Performance

Report

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| Name of service: | Performance report date: |
| Keperra Sanctuary Hostel | 30 August 2022 |
| Commission ID: | Activity type: |
| 5293 | Site Audit |
| Approved provider: | Activity date: |
| Allity Pty Ltd | 12 July 2022 to 14 July 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 Keperra Sanctuary Hostel (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 12 July 2022 to 14 July 2022; 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
* other information and intelligence held by the Commission in relation to this 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

This Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as compliant.

Consumers and representatives said staff treated consumers with dignity, respect and demonstrated an understanding of their individual backgrounds and identities. They provided positive feedback and gave examples of how the service supported consumers to be independent, take risks, exercise choice and make decisions about care and services provided, while respecting consumers’ personal privacy.

The service had policies and training in place which guided staff in their engagement with consumers. Staff were observed interacting with consumers respectfully and they described consumers’ cultural backgrounds and individual preferences and explained how that knowledge assisted them to meet consumers’ specific care needs

Care planning documents and meeting minutes showed the service understood and supported consumer choice in cultural, spiritual and activity preferences. Consumers were supported to exercise choice and independence and encouraged to maintain relationships with people inside and outside of the service. Consumers’ relationships were acknowledged and supported. Consultation occurred to ensure staff were aware of matters important to consumers, to support consumers to live their best lives.

Staff encouraged consumers to be independent and respected their choices. Staff and management demonstrated respect and an understanding of consumers’ identities, life journey and personal circumstances.

Care planning documentation was individualised to consumers’ backgrounds, personal needs and preferences, identity, and cultural practices, obtained through consumer interviews and questionnaires. All care plans aligned with details from consumer interviews.

Staff described the various ways in which they supported consumers’ choices on a day-to-day basis, as documented in care plans.

Consumers confirmed their privacy and confidentiality was respected. Staff outlined the practical ways they respected the personal privacy of consumers, such as knocking on consumers’ doors prior to entry and closing their doors while providing care. Staff also demonstrated an understanding of consumers’ relationships inside and outside the service and explained how they supported consumers to maintain those relationships by utilising video calls and activities designed to form and maintain friendships.

# 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

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers and representatives said they were involved with assessment and care planning on entry to the service and then during periodic reviews. Staff described how they used assessment and planning processes to guide how they provided care that was safe and effective. Care plans detailed consumers’ needs, goals and preferences, including advance care planning and end-of-life preferences.

Care planning documents included information from consumers, representatives and other organisations and services and captured recommendations or directives from health professionals, including external providers of care such as dietitians, speech pathologists, medical officers and other specialist services. Care plan assessments included information on pain charting and assessment, skin integrity, mobility and falls risks, nutrition and hydration, incontinence issues (where relevant), an oral and dental assessment and a behaviour assessment.

Staff and management demonstrated their awareness of the importance of notifying consumers’ representatives about new care information and said they routinely discussed these matters with consumers and representatives. Access to care planning documentation was available to consumers and their representatives.

Care planning documents reflected reviews occurred regularly or following any change of circumstances or condition of the consumer. Representatives confirmed the service advised them of any changes.

# 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

This Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as compliant.

Consumers and representatives considered consumers received personal and clinical care that was safe and tailored to meet their needs. They confirmed consumers had access to medical officers or other health professional when needed. Consumer feedback and documentation confirmed timely and appropriate recognition and responses to deterioration in consumers’ health.

Staff described consumers’ individual care requirements and how they used this knowledge to deliver personal and clinical care aligned to meet their needs. Staff demonstrated an understanding of precautions to prevent and control infection and steps to minimise the need for antibiotics. They also described an understanding of risks involved with consumers’ conditions and used strategies to maximise their well-being and comfort. Staff reported they felt well -equipped and supported to provide consumer care that was tailored to consumers’ needs, was best practice and optimised consumers’ health and wellbeing.

