Performance

Report

**1800 951 822**

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| Name of service: | Copperhouse Court Hostel |
| Service address: | 43A Flinders Avenue WHYALLA STUART SA 5608 |
| Commission ID: | 6155 |
| Approved provider: | Whyalla Aged Care Inc |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 18 November 2022 |

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 Copperhouse Court Hostel (**the service**) has been prepared by A Kasyan, 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.

# Material relied on

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff 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 six of the six Requirements have been assessed as Compliant.

All consumers interviewed confirmed staff treat them kindly and respectfully, they advised they feel accepted and staff understand what is important to them. Consumers and representatives confirmed staff understand consumers’ culture and values and are aware of their needs and preferences which enables them to feel respected, valued and safe. Consumers confirmed they felt supported to exercise choice and independence, including making decisions about their daily routines, whether they wanted to be included in activities, their meal choice or whether they spent their day in their room.

Care plans sampled were personalised and included consumer life story, daily routine and preferences, hobbies, important relationships and regular visitors. Care planning documentation identified and addressed consumers’ cultural needs and preferences.

Staff interactions with consumers were observed to demonstrate kindness and respect, such as greeting consumers by their preferred name and showing an interest in their well-being. Staff described the cultural needs of consumers and how they influence day-to-day care and how they engage consumers in making informed choices about their care and services through informal conversations in everyday care.

The service supports consumers to continue living the life they choose and where risks are involved, the service implements strategies to mitigate the risk. The service provides information to the consumers in a variety of ways and ensures consumers’ choices are recorded and communicated to those providing care and services. The service has processes to maintain consumers’ privacy and to keep consumer information confidential

Policies and procedures are in place to support an inclusive, consumer centred approach to delivering care and services.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers and representatives sampled were satisfied with the consultation process in developing and reviewing of consumers’ care and services, and felt staff knew consumers’ care needs. Consumers confirmed individual risks had been identified and informed care services, such as risk associated with skin integrity, nutrition, mobility and falls. In addition, they confirmed they had been involved regarding aspects of the care and services they receive and were aware they could request access to their care plan.

Staff described how they seek an input from relevant, qualified health practitioners for assessing and managing specific common risks for older people. Staff confirmed they have easy access to consumer care plans and are informed of changes to care needs through the handover process. Staff were able to describe what is important to individual consumers about how their personal and clinical care is provided and how clinical staff provide opportunities for respectful supported conversations about death and dying when a consumer enters the service. The service uses best practice advance care planning tools and forms to guide assessment and conversations around end-of-life care.

Care plans were found to be individualised and reflected the needs, goals and preferences of consumers, evidenced ongoing partnership with consumers or their representatives regarding care and services, and the involvement of medical officers and other health practitioners or providers.

Care plans are reviewed every six months and more frequently if required. Where circumstances had changed, or incidents occurred, such as a change in behaviour, fall, weight loss or return from hospital, files showed consumers had been reassessed and care plans updated. All consumers and representatives sampled said they are consulted on a frequent basis about care and services and are advised promptly of any changes or if an incident occurs.

# 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 seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers get the care and services they need, such as assistance with showering or dressing at their preferred time and assistance with hearing or vision aids. Consumers and representatives were satisfied with the care consumers receive and referred to management of specific risks related to falls and nutrition. Additionally, consumers and representatives were satisfied with the timeliness in which staff responded and recognised changes to consumer condition.

Staff were able to demonstrate care is tailored to consumer needs, including respecting preferences for personal care to be delivered by female staff, meeting dietary needs and attending to specialised nursing needs, such as catheter care.

Staff were knowledgeable about sampled consumers and the strategies and interventions in place for risk prevention and management and described how they ensure care is provided in a way which promotes privacy, dignity and respect. Staff said they are informed of any changes to consumer’s health, condition and needs regularly through the handover process and alerts on the service’s documentation computer system.

Care documentation demonstrated deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Timely and appropriate referrals to a range of health professionals and service providers were evidenced in sampled consumer files. In addition, documentation showed infections were reported appropriately and discussed in the clinical and staff meetings.

An immunisation program is in place for COVID-19 and influenza, and there are processes for routinely screening consumers, staff and visitors for COVID-19 or respiratory illness. Staff were able to reference their role in the event of an infectious outbreak and confirmed the service has adequate stock of personal protective equipment and cleaning supplies.

