Dianella Hostel

Performance Report

Rutledge Street   
KILMORE VIC 3764  
Phone number: 03 5734 2170

**Commission ID:** 3505

**Provider name:** Kilmore District Health

**Site Audit date:** 14 June 2022 to 17 June 2022

**Date of Performance Report:** 18 August 2022

# Performance report prepared by

Daniela Fekonja, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives said staff make them feel respected and valued as an individual and consider consumer preferences when providing care and services. Consumer care plans and supporting policies and procedures identify care and services provided at the service as culturally safe.

Consumers are supported to maintain relationships and make new connections within the service. Staff described how they support consumers to socially interact and maintain relationships important to the consumer. The Assessment Team observed consumers socialising with each other and with staff and visitors during the site audit.

Consumer care plans identified consumers can safely engage in activities of choice and are supported to do so, such as some consumers choosing to smoke. The service ensures it conducts risk assessments to ensure the consumer’s safety. If a consumer chooses not to adhere to safety recommendations they are advised of all risks and a dignity of risk form is completed.

Consumers and/or their representatives expressed satisfaction that they receive information that is accurate and provided in a timely manner enabling the consumer to exercise choice. Staff described to the Assessment Team how they communicate with consumers in a way that is easy for the consumer to understand and how they use closed questions, cue cards and interpretation/use of nonverbal communication to communicate with consumers who are living with cognitive impairment.

Consumers’ privacy is respected by staff and the service has a policy that provides guidance on respecting consumer privacy and information. The Assessment Team observed staff knock on doors and not enter without permission and greet consumers by name prior to interaction.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives were generally satisfied with their involvement in assessment and care planning and although had not seen a written care plan were satisfied with the way care is communicated to them. The Assessment Team found Assessment information is demonstrated to inform care planning in the prevention of risks associated with individual consumer care.

Care plans were found to be individualised and reflect individual consumers’ needs, goals and preferences, and generally provide safe and effective strategies. Advance care directive (ACD) planning documents were sighted. Staff told the Assessment team they approach discussions around wishes at end of life early in admission.

Documentation reflects a partnership in assessment and care planning with the consumer and their chosen representative. Staff were able to describe how they involved individual consumers, representatives and their care providers. The service has written materials that respect the consumer’s right to partnership in their assessment and care planning.

Care plans sampled demonstrated evidence of regular review as part of the scheduled ‘Consumer of the Day’ assessment, and in response to changes in the consumer’s condition or following an incident. The service has written policies and procedures which guide a schedule of regular reviews and in response to the consumer’s change in needs or preferences.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements*.*

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers provided positive feedback about their personal and clinical care. Care planning documents generally reflected individualised care that is safe, effective and tailored to the specific needs and preferences of each consumer. Some information within the care file was noted to be inconsistent or incomplete. However, it was generally found that consumers received care that is tailored to their needs and is safe and effective.

Wounds are generally well documented and wound deterioration was responded to in a timely manner and the documentation reflects changes to care and monitoring for effectiveness. Pain management is generally well managed. Consumers are assessed for pain using validated assessment tools and the consumer’s verbal report, and the care file provides details of these assessments.

Care file information provided evidence that the use of restrictive practices is appropriately assessed by a medical officer, and risks and benefits to consumer wellbeing are considered. There were some inconsistencies in the documenting and reporting of consumers on restrictive practices but they were administered and managed appropriately.

The Assessment Team found the service appropriately responds to risks and incidents related to consumer care such as behaviour management weight and nutritional management and falls management. Care documentation provided evidence that risks associated with consumer care are appropriately identified, and assessed and prevention strategies are in place.

The service has detailed policies on supporting consumers at the end of life and staff were able to describe the way care delivery changes for consumers nearing the end of life.

Care documents demonstrated evidence that deterioration in a consumer’s mental or physical condition is promptly identified and responded to. The service has written policies and procedures which provide guidance to staff for the management of mental and physical deterioration of consumer’s condition.

The service was able to demonstrate that despite some documentation inconsistencies, other accurate sources of information within the care files, communication folders, verbal handover and incident management system were more frequently relied on by staff and that communication of care is effective.

Care planning documents provide evidence that referrals to other providers of care and services are timely and appropriate.

The service has policies and procedures, including equipment and supplies to manage both the COVID-19 pandemic and any other infectious outbreaks. The organisation’s infection control coordinator oversees the management of infections with the support of the onsite infection prevention and control lead (IPC).

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers are interviewed on entry to the service to identify their needs, goals and preferences, and what services and supports they require to enjoy life, be independent and have a good quality of life. Staff were able to describe the type and level of assistance provided to assist the consumers to be independent, find enjoyment in life and participate in the community.

Consumers and their representatives indicated that staff are aware of the consumer’s individual emotional, spiritual and psychological well-being. Consumers explained how staff spend time with them when they feel ‘low’ or are upset. Where consumers require further support the service liaises with local pastoral care workers, church representatives, social workers and mental health specialists.

