Performance

Report

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| Name of service: | Lakeview Lodge Hostel |
| Service address: | 22 Church Street NAGAMBIE VIC 3608 |
| Commission ID: | 3324 |
| Approved provider: | Nagambie HealthCare Incorporated |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 4 April 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 Lakeview Lodge Hostel (**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 confirmed consumers were treated in a dignified manner, with their identity, culture, and diversity respected. Staff demonstrated knowledge of things important to consumers, and were observed to interact with consumers in a respectful manner. Care planning documents included information such as consumers’ needs and preferences, to guide staff in the appropriate delivery of care and services.

Consumers said their cultural background was respected and supported by the service. Staff explained how they supported cultural, religious, and personal preferences for consumers, consistent with information contained in consumers’ care planning documents.

Consumers and or their representatives sampled said consumers are supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Care planning documents evidenced consumers were supported in their decisions consistent with consumers and representative’s feedback. Staff explained how they supported consumers to communicate their decisions and to maintain relationships.

Care planning documents evidenced consumers were supported to do things with an element of risk through assessment and planning processes, and documented strategies to support consumers live life in accordance with their needs, goals, and preferences. Policies and procedures outlined how risk should be supported and managed, to enable consumers to be independent and live life how they wish.

Consumers said they were provided information in a way which helped them make informed choices about care and services, such as meal options and daily living activities. Staff said, and observations confirmed consumers were provided information in various ways to help with decisions.

Consumers said, and observations confirmed, consumers personal privacy was respected, such as staff asking permission to enter consumer rooms. Policies and procedures guided staff practice for maintaining consumer privacy and information confidentiality.

# 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 assessment and planning processes undertaken for new and continuing consumers at the service and how they consider risks. Care planning documents included information to inform the delivery of safe and effective care and services and included the consideration of risks to consumers’ health and well-being.

Consumers and representatives confirmed consumers’ needs, goals and preferences, including end of life wishes, were considered during assessment and planning processes. Care planning documents demonstrated consumers’ needs, goals, preferences, and end of life wishes were identified and addressed during care plan reviews.

Consumers and representatives said consumers partnered with the service, organisations, and other providers of care and services in assessment and planning processes. Staff explained how they involved others in assessment and planning processes to ensure consumers’ needs were being met, consistent with the service’s procedures. Care planning documents confirmed consumers, representatives and others were involved in care plan reviews.

Consumers and representatives said, in relation to care and services, staff explained what they were doing and why. Consumers and representatives said they did not have a copy of the care plan, and reflected they could ask for one if requested. In response, management advised they would inform consumers and representatives of the option to request a copy of the care plan, as confirmed by documentary evidence.

Staff explained care and services were reviewed for effectiveness on a monthly basis in consultation with consumers and representatives, or if there was a change to consumers circumstance warranting an updated care plan. Policies and procedures guided staff to undertake regular and as required care plan reviews. Care planning documents confirmed care and services were reviewed regularly and as required, consistent with staff feedback, policies, and procedures.

# 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 considered they received safe personal and clinical care, which was tailored to their needs and helped their health and well-being. Care planning documents demonstrated consumers received best practice and tailored care. Policies and procedures guided staff in the delivery of safe, effective care. Staff demonstrated they understood the individualised personal and clinical needs of consumers.

Care planning documents evidenced high impact and high prevalence risks were identified and assessed and included input from various specialists, allied health practitioners, and others responsible for care, to manage key risks to consumers clinical and personal care. Staff demonstrated knowledge of consumers clinical and personal care needs, and what they would do to manage risk.

Staff explained how they provided dignified and comfortable end of life care, such as conducting assessments, and involving external medical palliative care services. Care planning documents evidenced end of life care was provided in a dignified and respectful manner, including regular monitoring and use of medications for pain and comfort, assessment of medical interventions and spiritual, religious, and cultural needs. Staff were guided to end of life care through policies, procedures, and training.

Staff provided examples of consumer deterioration and steps taken following the identification. Care planning documents confirmed deterioration or changes to consumers’ mental health, cognitive or physical function were recognised and responded to in a timely manner. Representatives were satisfied the service identified the deterioration and responded to it in a timely manner.

Consumers and representatives advised staff knew consumers’ care needs well and did not have to repeat information back to staff. Staff explained they communicated changes in consumers care and services though verbal handovers, meetings, recording and accessing care planning documents. Care planning documents included adequate and accurate information to support delivery of effective and safe care.

Consumers said the service had an established network of approved individuals, organisations, or providers staff referred consumers on to, to ensure consumers clinical and personal care needs were being met. Care planning documents demonstrated referrals were completed in a timely and appropriate manner.

The service had policies and procedures to guide the minimisation of infection related risks, including appropriate antibiotic practices. Staff described how they would identify, respond to, and minimise infection related risks in line with the service’s policies and procedures. Reports and meeting minutes demonstrated the service monitored antibiotic prescribing within the service to minimise overuse.

# 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 considered consumers were supported to do things of interest, and received safe, effective support for daily living. Staff explained what is important to consumers and what they like to do, and this aligned with the information in care planning documents.

Staff explained in practical terms how they supported consumers well-being, such as going on walks with consumers, engaging in conversation, running quiz games and bingo. Consumers provided examples of how the service helped meet their spiritual, emotional, and psychological well-being needs, in line with staff feedback.

