their best life. Staff demonstrated awareness of consumers who choose to take risks, with consideration of benefits and consequences captured in dignity of risk forms.

Consumers and representatives explained how the service provides information about care and services, including lifestyle activities, meals, and other events. Staff described communication avenues, including newsletters, emails, memos and displayed posters. Information provided to consumers was observed to be in a clear and easy to understand size and format.

Consumers and representatives said consumer privacy is always respected, doors are closed during cares, and staff knock and seek permission before entering consumers’ rooms. Staff identified actions to keep consumer information confidential, including securing paperwork in locked areas, using passwords to protect electronic information, and ensuring consumers are not discussed in front of others.

# 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.

Consumers and representatives said they are aware of assessment and planning processes to identify risk and inform safe and effective care. Staff detailed the comprehensive care planning processes to inform delivery of care and services in line with policies and procedures. Consumer files include consideration of risk and reflect care needs.

Consumers and representatives said they engage regularly with staff to discuss care needs and could detail their end of life wishes if desired. Staff demonstrated understanding of consumer needs and preferences in line with care planning and described approaches to conversations about advance care directives and end of life care during admission process and regular case conferences, or when consumer needs change. Consumers receiving end of life care had palliative care plans commenced.

Consumers and representatives advised they felt like partners in the planning of consumer care and services. Staff described the multidisciplinary approach to care planning, including Medical officers and other health professionals, including Allied health. Care plan documentation demonstrated involvement of consumers, nominated representatives and other providers.

Consumers and representatives were satisfied the outcomes of assessment and planning were clearly communicated in a timely manner and could access documented care and services plans if they wanted. Staff explained communication processes to inform consumers and representatives of assessment outcomes, with case conference information recorded in progress notes, and care planning information was readily available through the electronic care management system.

Consumers and representatives said they were involved in regular reviews of care plans, with interim discussions following changes or incidents to ensure consumer needs were addressed. Staff explained regular review of care planning is undertaken in line with the service’s schedule, and following changes such as deterioration, falls, wounds, or infections. Care planning documentation demonstrated review and consultation with consumers and representatives following regular or required reviews.

# 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 were satisfied consumers receive personal and clinical care that is safe, effective, and optimises health and well-being. Staff said organisational policies and procedures direct best practice cares. Care planning documentation reflected consumer care needs with personalised strategies, including relating to use of restrictive practice, wound care, and pain management.

Consumers said staff were aware of risks associated with their care, including falls, management of diabetes, and risk of infection, and staff explained precautions taken to mitigate associated risks in line with care planning documentation. The service maintains a risk register, capturing consumers assessed as having high risks, for oversight and monitoring.

Consumers and representatives said they are confident end of life care supports consumers to be as free as possible from pain and be surrounded by people of significance to them. Staff described actions undertaken to maximise comfort and provide dignity. Documentation for consumers identified as receiving palliative care included goals and strategies to promote comfort, minimise pain and support family involvement.

Consumers and representatives described actions taken in response to deterioration or change to consumer health. Staff explained processes for monitoring change, and escalation process for review. Documentation demonstrated timely actions taken in response to identified change of health.

Consumers and representatives were satisfied with continuity of care, believing staff communicate and document consumer needs and changes. Staff and management described methods of sharing information, including handovers, meetings, care planning documentation, progress notes, clinical reviews, work log tasks, and messaging systems. Care planning documentation was observed to incorporate information from Medical officers, Allied health staff, pathology, and hospital discharge information.

Consumers and representatives gave examples of timely referrals made to providers to meet consumer needs. Staff identified available internal and external providers, including specialist providers, and said recommendations are incorporated in care planning and followed. Referral processes pathways were documented in the service’s procedures.

Consumers and representatives were satisfied with precautions in place to prevent and manage infectious outbreak. Staff demonstrated awareness of infection control precautions, including hand hygiene and use of personal protective equipment. Documented policies and procedures, including outbreak management plans, were available to guide staff on infection control and antimicrobial use.

# 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 services and supports meet consumer needs, goals and preferences. Staff were aware of what is important for consumers, describing available supports including staff visits, and ensuring care planning documentation captures this information. The service has a tailored activity schedule for consumers within the dementia unit, with separate concerts and special events run to meet consumer cognitive and sensorineural needs.

Consumers and representatives said they are offered emotional, spiritual and psychological support, including pastoral care or one-on-one time with staff. Staff said they recognise when a consumer is feeling low and make time to spend additional time with them. Care planning documentation contains personalised information to guide staff in emotional, spiritual or psychological support.

Consumers and representatives said services and supports offer opportunities to participate in the community, do things of interest, and maintain relationships, including with other consumers. Care planning documentation included information on consumer interests and people of importance, with staff describing actions taken to enable consumer participation.

Consumers and representatives were satisfied information about daily living choices and preferences, including dietary information, is effectively communicated. Staff described receiving updates through handover processes and the electronic care management system. Documentation was observed to include consumer needs and preferences, and changes.

Lifestyle staff described referral pathways for church groups and pastoral care, library services, and other providers. Staff described referral pathways, with policies and procedures to support the referral process.

