Performance

Report

**1800 951 822**

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| Name: | Kanandah Hostel |
| Commission ID: | 0464 |
| Address: | 21 Douro Street, MUDGEE, New South Wales, 2850 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 July 2024 |
| Performance report date: | 21 August 2024 |
| Service included in this assessment: | Provider: 1505 Kanandah Retirement Ltd  Service: 480 Kanandah Hostel |

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 Kanandah Hostel (**the service**) has been prepared by M.Wyborn, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 8 August 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7 Human resources** | **Not applicable as not all requirements were assessed** |
| **Standard 8 Organisational governance** | **Not applicable as not all requirements were assessed** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 3(3)(b)**

* implement effective systems to ensure identification/timely management of high impact and high prevalence risks, particularly in relation to consumer incident management, mechanical restrictive practices, chemical restrictive practices, and consumer behaviour management.
* Ensure timely follow up of consumer incidents and investigation and consideration of the impact on the consumer.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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 |

Findings

The service demonstrated relevant policies and procedures to guide staff practices in managing risks associated with consumer care, and consumers and representatives advised that they are satisfied with the care they receive. However, the Assessment Team reported deficits in management of high impact and high prevalence risks, including effective clinical oversight, incident management, mechanical restrictive practices, chemical restrictive practices, and consumer behaviour management. The service identified their high impact high prevalence risks as urinary tract infections and pressure injuries. Consumer documentation identified restrictive practices that had the potential to have a negative impact on consumers and were a high-risk practice. The Assessment Team reported deficits in timely review of clinical incidents to ensure consumers’ high impact and high prevalent risk are identified and strategies implemented to manage risks for each consumer. Some consumer behaviour management strategies were not identified and there was a lack of documentation to guide staff in managing consumer behaviours. Clinical staff were unable to consistently demonstrate an understanding of timely incident management, identifying restrictive practices and the risks associated with the use of restrictive practices. In their response to the Assessment Contact Report, the Approved Provider supplied their plan for continuous improvement which highlighted planned actions including conducting an audit of skin assessments for each consumer, and updating consumer documentation in relation to restrictive practices and ensuring that consumer care plans guide staff on relevant management strategies. In addition, the service demonstrated that registered nursing staff have received Aged Care Quality and Safety Commission resources and the clinical manager has delivered training to relevant staff, and in relation to Dementia support, the service has ensured that recommendations are available in the memory support unit for staff to easily access as well as clearly documented in consumer care plans. The planned actions work towards compliance against the Aged Care Quality Standards, however, will require time to embed and evaluate. As such, at this time I provide greater weight to the Assessment Team’s information in relation to effective management of high impact or high prevalence risks. Therefore, I find the service non-compliant in Requirement 3(3)(b).

The service demonstrated that consumer 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. The service administers a consumer deterioration protocol, which is used to guide staff in relation to their responsibilities. The registered nursing staff routinely and consistently liaise with the clinical manager and or clinical care co-ordinator as well as the consumer’s medical officer when a consumer’s condition deteriorates. Communication and consultation with the consumer and their representative occurs when consumers’ condition changes or deteriorates. The Assessment Team reported that consumer care planning documentation and progress notes demonstrated effective identification and response to deterioration or changes in function, capacity and or condition. With these considerations, I find the service compliant in Requirement 3(3)(d).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The organisation demonstrated effective systems to recruit, orientate, train and equip the workforce, including support staff, as required by the Quality Standards. Staff highlighted that they received orientation training upon commencement of employment and are provided ongoing online mandatory training. Staff advised that the training provided supports them to effectively perform their roles and reinforced that the service offers training both face to face and via online. Management demonstrated a comprehensive orientation program for service staff which includes buddy shifts with experienced staff. There is also a buddy program and general orientation for agency staff who are contracted in blocked bookings. The organisation demonstrated that staff training records are up to date and that majority of staff have attended to their mandatory training requirements. The organisation delivers reminder communication to staff to complete relevant training. With these considerations, I find the service compliant in Requirement 7(3)(d).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The organisation demonstrated appropriate risk management systems and practices that effectively manage high impact and high prevalence risks, identify abuse and neglect of consumers and that support consumers to live their best quality of life. The organisation administers relevant organisational policies and procedures in relation to abuse and neglect, risk management and supporting consumers to live the best life they can. The Board receives monthly reports from the administrator and clinical manager in relation to incidents and consumer risks. The Board consists of three clinical representatives who review and analyse the data provided in relation to high impact and high prevalence risks and the organisation is implementing priority risk ratings and ensuring that all incidents form part of the reporting system. The Assessment Team reported some deficits in risk management at service level in relation to the management and identification of high impact and high prevalence risks. This was considered in Requirement 3(3)(b). With these considerations, I find the service compliant in Requirement 8(3)(d).

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