Clinical staff demonstrated understanding of antimicrobial stewardship principles, describing strategies they implement to minimise the need for antibiotics, such as monitoring of consumers’ health, increasing fluid intake and attention to hygiene.

The service has policies and procedures, including a responding to a deteriorating consumer to guide staff practice.

# 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 seven of the seven Requirements have been assessed as Compliant.

All consumers and representatives sampled confirmed the services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being, including religious and cultural services and emotional support from staff, friends inside and outside the service and families. Consumers confirmed they are supported to participate in the community, have personal and social relationships and do things that are of interest to them, including being supported to spend time with friends they have made at the service. Consumers and representatives sampled felt staff were competent and understood consumers’ care needs and preferences.

Consumers’ care planning documentation showed the service collaborates with external service providers to meet consumer needs and staff provided examples of consumers being referred to other providers for care and services. Documentation viewed showed consumers are engaging in the lifestyle program and there are activities available to meet their individual spiritual and emotional needs. Documentation and assessments viewed shows how the service assesses and identifies consumers’ emotional, psychological and spiritual supports.

Staff were able to describe consumer interests and preferences in line with consumer lifestyle care plans, and lifestyle care plans had been reviewed in line with organisational requirements to capture changing consumer care needs and preferences. Lifestyle staff described how the activity program is tailored to consumer interests and developed in consultation with them. Staff described systems and processes used to ensure accurate and up-to-date information is communicated effectively where responsibility of care is shared.

Lifestyle staff described how they review current activities, new activity ideas and cultural celebrations of interest with consumers each month at the resident meeting, as well as through informal discussion. Surveys are undertaken monthly which includes the lifestyle program and adjustments are made based on consumer feedback. Where identified, personalised activities are provided for individual consumers, such as craft and drawing materials.

The majority of consumers and representatives said meals served are varied and of suitable quality and quantity. There are mechanisms available for consumers to provide feedback, including committees, resident meetings and surveys and consumers have been consulted prior to menu changes. Staff described how they meet individual dietary needs and preferences in consultation with a dietitian and their recommendations. All meals are cooked offsite, with delivery occurring prior to meal service and served by hospitality staff.

Equipment used for activities of daily living were observed to be safe, clean and well maintained and staff confirmed they have access to enough equipment, and it is well maintained. The lifestyle team have a cleaning register which they use to ensure all equipment is cleaned between use.

# 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 three of the three Requirements have been assessed as Compliant.

Consumers interviewed confirmed they feel safe and at home living in the service and have been supported to personalise their rooms. Consumers confirmed they are satisfied the service environment and equipment are clean and well maintained.

The environment has wide corridors allowing consumers to mobilise through the service to outdoor or internal areas. There are cues and easy-to-understand signage and directions to guide access to various areas or rooms in order to support consumers living with various conditions.

Communal areas were observed to be decorated with consumer artwork and furnished with lounge chairs, books, games and coffee tables for consumers to meet and sit and connect with family, friends, and other consumers.

Consumer rooms were personalised, and consumers confirmed they are supported to individualise their own environment, such as hanging pictures and photographs in their rooms that were of meaning to them, decorating with football team colours or bringing their own furniture from home.

The indoor environment was observed to be clean and odour free, corridors were clear of clutter, and well lit, and whilst some corridors spanned a long distance, intermittent sitting areas were appropriately placed. The outdoor areas had several raised garden beds for consumers to utilise and each outdoor area had seating available.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for the consumer. There is a process in place for scheduled maintenance on building fixtures and equipment, such as mechanical lifters, and the testing and tagging of electrical equipment. There is a schedule for external contractors to service and calibrate equipment and maintain and inspect fire and emergency provisions.

# 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 four of the four Requirements have been assessed as Compliant.

Consumers and representatives sampled confirmed they were aware of mechanisms available to make a complaint, give feedback and suggestions and generally felt supported by management to give feedback. Staff interviewed could describe how they support consumers who wish to make a suggestion, compliment or a complaint, and were aware of the organisation's complaints handling processes.

