Performance

Report

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| Name of service: | Kolor Lodge Hostel |
| Service address: | 146 Cobb Street PENSHURST VIC 3289 |
| Commission ID: | 3502 |
| Approved provider: | Western District Health Service |
| Activity type: | Site Audit |
| Activity date: | 9 May 2023 to 12 May 2023 |
| Performance report date: | 11 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 Kolor Lodge Hostel (**the service**) has been prepared by P. Sherin, 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.
* the provider’s response to the assessment team’s report dated 5 June 2023 acknowledging the assessment team’s findings.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers are treated with dignity and respect, and staff value their culture and backgrounds. Staff demonstrated an understanding of consumers’ personal backgrounds and culture and were observed treating consumers with dignity and respect such as addressing them by their preferred name. Care planning documents outlined consumers’ background and personal preferences to guide staff practice.

Consumers said their cultural identities and religious needs are valued at the service and they feel culturally safe. Staff demonstrated awareness of consumers’ diverse cultural, religious, and individual needs and how this influences their care on a daily basis. Care planning documents reflected consumers’ cultural needs and preferences. The service has policies on cultural safety, diversity and inclusion.

Consumers said they are satisfied with their choices and independence and can maintain relationships. Staff described how they support consumers to maintain relationships with people who are important to them. Policies and procedures on consumer choice and decision making are available to guide staff.

Consumers described ways in which they are supported to continue to live the life they choose and do the things important to them. Staff demonstrated knowledge of consumers who wish to partake in activities of risk to them and explained how they support consumers to understand the benefits and potential harm regarding their decisions. Care planning documents demonstrated risk assessments were completed for consumers engaging in risk-taking activities in line with the service’s risk management policies and procedures.

Consumers said they receive information from the service which is easy to understand and assists them to make informed choices. Staff described how consumers receive timely information via consumer meetings, activity schedules, menus and notice boards. Documentation available throughout the service evidenced consumers are provided with regular updates and relevant, accessible, and easy to understand information.

Consumers reported their privacy and confidentiality is respected. Staff were observed respecting consumer privacy and confidentiality such as by knocking on consumers’ doors and waiting for a response before entering and undertaking handovers in private areas. The service has a privacy policy which outlines the requirements in relation to collecting, managing and safeguarding personal and confidential information of consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers and reflected individual risks. Management and staff described how they use assessments and strategies to ensure safe and effective care is delivered.

Consumers reported they receive care that aligns with their needs, goals and preferences, and are asked about their end-of-life wishes. Care planning documents evidenced the service addresses advance care planning and end-of-life planning with consumers. Management described how advance care is discussed on entry to the service and information relating to end-of-life wishes is obtained. Policies and procedures on advance care planning and end-of-life management are in place to assist with decision making and to guide staff practice.

Consumers said they are involved in care planning discussions and can involve those they wish to be involved in their care planning. Care planning documents reflected the involvement of various staff and health professionals in assessment and planning of consumers’ care. Staff described processes for partnering with consumers, their representatives and health professionals in care planning to inform care and service delivery.

Consumers said they can access a copy of their care and services plan when they want to. Staff described how they involve consumers and representatives in the care plan review process in accordance with relevant procedures. Care planning documents evidenced discussion of assessment and planning with consumers and representatives.

Care planning documents demonstrated regular review and update of consumers’ care and service plans. Management and staff said consumer care plans are reviewed every 3 months as per a schedule, or when circumstances change or incidents occur. Consumers confirmed staff regularly discuss care needs with them, including when incidents occur, and any changes are addressed in a timely manner.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers reported they are receiving personal and clinical care that meets their needs and is safe and effective. The service has clinical policies and procedures in place to guide staff such as in the management of restrictive practices, wounds and skin integrity, and pain in line with best practice. Care planning documentation reflected effective management of personal and clinical care needs for sampled consumers. For consumers subject to restrictive practices, care planning documents evidenced appropriate consent, authorisation, and behaviour support plans in place.

