Performance

Report

**1800 951 822**

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| Name: | Lionsbrae Hostel |
| Commission ID: | 3134 |
| Address: | 29 Everard Road, RINGWOOD EAST, Victoria, 3135 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 July 2024 |
| Performance report date: | 18 July 2024 |
| Service included in this assessment: | Provider: 3068 Ringwood Area Lions Aged Care Inc  Service: 1893 Lionsbrae Hostel |

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 Lionsbrae Hostel (**the service**) has been prepared by L. Malone, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 18 July 2024

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Assessment Team found, through consumer and staff interviews and documentation reviews, evidence of effective management of high-impact, high-prevalence risks related to the use of restrictive practices, diabetes, falls, weight loss, and nutrition and hydration. The Assessment Team received positive feedback from consumers in relation to how risks are managed. Where medical directives for the management of risks were in place, these were documented on the consumer’s file care plan. Staff demonstrated awareness of the tailored interventions in place to manage risk for each consumer and of the policies and procedures in place to assess, monitor and prevent risk.

The provider submitted a response to the Assessment Team report in which they corrected a date on the Assessment Contact report. I acknowledge and accept this correction. I have considered the evidence presented in the Assessment Contact report and I am satisfied it demonstrates effective management of high-impact, high-prevalence risks related to the care of each consumer. I find Requirement 3(3)(b) to be Compliant.

# Standard 4

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| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers provided positive feedback on the quality and quantity of meals served; they described being offered choice and being able to provide feedback via the food focus meeting or to the chef directly. The Assessment Team found effective processes in place to communicate consumers dietary needs and preferences, and this information was documented in consumer care files and in the kitchen at the point of meal service. Staff demonstrated knowledge of consumer’s needs and preferences, and how to prepare texture modified meals and thickened fluids in line with recommendations.

I have considered the evidence and am satisfied meals served are of suitable quality and quantity. I find Requirement 4(3)(f) to be Compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Consumers spoke positively about the care they receive including the management of risks and meal delivery, and consumers expressed confidence in the knowledge and skills of staff. Staff described various ways they are supported to gain competency such as orientation, buddy shifts and peer support, and training delivered by the organisation. Management demonstrated the ways staff competence is monitored and assessed, and the systems in place to ensure staff have appropriate qualifications and knowledge to perform the roles and duties they are assigned.

I have considered the evidence, and I am satisfied it demonstrates effective processes to ensure staff are appropriately qualified and competent. I find Requirement 7(3)(c) to be Compliant.

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