Performance

Report

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| Name of service: | Eudunda Senior Citizens Hostel |
| Service address: | 40 Ward Street EUDUNDA SA 5374 |
| Commission ID: | 6045 |
| Approved provider: | Barossa Hills Fleurieu Local Health Network Incorporated |
| Activity type: | Site Audit |
| Activity date: | 12 September 2022 to 14 September 2022 |
| Performance report date: | 18 October 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 Eudunda Senior Citizens Hostel (**the service**) has been prepared by M.Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit, the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers are treated with dignity and respect, and staff value their identity, culture and diversity. Staff demonstrated awarness with consumers’ backgrounds and how to make them feel valued. Care planning documents outlined consumer's backgrounds and personal preferences.

Consumers and representatives said the service recognises and respects their cultural background. Staff identified consumers with diverse backgrounds and provided information relevant to ensuring that each consumer receives the care that aligns with their care plan. Care planning documents included information on consumers’ background and culture.

Consumers said they are supported to exercise choice and independence and maintain relationships. Care planning documents highlighted what was important to consumers, including maintaining personal and social relationships, and lifestyle choices. The service had a policy and procedure in place supporting consumer choice and decision making.

Consumers said they are supported to take risks which enables them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities. Care planning documents demonstrated risk assessments were completed in consultation with a medical officer and consumers or their representative in line with the service's risk management policies and procedures.

Consumers and representatives said they receive current, accurate and timely information. The Assessment Team observed the service’s consumer newsletter, menu, and monthly activity program calendar are available to provide information to consumers and was easy to understand.

Consumers reported their privacy and confidentiality is respected and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. The Assessment Team observed staff knocking on consumer's doors and asking for consent before entering their room.

# 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

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks. Staff described they use assessments to ensure safe and effective care is delivered.

Staff said end of life planning is discussed on admission, if the consumer or representatives are comfortable to, and is part of 6-monthly care plan reviews. The service had policies and procedures in place to assist with decision making and support the end of life journey for consumers and their families.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described processes for partnering with consumers and their representatives in care planning, such as knowing who the consumer wishes to be involved. This was reflected in consumer and representative feedback.

Consumers and their representatives said staff explain information about care and services, they can access a copy of the consumer's care and service plan when they want to. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives

Care planning documents evidenced they are reviewed on a regular basis and updated when circumstances change. Staff advised care planning documents are reviewed every 6 months, or as required. Consumers and representatives said staff regularly discuss care needs with them, and any changes requested are addressed in a timely manner.

# 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

Consumers said they are receiving care that is safe and right for them and meets their needs and preferences. The service had processes in place to manage restrictive practices, skin integrity and pain management which are in line with best practices. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent and a behaviour support plan.

Care planning documents identified that high impact and high prevalence risks are effectively managed, and staff implement relevant strategies to minimise risks such as sensor mats for those consumers who are at risk of falls. Consumers and representatives said their care is safe and right for them. Staff explained how they identify, assess and manage risks.

Care planning documents of consumers receiving palliative care support reflected consumers’ comfort is maximised and their wishes and needs are supported. Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences. Consumers and representatives expressed confidence that when consumers’ needed end of life care, the service would support them to be as pain free as possible and to have those important people with them.

Staff described how they identify and respond to deterioration or change in consumers’ condition. Management advised monthly clinical risk meetings are held to identify any consumer at risk of deterioration. Consumers and representatives said the service responds well to any change or deterioration in consumers’ condition.

Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described how information about consumers needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared.

Consumers and representatives said referrals are timely, appropriate and occur when needed and that the consumer has access to a range of health professionals. Staff described the process to refer clinical matters to other providers. Care planning documents evidenced timely referrals occur when needed.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumer and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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

Consumers and representatives said they feel consumers receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Staff said consumers are very involved with the activities schedule which is tailored to their preferences.

Consumers said their emotional, spiritual, and psychological needs are supported. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as one-to-one conversation, and supporting them to communicate with their families. Care planning documents included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers and representatives said consumers are supported to stay connected with the people who are important to them, participate in the community within and outside the service, have social and personal relationships and do the things of interest to them. Care planning documents identified the people important to individual consumers and their activities of interest. Staff provided examples of consumers who were supported to maintain their relationships.