The service communicates with others involved in the care of consumers based on the consumer’s wishes. Visiting allied health staff have access to the service’s electronic care documentation system. Where others are involved in care referral letters and one-to-one communication of consumer needs occurs in a timely manner.

The service provides meals cooked at the collocated hospital which are served on the day of preparation with the exception of texture-modified meals which are sourced externally and reheated prior to service. Consumers stated that they are provided with plenty of food and drinks and the meals are ok. They have the choice of an alternative meal if they choose and their files reflected their likes and dislikes. The service is currently reviewing meal service and menus in response to feedback they received from consumers prior to the site audit.

Equipment was observed by the Assessment Team to be clean, safe and suitable for consumer and staff use. Mobility aids, furnishings and activity equipment were noted to be cleaned by staff during the site audit.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Each consumer has been encouraged to decorate their rooms to give them a sense of ‘home’ and have also been able to place signs on their doors to help identify their rooms.

The service has individual wings/houses under the one roof line with consumers accommodated in single rooms. Each house has a small dining area and lounge which consumers can use according to their preferences. A large dining and activity area near the central nurse’s station is used for lunches, evening meals and activities.

Courtyards are readily accessible to consumers and signage is on display to enable consumers to find their way. Furnishings are clean and well maintained and provide consumers with the ability to be independent in changing position.

The organisation has a reactive and preventative maintenance system in place to ensure the service is safe and well maintained. Documented cleaning schedules are in place to ensure all areas of the service are clean and furnishings fit for purpose and maintained.

The Assessment Team observed consumer bathrooms to be clean, shower chairs in good repair and at suitable heights for consumers to use. The living environment was clean and uncluttered with furnishings suitable for consumers.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall consumers and representatives said they feel encouraged and supported to provide feedback and make complaints. The service has formal and informal mechanisms for stakeholders to make complaints and provide feedback. Consumers are reminded of the complaints process at each monthly consumer meeting and feedback is encouraged in order to identify areas where improvements are necessary.

Consumers and representatives described how they are aware of the advocacy and language services available to them however they said they had never needed to use these services. Written information is available throughout the service for consumers and representatives to utilise. Staff described to the Assessment Team how they support consumers who have difficulty communicating to raise concerns or provide feedback by completing feedback forms on their behalf.

Although there were no complaints requiring action the consumers were able to advise the Assessment Team that when feedback was provided in relation to menu choices, the service took action and staff were open and responsive during the process that followed. This included creating a plan for continuous improvement to review the process regarding meal choice and monitoring.

The service has a consumer experience and quality coordinator whose role includes management of complaints through the incident management system and aged care complaints register.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers consider they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The Assessment Team observed positive interactions between staff and consumers.

Consumers and representatives gave positive feedback in relation to the number of staff available to deliver care and that the care is safe and of good quality. The service is staffed by a mixture of enrolled nurses and care staff with some supplementary registered nurse hours per week.

The service demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Documentation demonstrated staff have qualifications relevant to their role and their competency is monitored on a routine basis.

Staff ‘huddles’ are conducted once or twice a week as an extension of a communication and training tool. These meetings incorporate issues such as safety/risk, quality, workforce, consumer issues and announcements, which staff reported as a valuable tool during COVID-19 restrictions.

The service has formalised procedures to monitor and review staff performance. Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service. Staff confirmed that appraisal of their performance occurs on an annual basis.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and representatives generally provided positive feedback regarding how they are included in care planning and service provision. The service demonstrated they involve consumers and representatives and engage them in the planning, delivery and evaluation of care, lifestyle and services.

The service’s leadership team and Board meet on a regular basis, have set clear expectations for the service and consistently review risks from a service and consumer perspective. The service has governance systems to support effective information management, the workforce, compliance with regulation and clinical care.

The service has a range of policies and procedures to address elder abuse and manage and prevent risks to consumers. The organisation has a documented risk management framework, including policies and this has been supported through education for staff.

Clinical risks are identified through the clinical indicator data and statistics approach and include falls, weight loss, medication incidents and pressure injuries. High impact/high prevalence risks for individual consumers are noted on the daily handover sheets. The nurse unit manager conducts a review of consumer notes daily and in the after-hours period, the after-hours coordinator will also add incidents of concern onto a bed report and email the deputy director of nursing and nurse unit manager to follow up.

The service’s clinical governance framework operates under the overarching governance of Kilmore District Health service. The framework addresses antimicrobial stewardship, restrictive practices and open disclosure.

The service has a policy relating to antimicrobial stewardship, which is routinely discussed at clinical governance and medication management committee meetings. Management said the service encourages pathology testing, where appropriate, prior to the prescribing of antibiotics for consumers.

The service has an IPC lead who works under the guidance of the organisation’s infection control coordinator. With additional access to the organisation’s hand hygiene auditor, the infection control team together audits staff practices, conducts infection surveillance, checks antimicrobial usage and monitors infection control stock.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.