Performance

Report

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| Name of service: | Garden View Court Hostel |
| Service address: | 88 Lowe Street ARARAT VIC 3377 |
| Commission ID: | 3177 |
| Approved provider: | East Grampians Health Service |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 30 September 2022 |
| Performance report date: | 10 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 Garden View Court Hostel (**the service**) has been prepared by D. Fekonja, 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

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

The service is inclusive and respectful of consumer choice, independence and privacy in relation to their daily living. Consumers confirmed they are shown dignity and respect by staff in their care delivery. The care provided to consumers is culturally safe and inclusive. The care planning documentation reviewed, reflected consumers' past, present, and cultural interests.

Consumers are supported to exercise their choice and independence and decision-making about how the care and services are delivered to meet their needs. The service assisted consumers to maintain relationships including assisting them to connect with their families.

Consumers are supported to do the things that they enjoy including supporting consumers who exercise their choice to smoke. The Assessment Team found that dignity of risk documentation was not always completed for consumers wishing to exercise their choice, however, staff and representatives were aware of these choices.

The service regularly communicates information to consumers and representatives via information presented throughout the service on noticeboards, newsletters and other forms of communication. Consumers stated they felt informed about daily changes to what is happening in the service from communication with staff.

There are policies and procedures in place regarding the confidentiality of personal information and disclosure of information. Consumers are satisfied their privacy is respected and information is kept confidential. Staff were observed to knock on consumer doors before entering their room, and conducting the handover of information in private.

# 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 expressed confidence that the assessment and care planning process considers the risks to the consumer’s health and well-being. The service has a range of risk assessment tools to guide staff in the delivery of safe and effective care and services. Care planning documents reflect the outcome of risk assessments undertaken in relation to falls, weight loss, skin integrity, responsive behaviours, and specialised care needs.

Consumers and/or representatives said their care and services are planned around what is important to them including in relation to advance care plans. Staff were able to demonstrate to the Assessment Team their understanding of the consumers’ needs, goals and preferences.

Care planning documents reflect the participation of the consumers and/or representatives in assessment, planning and review. Representatives confirmed their participation in the assessment and planning of consumers’ care and services. One representative provided information on how they were involved in making decisions in relation to behaviour management and restrictive practices. Representatives confirmed that regular communication of assessment outcomes is provided to them and are able to access copies of care plans.

Care planning documents reflect that care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact the needs, goals and preferences of the consumer. Staff were able to describe the monitoring and review process following incidents or changes in consumers’ care. This includes the review of all consumers’ charting and assessments to ensure effective consumer care is being provided.

# 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.

The service demonstrated that personal and clinical care is safe and effective and consumers and representatives were satisfied with the management of their pain and the provision of wound care.

The service has skin integrity and wound management policies and procedures in place and a review of consumers’ care planning documents demonstrates skin assessments are completed in a timely manner and include interventions to minimise the risk to consumers.

The service maintains a psychotropic register that identifies the consumers who are prescribed psychotropic medication for medical conditions. A review of consumer files demonstrated informed consent was obtained, behaviour support plans were in place and regular reviews are conducted as per legislative requirements.

The service has policies and procedures in relation to high-impact or high-prevalence risks including fall prevention, medication management, nutrition and hydration, pain management, weight management and wound care. Care documentation reviewed by the Assessment Team demonstrated consistent assessments and planning to address individual consumers’ high-impact and high-prevalence risks.

Consumers interviewed confirmed they have had discussions on end of life planning with staff and have completed advance care plans. The service has not had a palliative care consumer in the last 2 years because all consumers with high care needs and complex care needs are transferred to the co-located service. However, the service will commence to offer palliative care and have commenced the training of staff to ensure they are able to provide the care needed.