Consumers and representatives provided positive feedback about the quality, quantity and variety of meals, and were aware they could ask for alternates. Staff were knowledgeable about consumer preferences for meals and drinks, as outlined in care planning documentation. Consumers could access additional food between meals. The chef described consultation and feedback processes to ensure meals meet consumer preferences.

Consumers said equipment was clean, accessible, suitable and they felt safe during use. Consumers, representatives and staff were familiar with processes to report issues, with maintenance staff able to describe responsive actions. Equipment was observed to be well-maintained, clean, and readily available.

# 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 described feeling ‘at home’ within the service, supported to decorate consumer rooms with memorabilia, photographs, and personal items. Courtyard and common areas enabled consumer interactions through formal and informal activities. Management described changes to be made within the dementia support unit following a review of the environment by dementia specialists, with designs to enable support consumers’ identify their own room and bathrooms.

Consumers and representatives said they were satisfied with the service environment and have free access to indoor and outdoor areas. Staff were familiar with cleaning processes and obligations for reporting and attending to maintenance issues. The service environment was observed to be tidy and clean, with clear walkways to enable consumers move freely through communal areas and courtyards.

Consumers and representatives were satisfied with the state of furniture, fittings, and equipment, including call bells. Management described new items are assessed for suitability for consumer needs prior to purchase, and staff demonstrated awareness of their responsibility to ensure equipment was cleaned. Equipment, including consumer refrigerators and microwaves, were observed to be clean and well-maintained.

# 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 were encouraged and supported to provide feedback, including complaints, either in person or through feedback forms and emails. Staff demonstrated awareness of complaint processes and said they could assist consumers provide feedback. Consumer comments, including complaints, were captured in a feedback register, and consumers are reminded and provided opportunities for feedback within consumer meetings.

Consumers and representatives said they were aware of language and advocacy services, as well as external feedback opportunities. Staff and management said they knew how to access language and advocacy services but said they have not needed to. Information on rights, advocacy services, and the Aged Care Quality and Safety Commission was observed on display, and within the consumer welcome pack.

Consumers and representatives said they were satisfied that when things go wrong appropriate action is taken in a timely manner, describing actions in line with open disclosure principles. Staff and management gave examples of using an open disclosure process in response to consumer complaints and incidents, including apologising, taking corrective action, completing an investigation, and improving processes to prevent recurrence.

Staff and management gave examples of using feedback and complaints to evaluate and improve care and services. Management said they give updates at consumer meetings on improvements being made in response to feedback.

# 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 felt whilst staff were busy, there was enough staff to provide care in a timely manner without rushing consumers. Staff advised they felt there were enough staff to provide best practice care in line with consumer preferences, ensuring call bells were answered in a timely manner. Rosters demonstrated the services was able to fill vacant shifts, and improved times in response to call bells with most answered within expected timeframe.

Consumers and representatives said staff are kind, respectful and caring. Staff demonstrated familiarity with consumer identity and preferences. Training on cultural diversity was provided to all staff.

Consumers and representatives said staff are capable and have the knowledge to provide care and support. Management described processes to ensure staff hold minimum qualifications and have requirements for their role, including professional registration, police clearance, and work visas. Staff explained competency assessments are undertaken to ensure they safely perform their roles.

Staff detailed onboarding processes and ongoing mandatory training provided, adding they can request additional training to enhance their performance. Management demonstrated effective monitoring processes ensured staff training was completed within required timeframes. Mandatory training modules included topics to educate on outcomes required within the Quality Standards, with level of training aligned to role responsibilities.

Staff described the annual performance review process, including self-assessment and meeting with their supervisor. Management detailed formal and informal processes to monitor staff performance and gave examples of actions and opportunities provided to staff to make improvements when not meeting expectations.

# 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 considered the service to be well run and had opportunities for engagement in the development, delivery, and evaluation of care and services through consumer meetings, focus groups, and feedback pathways. Meeting minutes demonstrated consultation with consumers and representatives for changes within the service, such as choosing paint colours and new furniture for the dementia support sensory garden.

Consumers and representatives were satisfied the service was safe and inclusive. Management described the structure and actions of the governing body, including reporting, monitoring and adapting systems and processes to promote a culture of safe and inclusive care and services.

Management described the organisation’s governance systems and reporting and monitoring processes to enable Board oversight of key deliverables. For example, financial governance is undertaken through provision of budgets and monitoring expenditure, incorporating allowances for improvements to support changing needs of consumers. Regulatory compliance is managed at organisational level through monitoring of legislative changes, updating policies and procedures if required, and disseminating information to management and staff, which may include formalised training sessions.

Consumers were satisfied the service’s risk management systems and practices support them to take informed risks, with discussions of benefits and possible harm. Staff demonstrated understanding of elder abuse and neglect and obligations to report through the Serious Incident Response Scheme. Incidents are captured within an electronic reporting system, and management said they analyse information to identify issues and trends to make improvements to care and services. High impact and high prevalence risks were known by management, with consumers having key risks identified within the risk register.

An effective clinical governance framework guided staff in delivery of clinical care. Consumers and representatives described actions taken in line with open disclosure. Staff explained clinical care practice is guided by policies and training processes, demonstrating antimicrobial stewardship processes are followed, and restrictive practice use monitored and minimised where possible.

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)