Care documentation demonstrated frequent and timely referrals and input from a range of allied health professionals, including podiatrists, speech pathologists, physiotherapists, dietitians, wound specialists, Dementia Services Australia, the Medical Officer and the psychogeriatrician. Care plans showed consumers received effective care for skin integrity, wound, pain, and behaviour management. Documents also showed the service recorded consumers’ advanced care planning and end-of-life care preferences. Staff were also guided by the service’s policies and procedures that directed how staff managed end-of-life care, including pain management and comfort care.

The service had a range of guidelines and business rules in place which supported the delivery of care, for example, policies, procedures and guidelines in relation to restraint, skin integrity, delirium management and pain management. The service provided copies of monthly clinical indicators reports that identified the service trends, analyses and responses to high-impact and high-prevalence risks. Management provided an overview of meetings and committees overseeing clinical governance within the facility, including involvement from the organisation’s Clinical Governance Specialist. The service had a documented risk management clinical governance framework which guided how risk was identified, managed, and recorded. A documented system was used to record high impact and high prevalence clinical and personal risks for consumers.

The service conducted clinical audits and analysed risks such as falls, medication incidents, pressure injuries and weight loss. Monthly clinical indicator data was compiled at a service level, discussed at meetings, and shared with the staff. The service had an incident reporting system which assessed all incidents and flagged incidents for the Serious Incident Reporting System (SIRS) when required.

# 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

This Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as compliant.

Consumers said they felt supported by the service to do things of interest to them, which included participating in activities as a part of the service’s lifestyle program and/or spending time on independent activities of choice. Consumers and representatives said staff supported consumers to participate in activities that were of interest to them, and the service supported consumers to be independent as much as possible. Consumers were satisfied that services and supports for daily living promoted their emotional, spiritual, and psychological well-being.

Consumers and their representatives spoke positively about the ways the service supported them to participate in the service’s environment, access the wider community, and do things they liked to do, which included involvement in community services, visits with family and sporting activities.

Care documents reflected information was shared within and outside the service, as appropriate, to enable a shared understanding of consumers’ needs and preferences. Care plans showed referrals were made to other services and organisations to support consumers to engage in activities and care services to enhance their well-being. Consumers provided positive feedback on the quantity, quality and variety of meals available and said the service provided plenty of choices every day and was flexible with providing alternative options if consumers wished. Care plans included details about consumers’ dietary needs and preferences.

Staff advised how they recognised a consumer was feeling low by their expression, body language and appetite and implemented various strategies to cheer the consumer up, which could include reassurance and distraction. Staff described how they were guided by knowledge of consumers’ likes and preferences in such situations, as outlined in consumers’ care planning documentation.

Review of the monthly activity calendar and discussions with staff demonstrated the service offered a variety of activities which met the different needs and preferences of consumers. Lifestyle staff acknowledged the importance of consumers’ connection to faith and the service tried to include as many activities as possible to facilitate this, including church services, a bible study group and individual pastoral visits for various denominations.

# 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

This Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as compliant.

Consumers described feeling at home, safe and comfortable in the service and environment, and said it was an enjoyable place to live. The service had a welcoming environment for consumers that optimised their sense of safety and wellbeing, with all consumer rooms having garden views. The service had indoor and outdoor areas that were designed to support consumer interactions and independence and were easy to navigate. The service had lounge areas situated throughout the facility for consumers and family and friends to utilise. Consumers were observed relaxing in the common areas, enjoying the garden, or having coffee made by the coffee machine in the main entrance area. Consumers’ rooms were personalised with photographs, artwork and other personal decorations. Activity photographs were displayed on walls throughout communal areas.

Staff described the process for documenting and reporting maintenance issues, which was consistent with information provided by the maintenance officer.

The maintenance officer described the programmed maintenance schedule and advised on-site maintenance was scheduled throughout the year via an electronic register. Staff and consumers could log maintenance requests via calling the maintenance phone number or submitting a maintenance request form.