Consumers and representatives said consumers were supported to participate within their community and have social and personal relationships. Care planning documents contained relevant information about consumers social and lifestyle needs and preferences and services and support required. Staff described how they support consumers to participate in the community or engage in activities of interest to them and described specific consumers who undertake individual activities outside the service.

Staff explained they communicated information about consumers’ needs through verbal and documented handover processes, recording information in the electronic care management system, communication books, and dietary folder. Care planning documents included adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said referrals were completed in a prompt manner. Care planning documents demonstrated the service collaborates with other individuals, organisations, or providers to support the diverse needs of consumers. Staff described how consumers and/or representatives are actively involved in referrals and how consent is obtained.

Consumers said meals were of a suitable quality and quantity, and were able to choose what they wanted to eat, including alternative options if the menu wasn’t to their preference. Observations confirmed meals were varied, appealing and appetising, with offerings of hot and cold items. Staff demonstrated that they were aware of consumers’ nutrition and hydration needs and preferences.

Staff said they checked equipment regularly, and would raise maintenance requests through relevant forms and handover sheets. The service’s records confirmed maintenance was regularly undertaken to ensure safety for consumers. Equipment, such as wheelchairs and walkers, were observed to be accessible, safe, clean and well maintained.

# 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

The service environment was observed to be welcoming, and had clear wide pathways, signage, and handrails to help with consumers independence, interaction, and function. Consumers said they find the service welcoming and easy to find their way around and explained they could personalise their rooms.

Consumers were observed moving freely around the service in the loungerooms and outdoors. The service was observed to be clean and well maintained. Consumers and their representatives said the service was cleaned well and maintenance was done quickly. Records demonstrated regular maintenance of the service environment and equipment, with requests were resolved in a timely manner.

The service environment, furniture, fitting, and equipment was observed to be clean, with materials appropriately stored. Staff were observed cleaning equipment between use to ensure to minimise infection related risks. Documentation demonstrated furniture, fittings and equipment are regularly checked.

# 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 and representatives considered they were encouraged and supported to provide feedback and raise concerns. Management and staff explained how they would respond to feedback and complaints, and ways consumers were supported to use advocates and language services. Feedback forms were observed to be available to consumers and representatives around the service, as well as feedback form boxes.

Informational material on advocacy and language services and external complaint mechanisms was observed throughout the service environment to help consumers provide feedback and complaints. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required.

The service’s incident register demonstrated the service responded to complaints in an open and transparent manner, and included actions in place to minimise reoccurrence in line with service policy. Staff demonstrated knowledge of the principles of open disclosure, such as providing an apology when things go wrong. Consumers and representatives said management promptly addressed and resolved their concerns following the making of a complaint.

Consumers and representatives stated they are satisfied with the improvement of the service based on their feedback. Staff described how information from feedback and complaints is used to improve the quality of care and services. Management explained, and the service’s continuous improvement register confirmed, feedback and complaints were analysed for trends, informing improvements to the service, for example, improvements to meal options.

# 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 confirmed there were enough staff to meet consumers diverse needs and call bells were generally answered promptly. The service’s roster demonstrated the workforce was planned with an appropriate mix of staff to provide safe, quality care and services. Management explained, and documentation confirmed, the roster was monitored and reviewed for unplanned leave, with agency staff used as required.

Consumers and representatives confirmed staff treated consumers in a kind and caring manner, with respect to their identity, culture and diversity. Staff demonstrated knowledge of consumers’ needs and preferences, which aligned with information in care planning documents and feedback from consumers and representatives.

Management explained they ensured the workforce was competent and had the right qualifications and knowledge to effectively perform their role through documented human resource structures and processes, including recruitment. Documentation confirmed staff had appropriate qualifications, registrations, and experience to effectively perform their roles. Consumers and representatives felt confident staff are sufficiently skilled to meet consumers’ care needs.

Documentation evidenced staff training requirements on recruitment and on an ongoing basis is completed to ensure they have the knowledge to deliver the outcomes required by these Standards. Consumers, representatives, and staff said they did not think there are any areas where staff require more training.

Management advised they monitored staff performance through direct feedback, observations annual appraisals to ensure the delivery of safe, effective care and services. Policies set out processes for staff performance and development reviews. Consumers and representatives confirmed they had no concerns regarding staff performance.

# 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 confirmed their input was used in the development and delivery of care and services. Management explained consumers were supported to provide input into the delivery and evaluation of services through meetings and feedback mechanisms. Meeting minutes demonstrated consumer feedback was acknowledged and used to make improvements to care and services.

Documentation confirmed the organisation’s governing body was accountable for the delivery of safe, inclusive, quality care and services. Documented organisational structures set out responsibilities, and accountability from the board, management, and staff.

The service demonstrated it had effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff demonstrated awareness of the governance systems within the service.

Documentation, such as policies, procedures, care plan assessments, clinical data, and reports demonstrated risk was managed through effective systems and practices, including high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live their best life, managing and preventing incidents. Staff explained the processes of risk management at the service, including key areas of risk that had been identified and is being mitigated.

The service’s clinical governance framework consisted of policies, procedures, and training to ensure appropriate practices were in place for antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated awareness of the framework and how it applied to their work and roles.

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-1)