Performance

Report

**1800 951 822**

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| Name of service: | Eva Tilley Memorial Hostel |
| Service address: | 1100 Burke Road BALWYN NORTH VIC 3104 |
| Commission ID: | 3012 |
| Approved provider: | Eva Tilley Memorial Home Inc |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 23 March 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 Eva Tilley Memorial 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.
* The provider’s response to the assessment team’s report received 28 February 2023.

# 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 said they were treated with dignity and respect and staff knew and valued their identity and culture. Staff described how they valued consumers cultural identity and diversity. Care planning documents included details on consumers' identity, backgrounds, and cultural diversity.

Consumers and representatives said staff respected and supported their culture, values, and diversity. Staff were aware of consumers’ preferences, culture, values, and beliefs. Care planning documents showed the service sought and captured each consumer’s religious, spiritual, and cultural needs and preferences including communication strategies for consumers from non-English speaking backgrounds.

Consumers described how they were supported to exercise choice, maintain their independence, make social connections and maintain important relationships. Care planning documents identified consumers’ individual choices, important relationships and supports for maintaining independence and staff were aware of these. The service had documented policies on supported decision making, consumer dignity and choices, and sexuality and intimacy.

Consumers said they were supported to take risks to live the best life they could. Staff identified consumers who were supported to take risks and explained how the service discussed the risks and management strategies with them. Care planning documents identified and assessed activities consumers wished to undertake involving risks.

Consumers said they were provided with current information that was clear, easy to understand and enabled them to exercise choice in relation to their care and services. Staff described various ways they provided information to consumers to enable them to exercise choice. Care planning documents indicated the different communication preferences and strategies required for consumers.

Consumers said their privacy was respected and personal information was kept confidential. Staff described the practical ways they respected the personal privacy of consumers, and this was consistent with observations. The organisation had documented policies and procedures regarding privacy and the protection of personal information.

# 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

Consumers and representatives were satisfied with the assessment and care planning process. Management and staff described the assessment and care planning processes and how they informed how care and services were delivered, including how they worked with consumers to identify, assess and minimise any risks. This was reflected in care planning documents. The service had document ed policies and procedures to guide completion of assessments and management of risk.

Consumers and representatives said they had participated in discussions about their current care needs, goals and preferences and end of life care wishes. Care planning documents reflected their current needs and preferences, and advance care plans and end-of-life care wishes. Staff described how they undertake conversations in relation to advance care planning and end of life planning.

Consumers and representatives said they were actively involved in the assessment, planning and review of care and services, which may involve other individuals and organisations providing care and services. This was consistent with care planning documents. Management and staff detailed how they worked in partnership with consumers and representatives in the assessment and care planning process including coordinating with other providers when the service was unable to meet particular needs.

Consumers and representatives said the outcomes of assessments and planning were regularly updated and communicated to them, and they could access a current copy of their care plan. This was consistent with feedback from staff. Care planning documents showed they were frequently updated and were up to date with consumers’ current needs, goals, and preferences.

Consumers and representatives said care was regularly reviewed and they were notified when circumstances changed or when incidents occurred. Staff explained how care and services were regularly reviewed for effectiveness and care planning documents evidenced review occurring every 3 months or when there is a change in condition or an incident.

# 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 received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. Management and staff demonstrated care and services were in line with best practice guidelines. Staff understood the personal and clinical needs of individual consumers. Care planning documents reflected individualised care that was safe, effective, and tailored to their needs and preferences.

Consumers and representatives were satisfied that high impact or high prevalence were effectively managed. Management and staff detailed the processes for identifying and managing risks associated with the care of each consumer through routine monitoring, reporting and ongoing assessments. Care planning documents demonstrated risks were effectively managed for each consumer.

Consumers and representatives were confident the service would deliver end of life care that would meet consumers’ needs, goals and preferences. Management and staff gave examples of consumers nearing end of life and how external medical and palliative care services were engaged to ensure consumer comfort and dignity was maximised. Advance care plans and end of life wishes were documented and accessible to staff.

