Performance

Report

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| Name of service: | Holloway Aged Care Services |
| Service address: | 1 Rotary Drive KEILOR EAST VIC 3033 |
| Commission ID: | 3358 |
| Approved provider: | Keilor Hostel for the Aged Association Inc |
| Activity type: | Site Audit |
| Activity date: | 17 October 2022 to 19 October 2022 |
| Performance report date: | 25 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 Holloway Aged Care Services (**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 staff treat them with dignity and respect with their identity and culture valued. Staff spoke about consumers in a respectful manner and were familiar with individual consumers’ backgrounds and preferences. Care planning documents evidenced that consumers’ culture, diversity, and identity was acknowledged through their backgrounds and personal preferences.

Consumers and representatives described how the service values the consumers culture and diversity. Staff demonstrated respectful awareness of consumers’ cultural needs. Care planning documents reflected the needs of consumers from a culturally and linguistically diverse background.

Consumers said they are supported to exercise choice and independence and maintain relationships of their choice. Care staff interviewed reflected a supportive and person-centred approach to care and service delivery. Care planning documents demonstrated appropriate processes are in place to support consumers’ independence and interconnected relationships.

Staff provided examples of ways in which they support consumers to take risks to enable living their best life. A review of consumer risk assessments and policies related to consumer risks demonstrated a robust approach to enabling consumers to engage in activities of their choice, even when they pose some risk to the consumer.

Consumers and representatives advised they get enough information, written and verbal, to make decisions about care and services. Staff confirmed they provide consumers with information to enable them to make choices around care and services. Care planning documents showed consumers’ communication needs are considered.

Consumers and representatives said staff respect their privacy and knock on doors prior to entering rooms. Staff described how they provide personal care to consumers and maintain confidentiality. Staff were observed knocking before entering consumers rooms and waiting for consumers response before entering the 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

Staff described the information and observations used to inform the initial care plan within the first 24 hours after entry, and the development of the comprehensive care plan. The outcomes of assessments by staff demonstrated that staff used the information to support provision of safe and effective care. The service had policies that guided staff in the assessment and planning process.

Consumers and representatives said they were engaged in advanced care plans and end of life planning discussions with staff. The service had a policy and processes that guided staff to identify and document consumers needs for medication and personal care including family, friends and spiritual support. Care planning documents includes end of life wishes of consumers.

Consumers and representatives said they were involved in the assessment and planning process. Care planning documents evidenced the involvement of consumers, representatives and other external health professionals in the assessment and planning process. Staff described how they involve consumers and representatives in the review of care planning and consumers and representatives confirmed they were involved.

Consumers and representatives said their care plan is readily available for them to access.

Care planning documents detail conversations with consumers and representatives about changes to the care plan.

Care planning documents evidenced they were reviewed every three months, or when any changes to a consumer’s condition are recognised or any incidents occur. Staff were familiar with the care plan review process and of how their contribution of observations and experiences with consumers were able to inform improvements in the care plan.

# 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 receive care that is safe and right for them and meets their individual needs and preferences. Care planning documents reflected personal and clinical, care is delivered in line with best practice, tailored to the needs of consumers, and optimised their health and well-being. The service’s documentation of restrictive practices demonstrated medications were prescribed for diagnosed conditions for which the medication was appropriate, behaviour support plans were up-to-date and were individualised to the consumers’ needs and preferences, and that consents for chemical restrictions were in place and reviewed on a 3-monthly basis.

Care planning documents demonstrated high-impact and high-prevalence risks to consumers are effectively managed, for example by recording and implementing prevention strategies. Consumers and representatives said the service managed well risks of infection throughout the COVID-19 pandemic.

Consumers and representatives said they had discussed their end of life needs and preferences with the service. Staff described the way personal care delivery changes for consumers nearing end of life and ways to maximise a consumer’s comfort. Information about the recent death of a consumer at the service was reviewed and their wishes outlined in care planning documents was reflected in the process to commence palliative care.

Care planning documents demonstrated identification of, response to deterioration or changes in consumers’ condition and health status. Staff explained how deterioration is assessed by clinical staff who review care planning documents. The service had policies and instructions for assessment and care of a deteriorating consumer.

Consumers and representatives said they felt staff knew consumers and their preferences for clinical and personal care. Care planning documents demonstrated adequate information is documented to support effective sharing of consumers' care needs and preferences.

Consumers and representatives said consumers could see their medical officer whenever needed. Staff described the process for referring consumers to other health professionals. Care planning documents evidenced referrals to other health professionals such as physiotherapists, geriatricians, podiatrists and counselling services.

Consumers and representatives described staff practices that prevented infections. Staff described how they minimise infection and monitor consumers for infections. The service had policies and procedures on antimicrobial stewardship and infection control that guides staff practice, and explains how the service will prepare for, identify, review and manage outbreaks.

