Performance

Report

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| Name of service: | Gorrinn House Hostel |
| Service address: | 27 Albert Street ARARAT VIC 3377 |
| Commission ID: | 3066 |
| Approved provider: | Ararat Retirement Village Inc |
| Activity type: | Site Audit |
| Activity date: | 9 May 2023 to 11 May 2023 |
| Performance report date: | 23 June 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 Gorrinn House Hostel (**the service**) has been prepared by J. Howard, 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 conducted from 9 May 2023 to 11 May 2023; 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 Approved Provider’s response to the Assessment Team’s report, received on 6 June 2023.
* Other information and intelligence held by the Commission in relation to the service.

# 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 | | Compliant |
| 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 indicated they were treated with dignity and respect, with their identities and cultures valued. Staff outlined how they treated consumers with dignity and respect, and described how consumers’ backgrounds influenced their care and services.

Consumers and representatives indicated the service recognised and respected their cultural backgrounds. Care planning documentation captured information regarding consumers’ cultural needs and preferences.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships, and these decisions were respected by staff. Staff provided examples of how they supported consumers to exercise choice and independence.

The service demonstrated consumers were supported to take risks that enabled them to live their best lives. Staff were aware of the risks taken by consumers, and indicated they supported consumers’ wishes to take risks by ensuring risk mitigation strategies were in place.

Consumers and representatives confirmed they received information to assist them to make decisions about the activities and services they would like to engage with. Staff described several ways information was delivered to consumers, including those with cognitive impairments, regarding their care and services which enabled them to exercise choice.

Consumers and representatives felt respected within the service and were confident their information was kept confidential. The Assessment Team observed protocols and procedures in place to protect consumer privacy such as the locking of nurses’ station doors, password protection on all computers and knocking on doors prior to entering consumer rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 confirmed they were involved in the assessment and planning process, and received the care and services they required. Care planning documentation included the consideration of risks to the consumer’s health and well-being.

The service demonstrated assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning if consumers wished. Staff described how the service ensured that assessment and planning reflected the consumer’s current needs and preferences.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Staff described the processes in place to ensure the service partnered with consumers and representatives to assess, plan and review care and services.

The service demonstrated the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Consumers and representatives confirmed they had access to their care plan, and staff explained their care and services to them in a clear manner.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred, such as the occurrence of infections, falls and wounds. Consumers and representatives advised the service regularly communicated with them about changes to their care and services.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The service demonstrated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation showed the provision of safe and effective care, which aligned to the needs and preferences of consumers.

Management and staff described the high impact and high prevalence risks associated with the care of consumers at the service. Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks.

Staff outlined how they provided care for consumers who were receiving palliative care; for example, by maintaining their comfort, regular repositioning, oral and eye care and monitoring their pain. Care planning documentation identified consumers' end-of-life needs, goals and preferences were documented and advance care plans were in place.

Consumers and representatives indicated staff were responsive to their needs, and representatives confirmed they were kept well informed of changes to the consumer’s health needs. Staff provided an overview of a range of signs that could indicate deterioration to the consumer’s condition, and how they would manage any identified deterioration.

Care planning documentation provided adequate information to support effective and safe sharing of the consumer’s information to support care. Consumers and representatives expressed the consumer’s care needs and preferences were effectively communicated between staff, and they received the care they needed.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Management and staff described the referral process used when referring consumers for consultation within and outside of the organisation.

The service demonstrated their preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak, and best practice antibiotic practices. The Assessment Team observed all staff to follow infection control procedures, and the COVID-19 screening procedure in place at the service was strictly adhered to.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Staff explained how they collaborated with consumers and their representatives to conduct a lifestyle assessment upon admission which collected the consumer’s individual preferences.

Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them. Staff outlined how they supported consumers when they were feeling emotionally low, and provided practical examples to support consumers’ emotional, spiritual or psychological well-being.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. The Assessment Team noted the service’s activity schedule included a range of activities both within, and outside of the service.

Consumers and representatives indicated information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared. Staff described the ways in which information was shared and were kept informed of the changing health conditions, needs and preferences of each consumer.

Care planning documentation identified the involvement of other organisations and providers of care and services. Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Staff outlined how consumer meal preferences were incorporated into the menu, and how feedback was used to inform the development of the menu options available to consumers.

The service demonstrated that where equipment was provided to consumers, it was safe, clean and well maintained. Staff indicated they had access to equipment when they needed it, and described how equipment was kept safe, clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The Assessment Team observed the service environment was welcoming and easy to understand. Management describe the various aspects of the service that aided consumers to feel welcome and optimised each consumer’s sense of belonging and ease of navigation.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. Maintenance staff indicated they worked at the service 5 days a week and were on call after hours and during the weekend if urgently required.

