Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Leslie Place Aged Persons Hostel |
| Service address: | 6 Cedar Street KILLARNEY QLD 4373 |
| Commission ID: | 5228 |
| Approved provider: | Killarney Memorial Aged Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 14 April 2023 |
| Performance report date: | 15 May 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 Leslie Place Aged Persons Hostel (**the service**) has been prepared E Blance, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives say staff treat consumers with dignity and respect. Staff were observed by the Assessment Team treating consumers with dignity and respect and demonstrated they understood the consumers’ individual choices and preferences. Care planning documentation reflected what is important to the consumer to maintain their identity. The organisation has policies which outline consumers’ right to respect and dignity.

Consumers and representatives say staff value consumer’s culture, values and diversity. Staff and volunteers described how they provide culturally safe care and services. Care planning documentation reflected consumers’ cultural needs and preferences.

Consumers say they are supported to nominate who they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice. Consumers are supported by staff to exercise choice and independence and to maintain relationships of choice through receiving visitors to the service, undertaking outings to visit friends and family, and attending the service’s group activities.

Consumers and representatives say they are supported by staff to take risks and live the best life they can. Staff were able to describe areas where consumers want to take risks, how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risk, and how consumers are involved in problem-solving solutions to reduce risk where possible. Care documentation captures the risks and mitigation strategies used to enable consumers to live the best life they can.

Consumers and representatives say consumers have the information they need to make informed choices. Posters and flyers of upcoming activities were observed on noticeboards and in rooms. The service’s consumer information book provides information about care and services provided by the service to enable the consumer to exercise choice.

Consumers and representatives say they are confident consumer’s information is kept confidential. Staff were able to describe how they maintain a consumer’s privacy when providing care. Staff were observed by the Assessment Team to be respecting consumers’ personal space and privacy when their family or friends visited the service and keeping consumer’s information confidential. The Charter of Aged Care Rights is displayed in common areas of the service, and the consumer information book explains how personal information is protected by the service.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers say the care they receive is well planned, individualised and tailored to meet their specific needs. Staff demonstrated how regular assessment and planning of consumers’ care needs ensures that consumers’ health and wellbeing needs are being achieved. Daily cares and routines at the service reflect the treatments and regimes outlined by allied health professionals. Staff are guided by organisational policies and procedures when working with consumers to build and individualise care plans.

Consumers and representatives say care planning documents reflect the care and services consumer’s receive. Consumer’s end of life planning and advance care directives are captured during the entry process and initiated in accordance with consumer wishes when end of life care is required.

Care planning documentation identified coordinated care and services through the engagement of external practitioners, specialists, including partner organisations used in assisting in the assessment, treatment and monitoring of consumers. Consumers and representatives described consultation with the service and other allied health providers in relation to consumer’s care.

Consumers and representatives say the service provides care plan summaries following scheduled reviews or by request. They also say they are supported to understand their care plan and how the plan meets their needs. Care plans are always available to consumers and staff. Staff are guided by care plans that are accurate and contain detailed and individualised care information and changes relating to consumers’ care and services is communicated using the service’s electronic care management system.

Consumers and representatives are involved in regular discussions about consumers’ care and service needs and are asked for feedback when preferences change. The care planning process is scheduled in line with the approved provider’s policies and procedures and where care needs change or following an incident.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

The service demonstrated timely identification, effective assessment, management, and evaluation of consumers’ restrictive practices, falls risk, weight loss, skin integrity and pain. Where restrictive practices are used, assessments, authorisation, consent, Behaviour Support Plans and monitoring are demonstrated. Consumers and representatives say consumers’ receive the care and support they require, which is delivered in a safe and effective manner. Pressure injuries and chronic wounds are treated according to the service’s wound treatment procedure and the protocols defined by treating medical officers. Care documentation was reflective of care tailored to the consumers’ needs.

Trends and clinical data contributes to the identification and mediation of arising risks within the service. Strategies are used to minimise the risk and harm to consumers, including the use of equipment and additional training for staff. Care planning documentation capture strategies to guide staff in the management of risks.

Preferences for end of life wishes are identified, established, and retained in care planning documentation and is discussed at reviews or when declining health status indicates. Care plans included completed advance care directives and individualised end of life choices for each consumer. Consumers and representatives say end of life wishes are discussed and respected by staff.