# 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 consumers were supported to participate in a variety of activities they like to optimise their independence and quality of life. Staff were aware of consumers preferred activities and said they encourage consumers participation in activities. Care planning documents identified consumers needs and preferences for supports for daily living.

Care planning documents noted religious practices of consumers. Staff said when they identify a change in a consumer’s mood, or if they are feeling low, they provide additional support such as one-to-one conversations or counselling is available for distressed consumers.

Consumers said they are supported to maintain relationships and provided examples of communities they participate in outside of the service. Care planning documents captured the type of activities the consumers were interested in.

Staff said they knew where to find and document information about consumers’ preferences. Changes to a consumer’s dietary needs was observed to be documented on a consumer dietary alteration notification advice form and this was provided to the kitchen staff and included in the care planning documents.

Staff described referrals to external providers and activities that are supplemented by volunteers and external organisations.

Consumers and representatives expressed satisfaction with the meals provided to consumers. Hospitality staff described how they refer to care planning documents to comply with consumers individual dietary needs and preferences. Staff were observed supporting consumers with meal choices.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers and representatives said the indoor and outdoor furniture for leisure activities and meals was always clean, well maintained and ready for 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

Consumers and representatives said the service environment felt comfortable and homely. Consumers’ rooms were observed to be personalised with furniture and personal pictures displayed.

Consumers said they feel free to go to any areas within the service, both inside and outside when they want to. Consumers and representatives said the service was always clean and that any safety issues and maintenance needs were attended to in a timely manner.

Furniture was observed to be clean, in good condition, and easy to use by consumers. Consumers said the equipment used to support consumers was well maintained and safe. Staff described how they logged electronic maintenance requests which were responded to in a timely manner.

# 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, representatives and staff said they felt supported to provide feedback and make complaints or raise concerns through feedback forms, regular surveys, discussions at meetings and verbally to both management and staff. Feedback forms, boxes and posters inviting feedback from consumers were displayed throughout the service.

Consumers said they are aware of and have access to advocates and other external organisations for raising and resolving complaints. Staff said they knew how to access external advocacy and interpreters’ services to assist consumers who requested these service. Posters and brochures displayed in communal areas promoting advocacy services in different languages was observed.

Consumers and representatives felt that the service responds to complaints appropriately and were satisfied with the way things were resolved. Staff were aware of the term ‘open disclosure’, and described examples of open disclosure in practice and how to complete the process with an apology. Complaints and feedback records evidenced timely resolution and complainant satisfaction with the resolution.

Consumers reported that improvements are made to their quality care and services based on the feedback and complaints they raised. Review of the service’s feedback and complaints register and continuous improvement log demonstrated how feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.

# 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 said there is adequate staff and call bells and care is attended to quickly. Management acknowledged some staffing challenges but advised staff work collaboratively to ensure consumers receive their required care needs. Staff rosters showed that the workforce is adequate in number and mix to enable delivery of safe and quality care and services, and all shift vacancies had been filled over the fortnight immediately preceding the site audit.

Consumers and representatives said staff engage with consumers in a respectful, kind, and caring manner. Staff were observed interacting with consumers in a considerate and respectful way, engaging in conversations with consumers and familiar with each consumer's preferred name.

Consumers and representatives felt staff are competent and have the knowledge needed to provide care and services. Management described the process to ensure staff are suitable and competent in their role through the recruitment process. Staff documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives believe staff have adequate training. Management said there is annual mandatory training resources for staff. Training records demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

Staff described how their performance is reviewed annually or when issues arise. Management described how they maintain regular assessment and monitoring of staff’s performance through a performance review and offer support or further training through a performance improvement plan.

# 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 they are engaged in the development, delivery and evaluation of care and services through monthly resident meetings. Staff described the various means of engaging consumers such as resident meetings and proactive collection of feedback from consumers and representatives. Documented evidence demonstrated that consumers are engaged and supported in providing input on service delivery.

Consumers and representatives believed the service is well run and reported feeling safe and at home in the service. Management explained how the governing body is accountable for the delivery of care and services via the Quality and Risk Committee. Review of documents demonstrated oversight by the governing body of delivery of safe, inclusive and quality care and services.

The service had effective organisation wide governance systems relating to electronic information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, management said legislative and regulatory changes is monitored at an organisation level and result in changes to policy and training for the service.

The service had an effective risk management system and practices that included managing high impact and high prevalent risks, identifying and responding to abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff said they have adequate training in risk management and were able to describe these systems and practices.

The service had a clinical governance framework that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff demonstrated an understanding of these areas and how they applied to their roles.

1. The preparation of the performance report is in accordance with section 40A/68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)