Staff described how communication of consumers’ needs and preferences occurs via care plans, shift handover and dietary folders. Consumers and representatives felt their needs and preferences are well communicated.

Care planning documents evidenced the service collaborates with external providers of other care and services. Staff described how they work with external organisations, or use volunteers, to help supplement the lifestyle activities offered within the service. Volunteers were observed interacting kindly with consumers, providing one-on-one support and supporting them in various activities.

Consumers and representatives were satisfied with the quality and quantity of food provided at the service, and there are multiple options to choose from the menu. Staff were aware of consumers’ dietary needs and these were included in care planning documents.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers confirmed this to be the case and staff described the process for reporting faulty equipment.

# 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

Consumers and representatives said the service environment was welcoming. The service environment was observed to have environments that reflect dementia enabling principles of design and sufficient lighting and handrails to support consumers to move around. The service had several shared areas for consumers to interact, indoors and outdoors, including a lounge area and the sensory garden. Management described the ongoing upgrade of the sensory garden to support consumers in their physical activity and well-being.

Consumers said the service environment is clean and well maintained and they are able to move around freely both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Documentation demonstrated cleaning and maintenance processes are completed in a timely manner.

Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained. Consumers said the equipment within the service is well maintained, clean and upgraded recently. Maintenance documentation demonstrated maintenance checks are up to date.

# 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

Consumers and representatives said they feel safe and supported to provide feedback or raise concerns with staff and management. Staff were aware of the process to follow when an issue is raised with them directly. Management advised feedback and complaints are gathered through verbal communication to staff, feedback forms, consumer meetings, the care plan review process, consumer satisfaction surveys, and external complaints. A secure feedback box, a service satisfaction survey machine, the Commission’s 'do you have a concern' brochure was observed at the front of the entrance of the service.

Consumers said they were aware of other ways of raising complaints and advocacy services if needed. Staff were aware of the process to engage advocacy and language services should a consumer require them..

Consumers and representatives said when they raise a concern it has been addressed. Staff and management described and provided examples of the process that is followed when feedback or a complaint is received and demonstrated understanding of open disclosure principles.

Consumers and representatives reported their feedback is used to improve the service. Management described processes in place to escalate complaints, and how they are used to improve the care and services. Staff described improvements that had been made at the service as a result of consumer feedback and complaints.

# 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

Consumers and representatives felt there is enough staff to meet the needs of the consumers and answer call bells promptly. Management described how the roster is calculated based on consumer occupancy. Documentation and observations showed that staffing levels are managed through extending shifts and balancing duties. Management explained how call bell data is monitored and any identified trends of concern are investigated.

Consumers said staff are kind, caring and respectful, and they feel safe at the service. Staff were observed being kind and respectful to consumers. The service had policies and procedures to guide staff practice and outlined how care and services are to be delivered in a person-centered approach.

Consumers and representatives said staff are skilled and know what they are doing. The service had position descriptions for each role outlining the minimum qualifications and credential requirements.

Staff said they understand their job well and feel supported to ask if they are not clear on anything. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored centrally and followed up by management if staff are overdue. Documentation demonstrated all staff are up to date with their mandatory trianing.

Performance of staff is regularly assessed, monitored and reviewed in line with the service’s policy and procedures. Management explained that whilst formal performance appraisal is conducted annually, staff performance is reviewed every 6 months where personal goals are set and additional training discussed. This was reflected in staff feedback.

# 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

Consumers and representatives said the service consistently engaged with them in the development, delivery and evaluation of care and services. Management described the ways consumers and representatives are engaged including care planning review, informal conversations and monthly consumers and representative meetings. Meeting minutes evidenced consumers and representatives are engaged by the service on an ongoing basis.

Management described an organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service. The service gathers quality indicator data to ensure the service is meeting the Quality Standards.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management described how the organisation has a robust delegation of authority framework and the budget and finances of the service are reviewed monthly.

The service had policies and procedures in relation to the management of risks in response to incidents. Staff provided examples of how high impact or high prevalance risks are managed at the service. The Assessment Team found one instance of staff not reporting an incident they witnessed through the Serious Incident Response Scheme. When raised with management they responded promptly and appropriately, incuding providing the relevant staff with appropriate training.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff said they had been educated in these areas and were able to provide examples of how it applied to their day to day work.

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)