Staff explained the ways they identified a change or deterioration in condition and knew what steps to take in response. Care planning documents revealed the service was able to identify and respond appropriately to a deterioration or change in a consumer’s health status and this was consistent with feedback from consumers and representatives.

Consumers and representatives said there is good continuity of care and information did not have to be repeated to different staff members. Staff described how changes in consumers’ care and services were communicated through verbal handovers, meetings, accessing care plans or accessing daily consumer task reports or electronic notifications. Care planning documents contained adequate information about consumers’ condition, needs and preferences to support safe and effective care.

Consumers and representatives were satisfied referrals to other providers of care and services, were timely and appropriate. This was consistent with care planning documents. Staff described the process for referring consumers to other health professionals and health services. The service had procedures that set out the processes for referring consumers to health professionals within and outside of the service.

Consumers and representatives felt confident in the service’s infection control practices. The service had an outbreak management plan and other documented policies and procedures to guide infection control practices and promote antimicrobial stewardship. Staff had received training on infection prevention and control and minimising the use of 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 said services and supports for daily living met their needs, goals, and preferences, and optimised their independence and quality of life. Staff explained what was important to individual consumers and how they ensured their services and supports met their needs and preferences and optimised their well-being and quality of life. This information was also contained in care planning documents.

Consumers said their emotional, psychological and spiritual well-being was well supported. Care planning documents reflected consumers’ spiritual, psychological and emotional needs and strategies to ensure they were met. Staff described how they supported the spiritual and psychological well-being of consumers including actions they took when they noticed consumers appeared low.

Consumers said they were supported to participate in their community within and outside the service, maintain social and personal relationships and do the things of interest to them. Staff described how they supported individual consumers to participate in the wider community and maintain their personal relationships. Care planning documents identified the activities consumers enjoyed, their specific interests and their important relationships.

Consumers said staff were aware of their conditions, needs and preferences and they didn’t have to repeat information. Staff detailed the processes for communicating internally and externally to others where responsibility for care was shared. The service had a documented policy that outlined the information sharing process.

Records showed, and consumers confirmed, the service provided timely and appropriate referrals to other individuals, organisations and providers of care and services to support consumers’ lifestyle. Staff described how consumers were referred to other providers of care and services to support the needs of consumers and gave examples.

Consumers said the meals provided were varied and of suitable quality and quantity. Consumers were able to choose from various options on the menu and alternatives were available if they preferred something different. Staff described how individual consumer’s dietary needs and preferences were met and how changes were communicated and documented.

Consumers and representatives said the equipment provided was safe, suitable for their needs, clean and well maintained. Staff knew how to report any maintenance issues and said reported issues were attended to promptly by maintenance staff. Maintenance documentation showed appropriate preventative and corrective maintenance, with schedules in place. Equipment available in the service was observed to be safe, suitable and clean.

# 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 was welcoming, easy to understand and optimised consumers’ sense of independence, interaction, and function. This was consistent with observations. Staff described service features that supported consumers with functional or cognitive impairment to navigate independently through the service.

Consumers and representatives said the service was clean, well maintained, and comfortable and this was consistent with observations. Consumers were observed to be moving freely indoors and outdoors as most doors throughout the service remained unlocked. The organisation had documented policies related to cleaning services and detailed cleaning schedules were in place.

Consumers and representatives said the furniture, fittings and equipment was safe, clean, well maintained and suitable consumers. This was consistent with observations. Staff described the process for making a maintenance request and the maintenance officer explained how jobs were completed following the request.

# 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 were encouraged and supported to provide feedback or make a complaint. Management and staff described various avenues available to consumers and representatives to provide feedback or make a complaint. Feedback forms and boxes were observed available to consumers throughout the service.

Consumers and representatives said they were aware of advocacy and support services. Staff described how they acted as advocates for consumers by communicating any concerns to management and assisting them to complete and lodge feedback forms, as they wished. Management and staff knew how to access interpreter and advocacy services for consumers. Information about advocacy services and brochures on making a complaint were displayed around the service in multiple different languages.