Staff advised they had access to equipment when required, and described how equipment was kept safe, clean and well maintained. Consumers indicated that furniture and equipment was safe, clean, well maintained and suitable for use.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 stated they felt comfortable and understood how to provide feedback or make complaints. Management and staff described the processes in place to encourage and support consumers to provide feedback and complaints.

Management described the information and brochures available in different languages for consumers with linguistically diverse backgrounds along with information regarding advocacy organisations and external complaints services. The Assessment Team noted information regarding language, complaint and advocacy services was easily accessible to consumers and representatives.

Consumers and representatives indicated that the service responded and resolved their complaints or concerns when raised, or when incidents occurred. Management demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. The service demonstrated it had systems and procedures in place for receiving, monitoring, and actioning feedback from consumers and their representatives.

# Standard 7

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| Human resources | | Compliant |
| 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

Management and staff described how they ensured there were enough staff to provide quality care and services. Consumers and representatives mostly indicated there was sufficient staffing levels at the service.

The Assessment Team observed staff interacting with consumers in a kind and caring manner. Consumers and representatives confirmed staff engaged with them in a kind, caring, gentle and respectful manner.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. Management described the induction and orientation process whereby management ensured new staff received the necessary information and training to conduct their role, including discussion of position description, mandatory induction training and receiving at least 5 buddy shifts.

Staff indicated they received ongoing training, support, professional development, supervision, and feedback to carry out their roles and responsibilities. Management described how they supported their staff to ensure they received the training they needed to perform their roles in relation to the Quality Standards.

The Assessment Team reviewed documentation which showed the service reviewed probationary staff at the 6 month mark, and permanent staff on an annual basis. Staff confirmed performance appraisals were regularly completed and outlined the performance appraisal process.

# Standard 8

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| Organisational governance | | Compliant |
| 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

*Requirement 8(3)(c):*

The Assessment Team recommended this Requirement was Not Met, as it considered the service could not demonstrate effective, organisation-wide governance systems in relation to regulatory compliance.

The site audit report noted:

* The Assessment Team noted there were 3 consumers that were documented as being subject to environmental restrictive practices; however, there were multiple other consumers that could not exit or leave their wing without staff assistance. These consumers had either not been given the code or they had a cognitive impairment and could not remember it, and therefore these consumers could not exit the wing themselves. Management did not consider these consumers were environmentally restrained, and did not have the required documentation, monitoring and review in place required for restrictive practice. The Assessment Team raised this issue with management during the site audit, management advised they did not consider these consumers to be environmentally restrained as the consumers were assisted by staff to move throughout the service. Management further advised they would re-assess the application of environmental restraints for all consumers and implement the necessary measures to ensure regulatory compliance.
* The Assessment Team interviewed the consumers outlined above that could not exit the wing without staff assistance as well as their representatives, who stated that consumers were assisted by staff to open the locked doors, and did not express further concerns on this matter.
* The Assessment Team observed the doors between wings were not always closed, and other consumers, who resided in the wings which the consumers under environmental restrictive practice resided in, moved freely around the service when the door was locked, either by entering the code themselves or with the assistance of staff.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning environmental restrictive practices – the service provided further explanation as to the physical and cognitive abilities of the consumers residing within these wings. The service has implemented measures to ensure consumers are appropriately able to move between wings and throughout the service, such as the code to the locked doors being displayed above the keypad and made aware to consumers.

I have considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge the service has demonstrated discrepancies with organisation wide governance systems relating to regulatory compliance, on the balance of all evidence brought forward by the Assessment Team, these examples were insufficient to indicate systemic issues with the service’s governance systems.

Therefore, I decided the service was Compliant with this requirement.

*The other Requirements:*

Consumers and representatives considered the organisation was well run and confirmed they were aware of opportunities to participate in the development, delivery, and evaluation of services. Management advised there were multiple methods for consumers and representatives to raise a complaint or feedback, including monthly consumer meetings, feedback forms and suggestion boxes.

The service demonstrated the governing Board was accountable for the delivery of care and services, and promoted a culture of safe, inclusive and quality-driven culture. Management outlined the role the Board and the clinical sub-committees in ensuring safe and quality care was delivered within the service.

The service had risk management systems in place when guided staff practice in relation to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents. Management stated that staff were responsible for filling out incident response forms, and management reviewed the incident forms daily to identify and manage risks.

The service demonstrated it had a clinical governance framework with supporting policies and guidelines in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and the application of these policies in a practical setting.

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)