Consumers are monitored and any changes in consumer’s health is communicated with those who share responsibility for care. Information is shared through a handover process. Care plans evidenced appropriate recognition and response to consumers’ deterioration including transfer to hospital. Representatives expressed satisfaction with the response of the service to deterioration in consumers as recognised by staff.

Staff document and share information within the service, using care plans and the electronic system to provide relevant and timely information to those who share the care of consumers. Consumer information is updated in care planning documentation in accordance with a schedule or when changes occur. Consumers and representatives say they are involved with decision making when changes occur.

The service partners with specialists and allied health providers to provide assessments, advice, and treatment. This includes physiotherapists, optometrists, ophthalmologists, audiologists, occupational therapists, speech pathologists, dieticians, podiatrists, dentists and geriatricians. Care planning documentation evidenced referral and engagement by other providers of care for consumers.

The approved provider has a documented infection prevention and control program that integrates plans, policies and procedures, designed to manage outbreaks, drive antimicrobial stewardship, and respond to outbreaks of COVID-19. Consumers expressed the service has effective processes for preventing and controlling infection. Staff have been educated in relation to minimising infections and understand the prevention and controls needed within their role as well as antimicrobial stewardship and the importance of hand hygiene. The service has a vaccination program for staff and consumers.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives say the service supports consumers with independence and encourages them to participate in activities which reflect their interests and lifestyle needs. Staff could describe the diverse interests of consumers, including strategies to promote consumer involvement in supports for daily living. Lifestyle documentation identified the interests and activities important to consumers.

Spiritual and psychological supports are provided to consumers. Care documentation reflects information to guide staff in supporting the spiritual and psychological needs of consumers, and their preferred level of engagement. Consumers attend faith based activities to support their spiritual beliefs. Consumers who require additional spiritual, psychological or emotional support receive pastoral support visits, or when needed the services of a counselling service dedicated to the psychological wellbeing of consumers.

The service supports consumers to engage in activities, socialise and maintain relationships including keeping consumers connected to the community based on activities they were engaged in before living at the service. Pet therapy is provided as well as volunteers for one to one engagement and socialising. The service hosts a community run Men’s shed.

Consumers and representatives say staff are aware of their needs and preferences and were confident information available to external agencies engaged in their shared care and responsibility. Care planning documentation is individualised, and includes information about consumers’ personal background and history, religious denomination, likes and dislikes, physical limitations, activities of interest, people who are important to them, and their preferences for participating in solo or group lifestyle activities. This information is used by staff to provide individualised services and supports for daily living. The consumers’ information is updated regularly if and when the consumer’s preferences or circumstances change.

Staff work with consumers to assist with transport to external medical appointments and help them schedule internal appointments. Consumers described referral services with volunteer groups as well as shopping and personal services.

Consumers and representatives say the meals provided at the service were varied, of suitable quantity and quality and met their individual preferences or dietary requirements. Staff are aware of dietary requirements for each consumer. The menu is reflective of consumer feedback.

Consumers say they feel safe when they are using equipment and know how to report any concerns they may have. The service has appropriate arrangements for purchasing, servicing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be new, suitable, clean and well-maintained.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

The service environment is welcoming, corridors are wide, free of clutter and easy to navigate. The service provides 2 large communal areas for dining, socialising and watching movies or television. Consumers have personalised rooms decorated with furnishings and personal items that reflect individual tastes and styles. The service has several outdoor landscaped gardens and balconies that provide vistas of the surrounding countryside.

Consumers felt the service’s internal and external environment provided functional spaces and the external areas are easily accessible, safe and clean. The service’s layout established a connection between the internal and external living environments, allowing consumers to move around freely between all areas of the service, including exterior balconies and courtyards.

Maintenance systems support the furnishing, fittings and equipment to be clean and safe. Consumers and staff could describe the systems in place to report maintenance issues.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives say consumers feel encouraged to provide feedback and make complaints. Staff described the methods to encourage and support consumers to provide feedback and make complaints. Multiple mechanisms are available for providing feedback.

Consumers and representatives demonstrated an awareness of the internal and external avenues available for them to raise complaints. Staff assist consumers to access advocates and raise complaints. Documentation provided to consumers contains information about how to make complaints using internal processes and external agencies.

The approved provider has documented policies and procedures to guide staff in complaint management and open disclosure processes. Staff demonstrated a shared understanding of these processes. Representatives say the service practice open disclosure and respond to complaints. Complaints are recorded within the service’s feedback and complaints register.