Care planning documents demonstrated high impact and high prevalence risks specific to individual consumers are effectively managed, and staff implement individualised strategies to minimise risks. Staff demonstrated knowledge of how they identify, assess and manage risks for consumers and were observed utilising appropriate strategies for risk management.

Staff described how they deliver end-of-life care to consumers in line with the needs, goals and preferences of consumers. Consumers and representatives said their wishes pertaining to end of life care are received by the service and respected. The service has policies to guide staff on the delivery of palliative and end-of-life care.

Staff described how they identify and respond to deterioration or change in consumers’ condition, including referral to other services and consideration of consumer’s advance care directives, which was reflected in care planning documents. Consumers said the service responds well to any change or deterioration in their condition.

Management and staff described the processes in place for communicating information about the consumer’s needs, condition and preferences, including via handover, staff meetings and use of progress notes and care plans to document information. The assessment team observed that staff demonstrated an in-depth knowledge of individual consumers during handover and interviews.

Consumers reported involvement with other organisations and providers of other care and services, and access to a range of health professionals. Management described the process to refer clinical matters to other providers. Care planning documents evidenced prompt and appropriate referrals for consumers when needed.

The service has policies and procedures to guide staff in relation to antimicrobial stewardship and infection control management. Consumers were satisfied with the service’s management of COVID-19 and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Staff described how they support consumers to live their best lives. Care planning documents described consumers’ needs, goals, and preferences. The service’s activity calendar identified a mix of activities to suit a range of consumer interests and abilities including but not limited to a virtual experience with virtual reality headsets, indoor bowls, armchair travel, and group walks. Consumers were observed engaging in various activities during the Site audit.

Consumers said their emotional, spiritual, and psychological needs are supported at the service. Staff described how they support consumers’ well-being through individualised strategies, activities, access to church services, one-on-one support and encouraging communication with family members. Care planning documents included information to guide staff in supporting consumers’ emotional, spiritual, and psychological well-being.

Consumers said they feel supported to stay connected with the people who are important to them, participate in their community within and outside the service, have social and personal relationships and do things of interest to them. Care planning documents identified the people important to individual consumers, their activities of interest and strategies for staff to support consumers with relationships and to participate in the community.

Consumers felt their needs and preferences are well communicated across the service. Staff explained how they are kept informed of changes to consumers’ conditions, needs or preferences and ensure access to up-to-date information via shift handover meetings, consumers’ care plans and dietary folders. Staff were observed sharing consumer information at handover meetings in a thorough manner.

Care planning documents evidenced the service collaborates with organisations and external providers of care and services. Staff described how they work with various individuals, providers and external organisations to supplement the lifestyle activity schedule and ensure activities and supports are available and appropriate for consumer needs.

Consumers were satisfied with the quality and quantity of food, said they enjoyed the mealtime experience and reported the service accommodates any requests for alternative meals. The service actively seeks feedback from consumers regarding meals and the menu is designed based on consumer input. Care planning documents included information on dietary needs and preferences of consumers and their preferred mealtime location. Staff were aware of consumers’ dietary requirements and preferences.

Equipment which supported consumers to engage in lifestyle activities was observed to be safe, suitable, clean and well maintained. This was confirmed by consumers. Staff were able to describe procedures for ensuring equipment remains in suitable condition, including the process for reporting maintenance issues.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said the service environment was welcoming, easy to understand and felt like home, and were observed navigating the service independently and with the use of mobility aids. The service has several indoor and outdoor seating areas, handrails along the corridors, and raised garden beds to support consumers’ sense of independence and function. Consumers’ rooms were observed to be personalised with photographs, furniture, and items of meaning to them contributing to their sense of comfort and belonging.

Consumers said the service environment is clean and well maintained, and they can move freely both indoors and outdoors; this was observed by the assessment team. Staff described the processes in place to ensure cleaning and maintenance at the service. Review of the service’s reactive and preventative maintenance documentation identified maintenance is attended to in a timely manner.