Review of the programmed maintenance books demonstrated regular maintenance of equipment was completed according to a schedule. A contracted maintenance company dealt with any issues concerning mobility and clinical equipment, such as hoists, wheelchairs and wheelie walkers. Linen laundry was outsourced while consumer laundry items were washed on-site. Staff advised they had sufficient supplies to do their jobs, the service was clean and well-maintained, and any issues were dealt with promptly.

**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

This Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as compliant.

Consumers were encouraged and supported to provide feedback and make complaints, and appropriate action was taken afterwards. Consumers and representatives confirmed they felt safe and supported to make complaints and provide feedback and knew of the various avenues for doing so.

Consumers and representatives were aware of the internal and external feedback and complaints mechanisms available to them, including advocacy support and language services, and said that when they raised issues, management acknowledged complaints, addressed the issues and resolved them to the consumers’ or representatives’ satisfaction.

Consumers and representatives felt confident the feedback they provided was considered by the service, and suggestions were implemented as far as reasonably practicable. Consumers confirmed the service responded and promptly addressed the issues to their satisfaction.

The service had processes to promote and support consumers and representatives to provide feedback and make complaints, including regular consumer meetings, feedback forms and a large complaints and feedback drop box located at the main entrance to the service.

Feedback and complaints were used to continually improve the care and services provided to consumers. Consumers confirmed that positive changes directly followed feedback provided through the service’s feedback and complaint mechanisms. Consumers and representatives were involved in evaluating and implementing improvement actions. Staff received open disclosure training and had a shared understanding of the principles of open disclosure, understood when open disclosure processes should be applied, errors should be acknowledged and an apology provided.

**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

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers and representatives confirmed staff were kind, caring and respectful of their identities, culture and diversity. They provided examples about the care and services, and participation in events of social significance. Consumers and representatives were satisfied with the number and mix of staff. Female consumers who indicated that they only wanted to be cared for by female staff members said the service catered for their preferences.

A review of service staff documentation demonstrated staff had appropriate qualifications, knowledge, and experience to perform their duties. Position descriptions included key competencies and registrations that were either desired or required for each role.

Training records indicated the service consistently oriented new staff, provided mandatory annual training and monitored training to check it was completed within timelines, which ensured the workforce had the skills to perform their roles effectively. The service had policies and procedures which monitored and guided staff on performance management, with regular performance appraisals built into the performance management system.

Management said recruiting and maintaining hospitality staff was challenging at times due to COVID-19 pressures, but staff were supportive in supporting the hours needed to cover hospitality roles and the service used agency staff as needed. Staff reported they had enough time to complete their duties and that staff unable to attend their shifts were generally replaced. Staff advised they received training and support from management and they were able to consistently meet the care needs of consumers.

The Assessment Team reviewed rosters and other documents which showed staffing levels were sufficient for staff to complete their duties and respond to consumer needs in a timely manner, and that staff received training and support from management in the discharge of their duties.

**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

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers considered the organisation was well run and they felt like partners in the delivery of care and services through participating in Resident and Representative Meetings and food and consumer satisfaction surveys. They confirmed the service communicated with them regularly and kept them informed of upcoming changes. Consumers reported the management team was approachable and they were supported by senior and clinical management to partner in the development of care and services.

Management provided the latest consumer satisfaction survey. Consumer satisfaction was high, as 100% of consumers who responded said that mealtimes were pleasurable and enjoyable with staff scoring 100% for treating consumers with dignity at mealtimes.

Management advised it had a Continuous Improvement Plan which was updated frequently and discussed in monthly meetings. The service’s continuous improvement process was informed by a variety of sources, including consumer/representative feedback, service initiatives, consumer satisfaction survey results and analysis of clinical and incident data. The Continuous Improvement Plan was up to date with clear goals, alignment with standards, timelines, outcomes, and status of actions.

The organisation’s governing body had processes which ensured it promoted a culture of inclusive, quality, safe care and services and was accountable for their delivery.

The service had effective governance systems and risk management systems and practices that were supported by a clinical governance framework, which included antimicrobial stewardship, minimising the use of restraint, and open disclosure processes.

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-2)