The service has a procedure and practice standard to guide staff response if a consumer’s health condition deteriorates. The service utilises several avenues to identify changes, including handover, progress notes, regular reviews, incident reports and clinical charting. There are clear processes for the escalation of any change or deterioration in a consumer's health or well-being. Staff were able to describe the processes they undertook in relation to the recent deterioration of 2 consumers. Care planning documents reflect timely and appropriate referrals to individuals, other organisations and providers of other care and services are made as required.

Consumers and representatives stated staff know them and their care needs well. Information about consumers’ care is provided to other organisations where the responsibility of care is shared. The Assessment Team found that care planning documentation provides adequate information about the consumer’s condition, needs and preferences shared within and between organisations responsible for the consumer’s care.

The service was able to demonstrate preparedness in the event of an infectious outbreak. The service has an infection prevention and control (IPC) lead. The Assessment Team observed masks being worn incorrectly by 2 staff and provided this feedback to the service and management responded by reminding staff of the correct practices via electronic systems and spot checks.

Clinical staff were able to demonstrate an understanding of antimicrobial stewardship and infection control by describing ways to minimise and manage any infection risk. Consumers and their representatives stated they were satisfied with the service’s management of infections and the prescribing of antimicrobials.

# 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.

Consumers interviewed expressed satisfaction with the services and supports offered by the service. Staff demonstrated their knowledge of consumers’ preferred activities and foods, and of the support required to optimise consumers’ independence, health, well-being and quality of life. The information on support required for consumers was recorded in care plans.

Information regarding emotional and spiritual needs was contained in care plans and staff were observed appropriately supporting a consumer who became distressed during lunch. Consumers and representatives confirmed consumers’ emotional, spiritual and psychological well-being is supported at the service. Catholic church services are offered onsite monthly and consumers are also supported to attend services of their choice offsite.

Consumers are supported to participate in the service and outside communities, maintain relationships, and do things of interest to them. Care plans contained information on important relationships and activities of interest to consumers including those not onsite. Lifestyle and kitchen staff outlined the roles some consumers like to take in assisting at the service such as folding napkins.

Consumers and representatives expressed satisfaction with the meals provided at the service. Consumers said they receive enough food and the service provides customers with their specific dietary requirements. Alternatives are available to consumers who are not happy with the meal provided. Nutrition and hydration care plans were available in consumer files.

All consumers expressed satisfaction with the equipment they use and maintenance staff advised that they maintain all equipment including privately owned walking aides. Shared equipment such as blood pressure machines is wiped down with sanitising wipes after each 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.

The service provides a clean, welcoming environment that optimises consumer independence, function and sense of belonging. Consumers freely access indoor and outdoor areas of the service and expressed satisfaction with the service environment. There were prompts for memory and orientation in the form of signage providing directions to consumer rooms, the toilets and the dining room. There were also photos of consumers and staff. Consumer rooms contained kitchenettes and there were memory boxes containing items of significance to consumers at the entrance to their rooms.

Consumers and representatives were satisfied with the cleanliness and condition of furniture, fittings and equipment and have not had any issues in this area. All fittings and equipment observed by the Assessment Team appeared to be in good working order.

The Assessment Team found some outstanding maintenance requests that had not been attended to but these posed no risk to consumers and some had not been updated on the system.

# 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 are comfortable providing feedback and making complaints and are aware of the various methods of raising and resolving complaints. Consumers are encouraged to speak up during consumer and representative meetings and there are feedback forms accessible to consumers at the service.

The service provides information on advocacy services, and external complaint organisations through admission pack information, the welcome handbook and a display of pamphlets and information available throughout the service. Most consumers were aware of the external avenues to complaints but would generally make contact with the chief executive’s office prior to contacting these services.

Consumers and representatives stated the service provides appropriate action to resolve complaints and provided open disclosure when things go wrong. Consumers provided examples to the Assessment Team of the service’s actions to feedback provided.

The service uses the consumers’ and representatives’ feedback to make improvements to the service. Improvements made as a result of feedback include a continuous pathway around the gardens, verandas and blinds installed to reduce heat in consumers’ rooms in summer and positive feedback on the new food presentation resulting in the retention of the new process.