Furniture and equipment throughout the service was observed to be clean, in good condition, and safe for consumer use. Consumers said furniture and equipment within the service is well maintained and suitable for their needs. Maintenance documentation demonstrated maintenance checks are up to date.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they are encouraged and supported to provide feedback or raise concerns with staff and management. Management and staff advised feedback and complaints are gathered through verbal and written communication to management and staff, feedback forms, consumer and relative meetings and surveys. Information posters demonstrating how to provide feedback and a secure feedback box were observed at the service.

Consumers said they were aware of external complaints mechanisms and advocacy services if needed. Management and staff were aware of the process to engage advocacy and language services should a consumer require them. The service’s complaints management process included information on accessing support services for raising complaints, and a variety of information on advocacy and language services was observed displayed throughout the service.

Consumers said when they raise a concern the service responds appropriately communicating with them about the issue. Management and staff described, and provided examples, of the process that is followed when feedback or a complaint is received and demonstrated understanding of open disclosure principles. Policies and procedures on complaints management and open disclosure are available to guide staff practice.

Consumers confirmed their feedback has resulted in service improvements. Management and staff advised the analysis of feedback and complaints data is used to inform improvements to care and services. Staff described improvements that had been made at the service as a result of consumer feedback. Review of the service’s plan for continuous improvement identified various improvements made in response to feedback and complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives felt there was adequate staff at the service and reported that care is delivered in a timely manner. Management described ways the service ensures staff numbers are appropriate to consumer needs, and staff spoke positively of staff-to-consumer ratios. The service has access to a casual pool of staff and can access staff from its adjoining service or agency staff where needed. Staff were observed attending to consumers in a responsive and timely manner throughout the Site audit.

Consumers and representatives said staff are kind, caring and respectful, and they feel safe at the service. Staff were observed interacting with consumers in a kind, attentive and considerate manner. The service has policies and procedures to guide staff practice in care and service delivery based on a person-centred approach.

Consumers and representatives felt staff are competent and have the required knowledge to provide care and services. Position descriptions are available outlining the minimum qualifications and credential requirements for each role. Review of documentation demonstrated the service conducts the necessary checks to ensure staff have the appropriate qualifications and competencies required.

Staff said the work environment is supportive and they have access to further education and training when needed. Staff mandatory training records demonstrated high completion rates across a range of topics evidencing satisfactory training of the workforce to deliver the outcomes required by the Quality Standards.

Performance of staff is regularly assessed, monitored, and reviewed in line with the service’s policies and procedures. Management advised whilst formal performance appraisals are conducted annually, when mistakes are made by staff, the service supports staff through an investigation process to establish what happened to ensure the need for any further training is identified. Service records evidenced most performance appraisals were completed, with the remaining being brought up to date.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said the service engages with them in the development, delivery and evaluation of care and services. Staff described the ways consumers and representatives are engaged including via consumer and representative meetings and submission of feedback forms. Review of consumer meeting minutes evidenced consumers and representatives are engaged by the service on an ongoing basis and their feedback is considered.

Management described the organisational structure with the governing body accountable for overall care and service delivery. Review of documentation identified information including but not limited to clinical and incident data, quality improvements and risks are reported to the governing body. The organisation uses this information to ensure compliance with the Quality Standards and to promote a culture of safe, inclusive, and quality care and services.

The service has policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to workforce governance, appropriate systems are in place to provide oversight of the workforce including human resourcing and monitoring of mandatory staff training with reports available to management and the organisation.

The service has a risk management framework with supporting policies, procedures and an incident management system in place. Staff demonstrated knowledge of risk management and provided examples of how high impact or high prevalence risks are managed at the service, including identifying them through incidents recorded in the service’s incident management system.

The service has a clinical governance framework that includes policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff demonstrated knowledge in these areas and were able to provide examples of how they apply this in their day-to-day work.

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)