Consumers say the service is responsive to feedback and uses this to implement improvements. Feedback is received via feedback forms, consumer meetings, and is reviewed regularly to improve the quality of care and services. The service’s plan for continuous improvement demonstrated how feedback and complaints are reviewed and used to improvement the quality of care and services.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives say there are enough staff to meet consumers’ personal and clinical needs in a timely manner and in accordance with their care plan. Management were able to demonstrate the workforce is planned to meet the needs of consumers and deliver quality care and services. The service was able to demonstrate effective systems and processes to ensure there is enough staff rostered across all shifts.

Consumers and representatives say staff engage with consumers in a respectful, kind and caring manner, are gentle when providing care, and are respectful of their diversity, culture, and preferences and choices. Staff demonstrated an understanding of consumers’, identity, culture, needs and preferences. This information aligned with care planning documentation and consumer feedback.

Consumers and representatives say the staff are well trained and the service was able to demonstrate that the workforce is competent and qualified to effectively perform their roles. Staff competency is determined during training sessions, reviewing feedback from consumers and representatives, and clinical staff and management conducting regular observations. Position descriptions establish responsibilities, knowledge, skills and qualifications for each role and monitoring of national criminal history checks, professional registrations (where required) and influenza and COVID-19 vaccination records occurs.

Consumers and representatives expressed confidence in the workforce’s ability to deliver care and services. Staff receive training that provides them with the knowledge required to perform their roles and are equipped to deliver quality care and services. Training provided supports staff to deliver the outcomes required by the Quality Standards. The approved provider has workforce governance systems in place to support the recruitment of staff.

Staff participate in a performance appraisal and staff performance is monitored and reviewed during training sessions, observations conducted by clinical staff and management, and annual performance appraisals. New staff are subject to a probationary period which includes appraisals at 3 and 6 months.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers say they have confidence in the way the service is run and are engaged in the development, delivery and evaluation of their care and services. The service demonstrated evidence of changes at the service and organisational level which involved the input of consumer and representative feedback.

The service is supported by an Internal Governance, Quality and Risk Committee (IGQR). The committee reviews the service’s clinical trends, incidents register, and restrictive practices register to identify risk and strategies to mitigate risk. An external auditor is engaged to assess the service’s performance against the Quality Standards. The approved provider communicates with the service, consumers and representatives regarding updates on policies, procedures or changes to legislation. These are communicated via notifications through the staff messaging system, electronic mail, newsletters, and training.

The systems and processes of governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints is effective. Consumers and representatives say they are satisfied with the way information about care and services is managed and how the information is provided to them. Staff say they can readily access the information they need to deliver safe and quality care and services, and to support them to undertake their respective roles. Continuous improvement initiatives are drawn from a variety of sources, including consumer and representative feedback and complaints mechanisms, regular analysis of clinical and incident data and staff meetings. The service’s plan for continuous improvement identifies planned and completed improvement actions in relation to various areas of care and service delivery. The service recently sought funding to ensure the service is compliant with upcoming legislated changes relating to mandatory care minutes. Financial governance is a standing agenda item and the financial reports for the previous month are reviewed at meetings. Systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care. The approved provider has policies and procedures that clearly articulate role responsibilities and accountabilities. Changes in legislative requirements are disseminated to staff. Orientation processes and mandatory training on the Quality Standards, elder abuse and neglect and the serious incident response scheme (SIRS) occurs and the approved provider has policies and procedures to guide staff in how to: identify and report elder abuse; use of the incident management system and reporting serious incidents to the SIRS. The approved provider has systems in place to encourage consumers and representatives to provide feedback and make complaints and ensure appropriate action is taken. Quarterly reports to the Board include trends and analysis and identified continuous improvement initiatives relating to care and services.

The approved provider has effective risk management systems. The service monitors and reviews risks using the incident management system and identifies strategies to reduce risk and inform the continuous improvement of care and services. Clinical indicators are monitored to ensure clinical risk areas are addressed in a timely manner. Consumers are supported through consultation and discussions, to participate in risk taking activities of their choice, to enable them to live the best life they can. Serious incidents are identified and reported to the SIRS within the reporting timeframes.

The approved provider demonstrated an effective clinical governance framework to guide staff in provision of safe care including antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated a shared understanding of how the service practices open disclosure, minimises the use of restraint, minimises the use of antibiotics and the approved provider has a suite of organisational policies to guide staff.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

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)