# 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.

The workforce is planned to ensure the correct skill mix and number of staff in various roles to enable the delivery of safe and effective quality care and services. One consumer stated there was not enough staff this did not negatively impact their care. Another consumer did not see any problems with staffing. The service is fully staffed and it uses the existing staff to cover all unexpected leave by working extra shifts or working overtime.

Most consumers and/or their representatives were satisfied staff were kind, caring and gentle when providing care. The Assessment Team observed staff addressing consumers by name, proactively engaging with them and providing information in a manner that they could understand.

Consumers and/or their representatives expressed their satisfaction with staff knowledge. Documentation viewed by the Assessment Team confirmed staff have qualifications relevant to the role and their competency is monitored. Care and clinical staff stated mandatory training is allocated to them each year and have attended face-to-face competencies in hand hygiene, personal protective equipment, medication administration and basic life support. All staff complete 4 mandatory modules related to violence and aggression in health care, infection control, fire and emergency and cybersecurity.

Consumers and/or their representatives were satisfied staff were trained and supported to provide quality care and services to meet their needs. Staff expressed satisfaction with the training provided and were able to access additional training where required.

The service demonstrated regular assessment, monitoring and review of the performance of members of the workforce are undertaken.

The service has policies and procedures in relation to staff performance and disciplinary matters. The service has a staff induction program and position descriptions, which include the organisation’s values and clearly outline the responsibilities of staff. All new staff are placed on a 3-month probationary period and reviewed annually thereafter.

# 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.

The service demonstrated consumers and/or representatives are involved in the development, delivery and evaluation of care and services. Management seeks input from consumers and/or their representatives through participation in consumer meetings, surveys and individual conversations. The service maintains a quality improvement plan to record and action improvement ideas.

Consumers and/or their representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. The consumers are encouraged to provide feedback in relation to their satisfaction with all aspects of services and care and evidence of this was noted in the minutes of the consumer and representative meeting held in July 2022. The Board includes the role of a consumer consultant to assist them to engage with different groups, and to gain perspective on consumer materials for health literacy, inclusivity and diversity.

Management and the organisation’s quality team conduct internal auditing at the service to monitor and review performance against the Aged Care Quality Standards (Quality Standards). This includes reviewing key performance data including incident data, consumer and representative feedback, critical incidents and consumer experience surveys to identify and analyse trends. The issues and gaps are discussed at quality governance meetings. The clinical governance committees will determine any requirement to change policies and procedures, which may trigger continuous improvement activity.

The service demonstrated effective governance systems in relation to continuous improvement, financial and workforce governance and regulatory compliance. Staff confirmed they can access the information they require in relation to consumers’ needs, goals and preferences, staff education, policy and procedures, along with human resource-related information and organisational communications.

Continuous improvement activities are identified through self-assessments and identified gaps and incidents. A review of the continuous improvement register by the Assessment Team identified improvement activities linked to the Quality Standards with identified actions, desired outcomes and evaluation conducted once the activity is completed.

Changes or updates to policies and procedures to comply with new legislation are communicated to staff via emails, meetings and messaging boards.

The service has risk management systems to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at the organisation level and the organisation’s executive management including the Board. Recommendations on ways to mitigate the risks are then communicated to the service. The service identified high impact high prevalence risks amongst the consumer cohort are falls.

The service management discussed their clinical governance roles and responsibilities, clinical and quality meetings and the review and monitoring of obligations to maintain safe and quality care. A clinical governance framework is in place and provides an overarching monitoring system for clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

Restrictive practice is used as a last resort to prevent harm to consumers and other persons after all reasonable alternative strategies have been explored and exhausted. Restraints are only used to the extent that is necessary in proportion to the risk of harm to the consumer and are a temporary measure with regular observation to monitor for signs of distress or harm.

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)