Performance

Report

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| Name of service: | Laurina Lodge Hostel |
| Service address: | 14 Licola Road HEYFIELD VIC 3858 |
| Commission ID: | 3208 |
| Approved provider: | Heyfield Hospital Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 August 2023 to 9 August 2023 |
| Performance report date: | 5 September 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 Laurina Lodge Hostel (**the service**) has been prepared by N Chahal, 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 - Site; the Assessment Contact - Site 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 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 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)(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 |

Findings

The service was found Non-compliant in Standard 2 in relation to Requirement 2(3)(a) and 2(3)(c) following a site audit in October 2022 where it did not demonstrate:

* consideration of risk to each consumer occurred. Initial care assessments were not completed for new consumers and assessments did not reflect consumers at risk were assessed or reviewed.
* each consumer and/or their representatives were involved in consultations related to the consumers care plan.

At the August 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives expressed confidence that consumer risks are identified for safe and effective care including changed behaviours and falls risk. Representatives confirmed involvement in the assessment and planning process including the development of risk mitigation strategies involving a multi-disciplinary approach. Staff described individualised strategies to mitigate consumer risk relating to changed behaviours and falls risk in line with the consumer care documentation. Staff demonstrated knowledge of the assessment and planning process in line with the organisational policies and procedures. The service has an electronic admission template to ensure assessments are completed for new consumers entering the service.

Representatives expressed satisfaction with their involvement and consultation regarding consumers care needs relating to falls, medication management, and health decline. Staff confirmed ongoing collaboration with the consumer representatives and allied health specialists and demonstrated subsequent review of the assessments. Care planning documentation including ‘resident of the day’ assessments and care plans demonstrate partnership with consumers and representatives in their initial development and in subsequent reviews. The service has created a care plan consultation template to guide staff on conversational prompts with the consumer and representatives.

As a result, and with consideration to the available information I am satisfied these requirements are now compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |

Findings

The service was found Non-compliant in Standard 4 in relation to Requirement 4(3)(b) following a site audit in October 2022 where it did not demonstrate that each consumer’s emotional, spiritual, and psychological well-being was supported. There was insufficient support for consumers who had been psychologically or emotionally impacted by incidents or changed behaviours from other consumers.

At the August 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives expressed satisfaction with the support they received from the service following the incident(s) of aggression or intrusion. Representatives confirmed that the service has improved the process to provide support to consumers and involved a local mental health support program. Staff interviewed were able to explain their role in incident management, including psychological and emotional support for consumers. Staff described personalised strategies to emotionally support consumers. Care documentation demonstrated involvement of mental health support program to provide one on one sessions to consumers following incidents aggression The service has strengthened processes to ensure all incidents, including those related to changed behaviours are reported, investigated, and actioned appropriately and has provided education sessions to staff on behaviours, psychological safety, incident reporting, dementia, and Serious Incident Reporting Scheme (SIRS).

As a result, and with consideration to the available information I find this requirement is now compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service was found Non-compliant in Standard 6 in relation to Requirement 6(3)(d) following a site audit in October 2022 where it was unable to demonstrate that that feedback and complaints are used to improve the quality of care and services.

At the August 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Representatives expressed satisfaction that their raised feedback and complaints were used to improve the quality of care and services. Staff demonstrated an understanding of the complaints process and confirmed receiving training on how to log feedback, this was confirmed by the training records. The service has implemented an electronic feedback system that is used for trending, analysing, and reporting feedback and areas of improvement to the governing body, governance committee, and ‘resident relative meetings’ A review of the ‘resident relative meetings’ demonstrated multiple improvements at the service taken in response to the consumer feedback this includes a larger print activities calendar, changes to activities program, a monthly barbeque and increased availability of fruit at the service. During the site visit, consumers provided mixed feedback in relation to the quality of meals. In response, management immediately implemented a plan for continuous improvement (PCI) outlining regular food focus meetings that will be held weekly, implementation of food satisfaction feedback forms, emailing electronic survey to representatives, and education to staff on the importance of food service.

As a result, and with consideration to the available information I find this requirement is now compliant.

# 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service was found Non-compliant in Standard 7 in relation to Requirements 7(3)(a) and 7(3)(d) following a site audit in October 2022 where it was unable to demonstrate:

* the number and mix of members of the workforce enabled the delivery and management of safe and quality care and services.
* staff had received training in relation to incident management, identifying and reporting incidents, SIRS, quality standards, restrictive practices, open disclosure, and feedback.

At the August 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives said that they were generally satisfied that staffing levels were sufficient and staff were available when the consumer required assistance. Two consumers said that sometimes in the afternoon they have to wait long for staff assistance, to immediately address the raised feedback from consumers, management implemented an additional afternoon shift to its permanent roster during the visit. Staff described that staff has improved in the last 12 months and they are regularly updated on the staffing at the meetings, staff confirmed that they have adequate staffing to complete the assigned tasks and meet the care needs and preferences of the consumers. Management described how they utilise casual, permanent, and agency staff to fill shifts for planned and unplanned leave. A review of the master and working roster demonstrated that most shifts are filled at the service and nursing staff is rostered at all times, when a registered nurse is not available an enrolled nurse is rostered with an on-call registered nurse for support. The service is in the process of upgrading its call bell system, a review of the current call bell reports demonstrated that call bells are answered in a timely manner and are monitored by nurse-charge, the Assessment Team observed that call bells were answered promptly by staff.

Consumers and representatives were satisfied that staff have the qualifications, knowledge, and skills to deliver effective and timely care and services. Staff expressed satisfaction with training opportunities and felt supported in delivering safe and effective care. Staff confirmed completion of annual mandatory training which includes, manual handling and infection control, and said the training consists of both online and face-to-face training. Management explained the development of the education schedule with investigation and analysis of incidents, audit results, and feedback used to identify gaps in staff knowledge and training. A review of staff education records confirmed the staff has received training in SIRS, restrictive practices, incidents management, feedback, managing behaviours, psychological safety, quality standards, and open disclosure.

As a result, and with consideration to the available information I am satisfied these requirements are now compliant.

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