Consumers and representatives said management promptly addressed and resolved their concerns following the making of a complaint. Management and staff described the processes followed when feedback or a complaint was received, including escalation if applicable. Management provided examples of recent actions taken in response to complaints, which demonstrated timely and appropriate actions were taken using an open disclosure process.

Management detailed how feedback and complaints were used to improve care and services and gave examples. Consumers and representatives said feedback and complaints provided at resident meetings and through other mechanisms was used to improve the quality of care and services. Feedback and complaints were registered and analysed, and improvement strategies were documented on the continuous improvement plan.

# 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 were satisfied with the quantity of staff and said call bells were generally answered promptly. Management described how the workforce was planned and staff said they worked together to ensure the care needs of consumers was met, and quality care was delivered to consumers. Records showed an average call bell response time of 4 minutes.

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner and this was consistent with observations. Management advised they monitored staff interactions with consumers and representatives to ensure they were kind and respectful.

Consumers and representatives were confident staff were sufficiently skilled and competent to meet their care needs. Management detailed processes for ensuring the workforce were competent and had the necessary qualifications and knowledge to effectively perform their roles. Staff felt they were competent to provide the care the consumers needed. Documents demonstrated that staff have relevant qualifications to perform duties outlined in position descriptions.

Consumers and representatives said staff were well trained and equipped to perform their roles. Staff confirmed they received training and support to provide the care and services consumers required. Training records showed the service orientates, trains and monitors staff training and competencies.

Management and staff explained there were probationary and ongoing performance review systems in place for staff. Records confirmed the service regularly undertook assessment, monitoring, and review of the performance of each member of the workforce. Management also said staff performance is monitored through observation, feedback and supervision of staff practice.

# 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

The Assessment Team recommended Requirement 8(3)(c) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 8(3)(c), the Site Audit report outlined the service had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. However, the Site Audit report identified deficits in regulatory compliance related to environmental restrictive practices. The Site Audit report found consumers were subject to environmental restraint as the service’s door was locked with a keypad that required a code. The service also did not demonstrate that consumers subject to environmental restraint were being identified, consultation had occurred with consumers or representatives, authorisation and consent had been obtained or that documentation of these processes were in place. When this was raised with management, consumers were immediately reviewed and the consultation process for consumers subject to environmental restraint was commenced and was being documented on the appropriate assessment and authorisation form.

The provider’s response did not agree with the finding and provided additional information and evidence. The response clarifies that the code to the keypad lock is clearly displayed for consumers to freely move about. In relation to non-cognitive consumers, the response states that they are not restrained as their clinical condition(s) naturally prevented them from leaving their bed, room or the service, without assistance. The response also provided that the service physically supports these consumers to exit or freely move around according to their wishes or planned choices.

I am satisfied from the provider’s response, that for consumers who are able to unlock the keypad lock using the displayed code, they are not environmentally restrained. In relation to non-cognitive consumers, the Site Audit report does not provide examples of consumers, and the nature of their cognitive impairments that does not enable them to unlock the keypad lock using the displayed code. It is unclear from the Site Audit report, and the provider’s response, as to the nature of the assistance provided to these consumers and what would occur should assistance not be available. Therefore, I am unable to form a view as to whether non-cognitive consumers are environmentally restrained.

The evidence presented under this Requirement is insufficient alone to support that the service does not have effective organisation wide governance systems. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(c) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumers said they had ongoing input into how their care and services were delivered. Management described how consumers and representatives were engaged in the development, delivery and evaluation of care and services including through meetings, surveys, care reviews and the feedback and complaints process.

Management described how the governing body promoted a culture of safe, inclusive, quality care. The organisation had implemented systems and processes to monitor the performance of the service and to ensure the Board was accountable for the delivery of quality care and services. The service provided the Board with various consolidated monthly reports to assess performance and compliance with the Quality Standards and initiate improvement actions.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management said risks and incidents were reported, escalated, and reviewed by management and the Board. Staff confirmed they could access the policies and had received training on these topics. Staff demonstrated practical knowledge of various risk minimisation strategies.

The organisation had a clinical governance framework that included policies and procedures that covered antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff said they had been educated about the policies and explained how it related to their work.

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)