Performance

Report

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| Name of service: | Performance report date: |
| Lemongrove Gardens Hostel | 21 September 2022 |
| Commission ID: | Activity type: |
| 0211 | Site audit |
| Approved provider: | Activity date: |
| Anglican Community Services | 17 August 2022 to 19 August 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 Lemongrove Gardens Hostel (**the service**) has been considered by Kathryn Spurrell, 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; 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 the 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.

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

Consumers considered they are treated with dignity and respect, feel valued, and said that staff are kind in their interactions and provide care that is culturally safe. Consumers reported that they are supported make informed choices about their care and maintain relationships that are important to them.

Staff demonstrated knowledge of the individual risks to consumers, and said they support the consumer’s wishes to take risks to live the way they choose. Consumers and representatives confirmed they receive timely, current, and accurate information is provided to them and were satisfied with the way the service communicated information about their care and services to them.

Consumers described how they were supported to understand information and staff were able to describe different ways in which information is provided to consumers, in line with their needs and preferences.

Consumers said that staff respect their privacy, including when with visitors. Staff also knock on the door before entering and seek permission to enter. A privacy policy outlines how the service maintains and respect the privacy of personal and health information for consumers.

# 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

Consumer care plans, demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks to each consumer's health and well-being.

Care planning documentation reviewed by the Assessment Team included advance care planning and end-of-life planning where consumers agreed. Consumers reported that the service is responsive to their needs, and that staff had discussed advance care planning with them.

Consumers and representatives described how they actively participate in the care planning process, engaged with the service and confirmed that care plans were continually being reviewed. Care planning documentation showed evidence of regular case conferences, and the involvement of a range of external providers and services.

Consumers and representatives had access to the care plans and understood the contents. Consumers reported that that staff regularly discuss their care needs with them including when there is an incident or a change in consumer condition or medication.

# 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

Care planning documents reflected consumers receive individualised care that is tailored, safe and effective, consumers subject to restrictive practices had appropriate consent and reviews in place. Staff explained how they follow procedures to deliver safe skin integrity and pain management care and consumers reported they receive safe, individualised and effective personal and clinical care that is best practice to optimise their health and well-being.

Consumers and representatives felt that the service is adequately managing risks to consumers' health, such as falls and care plans evidence how relevant high impact and high prevalence risks to consumers are assessed, reviewed and managed.

Care documents reflect that consumers nearing the end of life received care in line with their wishes, that maximised comfort and preserved dignity.

Staff described signs related to deterioration, including changes mobility, appetite, disinterest in activities, and changes in mood and behaviours. Consumers and representatives confirmed the service appropriately recognises and responds to changes in condition and implements strategies to assist the consumer in a suitable and timely manner.

Care plans provide adequate information to support effective and safe sharing of the consumer’s information to support care and the Assessment Team observed appropriate supports and communication systems in place amongst staff to ensure all staff are kept up to date with the needs, preferences, and care requirements of consumers.

Staff described how information about consumer needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared.

The service was able to demonstrate preparedness in the event of an infectious outbreak, and infection minimising strategies including antimicrobial stewardship, hand hygiene, the use of appropriate personal protective equipment and outbreak management process.

# 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

Consumers said that they feel supported to the things that they want to do. Staff demonstrated knowledge and understanding of what is important to individual consumers and how the activities at the service meet those needs.

Staff described how the service supported consumers emotional, social and psychological needs in ways including facilitating connections with people important to them and spiritual and religious services. Staff provided examples to the Assessment Team of consumers who were supported to maintain their hobbies, both inside and outside of the service.

# Care planning documentation contained information about external services that have been involved in supporting consumers. The service has lifestyle staff to support consumers’ wellbeing and the Site Audit report evidenced internal and external activities and programs. Staff explained how referrals are made to individuals and organisations to support consumers psychological well-being and lifestyle activities.

Consumers were satisfied with the variety, quality and quantity of food provided at the service, and felt the meals met their individual needs and preferences. The Assessment Team observed that where equipment is provided, it is safe, suitable, clean, and well maintained and that maintenance undertake ongoing monitoring that the equipment is fit for purpose.

# 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

Consumers reported the service environment is welcoming and easy to understand, and said they felt at home. Staff described how the service helped consumers feel welcome, optimised their sense of belonging and ability to navigate easily throughout the service.

Consumers were observed freely accessing shared outdoor areas and using the lift and ramp to move between floors. Most consumers were happy with the cleanliness of the service, felt safe when staff provided care using equipment, and reported that furniture and fittings are suitable. Staff were aware of the maintenance processes and procedures.

Consumers said the furniture fittings and equipment are clean, well maintained, and suitable for them. The Assessment team observed a range of equipment including walkers, posts and standing machines available to support staff and consumers.

**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

Consumers and representatives said they are encouraged to provide feedback, feel comfortable to raise concerns and are aware of multiple channels available to them to provide feedback or make a complaint.

Staff were aware of external complaints and advocacy services available and the Assessment Team observed various brochures on elder rights, advocacy and complaints brochures in different languages available throughout the service.

Management explained how staff are guided by documented policies and procedures on open disclosure and complaints handling. Consumers and representatives said that appropriate action is taken in response to feedback or complaints raised and the Assessment Team reviewed the complaints register that confirmed most complaints are documented in the complaints register in a timely manner.

Staff were able to describe improvements that had been made at the service as a result of consumer feedback and complaints. This was consistent with consumer and management response.

**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

Consumers and representatives felt they receive quality care and services from staff who are knowledgeable, capable, and caring and said while they felt the service would benefit from additional staff, there were sufficient staff available to respond to consumer needs in a timely manner. Consumers and representatives were confident staff are trained appropriately and are sufficiently skilled to meet their care needs.

Management said the service requires staff to complete role-based annual mandatory training that is monitored centrally and followed up by management at the service. Consumers expressed satisfaction with staff competency and skills to provide the care they require.

Management described how they support staff to ensure they are receiving adequate training to perform their roles effectively. Staff training records confirmed that all staff except those on extended leave have completed mandatory training in the last cycle.

The organisation has a staff performance framework that includes annual performance appraisals, the Assessment Team reviewed performance appraisal documentation and found them to be up to date.

**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

Consumers and representatives reported that they were engaged in the development, delivery and evaluation of care and services through a variety of mechanisms and the service respected their feedback.

The organisation’s governing body displays accountability and promotes quality care and services through taking action in response to feedback and conducts internal audits to ensure compliance.

The service was able to demonstrate that is has effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. Staff demonstrated an understanding of consumers with high impact or high prevalence risks and demonstrated how they implement the service's policies in alignment with best practice. Staff described training received in identifying abuse, reporting incidents and supporting consumers to live their best lives.

Staff reported that they had received training of how they apply the service’s clinical governance framework, such as minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure.

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)