Consumers and representatives confirmed they have access to interpreters, advocacy and external complaint handling services. Staff interviewed described how they liaise with family or friends when consumers have difficulty communicating and they will assist them in raising concerns or complaints with the service. Advocacy and external complaint information was observed to be available in different languages and documented in the admission pack along with the consumer handbook.

Staff were familiar with the open disclosure concept and understood the importance of following this when things went wrong. The complaint log demonstrated how open disclosure was applied, and management and staff interviewed could explain the service’s complaints management process to gather, address and review feedback.

Most consumers and representatives sampled were generally satisfied with the way in which management manage and respond to complaints and feedback to improve the quality of care and services. Consumers advised care and services improvements are discussed with them during resident meetings or informally by staff.

The service has policies and procedures in place around feedback, complaints and open disclosure which guides management and staff in practice to guide staff practices.

# 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 five of the five Requirements have been assessed as Compliant.

All consumers and representatives interviewed were satisfied with staffing levels and confirmed the service provided quality care and services to meet consumers’ needs and they didn’t have to wait long for assistance. Consumers were complimentary of staff and observations confirmed staff were kind, caring and respectful with consumers. Staff confirmed they feel comfortable raising concerns with management if they believed staff were treating consumers poorly. Consumers and representatives were satisfied with the skills and knowledge of staff and expressed having confidence in them to deliver safe and quality care and services.

Processes are in place to ensure the skill mix of employees is considered in addition to staffing levels based on acuity of consumers. Most staff reported sufficient staff are rostered with efforts made to fill short notice leave. Documentation showed rosters are regularly reviewed to meet consumer care needs; this is monitored through feedback, incident data and call bell data. Call bells are monitored monthly, with delayed response times investigated.

Observations showed staff were not rushing with consumers and were answering call bells in a timely manner. Consumers were observed during lunch meal services to have assistance if required and meals were served on time.

Staff confirmed they are supported by management and have the tools and training to undertake their duties confidently and were able to describe recent changes to legislation. The organisation has processes in place to monitor, assess and ensure that members of their workforce have the appropriate registrations and qualifications specific to their individual roles.

The service supports the workforce to deliver the outcomes for consumers in line with the Quality Standards through recruitment, training and equipping staff to effectively perform their roles. Staff said they are provided training opportunities to perform their role confidently and felt supported in their role and would talk to their supervisor or manager if needed.

There is a framework in place for monitoring and reviewing staff performance, including undertaking an initial performance appraisal six months after employment and annually thereafter. Staff interviewed stated they participate in performance reviews where they can discuss their performance and identify areas they would like further training or support.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers interviewed described how they are actively involved in the development and delivery of their care and can suggest improvements about their care and services by providing feedback verbally and through feedback forms, surveys and attending resident meetings and being engaged in a committee to enhance the meal service. Consumers and representatives sampled confirmed they are encouraged to participate in continuous improvement initiatives through feedback, surveys, meetings and committees.

The organisation has governance systems, including a governance framework, monitoring systems, assigned delegations and accountabilities and policies and procedures. Information systems and processes are in place to ensure staff and management have ready access to relevant and up-to-date information to perform their role. There is an annual financial planning process and financial delegation systems for out of budget expenditure. Processes are in place to support the service to ensure staff are selected, trained and supported to meet the organisation’s values and job specifications of each role. The organisation has memberships with peak bodies to monitor changes to aged care law to ensure regulatory obligations are met and communications distributed by the Aged Care Quality and Safety Commission are regularly monitored. Feedback and complaints are managed at a site level and reported at relevant leadership and Board meetings.

The service has policies, procedures and frameworks in place which outline the clinical structure and processes to support safety and quality of service when providing care and identifying and managing risks. Consumers confirmed they have been supported to take risks which pose a risk to their health and safety, they are aware of the risks, and mitigating strategies have been implemented in consultation with them. Incidents of abuse and neglect are managed and documented through the service’s incident management system and were observed to have been reported appropriately. Documentation provided showed consumer risks and incidents are discussed at meetings and reported to the leadership team and Board.

The service has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. The restrictive practice register showed the application of restraint is documented, with informed consent sought and relevant behavioural support plans in place. There are systems to support communication with consumers about incidents that have caused harm. The service practices open disclosure, with consumers and representatives confirming the service is open and transparent in their approach and notifies them promptly when incidents occur.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)