Performance

Report

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| Name of service: | Performance report date: |
| Lionsbrae Hostel | 9 September 2022 |
| Commission ID: | Activity type: |
| 3134 | Site audit |
| Approved provider: | Activity date: |
| Ringwood Area Lions Aged Care Inc | 8 August 2022 to 10 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 Lionsbrae Hostel (**the service**) has been considered by Melissa Frost, 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.

# 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 | | 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 and their representatives considered consumers were treated with dignity and respect, and services provided to them were individualised and considerate of their individual identity. Staff demonstrated knowledge of consumers as individuals, such as their cultural backgrounds, and described how they deliver tailored care with this in mind.

Care and service delivery was demonstrated to be culturally safe, with consumers feeling safe and supported to maintain their identity and do things that are meaningful to them. Care planning documentation was observed to be individualised and include relevant information regarding cultural practises and spiritual needs.

Consumers confirmed they are supported to exercise choice and independence, communicate their decisions and decide who is involved in their care. Consumers said they felt supported to maintain relationships of choice, make decisions regarding delivery of care and leave the service independently.

Consumers said they are supported to do things which enhance their overall wellbeing, including activities which may involve risk. Care documents included risk assessments which were completed in consultation with the consumer, their representative and relevant health professionals. Staff described how they assist consumers to understand risks and make decisions

Consumers confirmed they have the information they need to make choices about their care. Staff described how they support consumers in an individualised way, including those with hearing impairments or living with dementia.

Consumers confirmed their privacy and dignity was upheld and gave examples where staff demonstrated respectful care delivery. Staff discussed how they respect personal privacy when delivering care. Confidential information was observed to be securely stored.

# 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

Consumers and their representatives stated they are involved in the care planning process. Assessments are completed on entry to the service and identify strategies to address risks. Care planning documentation details consumers’ current needs, goals and preferences, and end of life wishes are captured.

Care planning documentation included input from external organisations and specialists. Consumers and their representatives confirmed the service communicates with them regarding changes in care and services, they understood the information and can access care plans if they wish.

Care planning documentation reflected care plans were updated on 3 monthly basis, in line with the service’s policy, and in response to incidents and changes to the consumers’ condition, needs and preferences.

# 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 personal and clinical care that is safe, tailored and meets their needs. Consumers subject to restrictive practice have documentation in place in line with best practice, including behaviour support plans and consent. Consumers with wounds have been reviewed by specialists and dressed in accordance to the wound regime. Pain has been managed utilising non-pharmacological strategies and as required medication.

Care planning documentation reflected high impact and high prevalence risks are identified, assessments occur and risk mitigation strategies are implemented. Staff described relevant risks for consumers and the service demonstrated how these are monitored through clinical data monitoring and trending. Consumers and their representatives said the service is adequately managing risks to consumers' health.

Staff described how they deliver end of life care consistent with consumers’ wishes. Care plans reflected consumers received end of life care to maximise their comfort and preserve dignity.

Care planning documentation showed deterioration or change of a consumer's mental health, cognitive or physical function or condition was recognised and responded to in a timely manner.

Consumers and their representatives said consumers’ care needs and preferences are effectively communicated between staff. Staff described how information is shared via handover and updates to care plans are made.

Consumers and their representatives said timely and appropriate referrals are made to other organisations and providers of care and services when required. Staff described how input from other health professionals informs care for individual consumers, as reflected in care planning documents.

Staff described how they minimise infection related risks and manage the use of antibiotics. Staff were observed to be following infection control procedures. The service has embedded infection prevention and control measures in place for potential outbreaks.

# 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 and their representatives described how the service supports consumers’ interests and delivers care according to their preferences. Staff described individual consumer interests and preferences, consistent with care planning documentation. Staff said activities are developed to meet consumers’ needs and preferences, including consumers residing in the memory support unit. The activity schedule showed a variety of options.

Consumers and their representatives confirmed consumers were supported with their emotional, spiritual and psychological well-being. Care planning documentation provided individualised information relating to spiritual and emotional needs. Staff described how they identify changes in consumers’ mood and how volunteers were engaged to provide additional emotional support.

Staff described how they support consumers to participate in the community and engage in activities of interest to them. They were familiar with consumers’ preferred activities outside the service such as outings to the local pub and visiting friends and family. This information was consistent with consumer feedback and care planning documentation.

Consumers said their condition, needs and preferences are effectively communicated within and between organisations and they do not need to repeat information. Staff described how they are made aware of changes regarding daily living.

Care plans reflected referrals are made to other services and organisations to support consumers. The service engages other individuals and organisations to supplement the lifestyle programme.

Consumers and their representatives expressed overall satisfaction with meal variety and quality. Care plan documents reflect dietary needs and preferences, with processes in place to confirm consumers’ dietary requirements are met.

Consumers said equipment provided at the service was well maintained. Staff described cleaning and maintenance processes, with an effective system for assessing equipment suitability and managing ongoing maintenance.

# 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 stated the service environment was welcoming, easy to navigate and well furnished. Observations included consumer rooms to be personalised, the environment to be well-lit and corridors clean with handrails to support consumers’ mobility.

Consumers said they were satisfied with the cleanliness of the service environment and the service’s level of maintenance. Consumers may access indoor and outdoor areas of the service as they wish. Staff described the process for actioning maintenance requests and a proactive and reactive maintenance plan was demonstrated as being effective. Cleaning staff described how they ensure the environment is maintained in accordance with a schedule.

Observations of furniture, fittings and equipment throughout the service showed they were clean, safe, well maintained and appearing to be suitable for consumers. Consumers confirmed there is a process to report maintenance concerns and these are attended to in a timely manner. Staff described how service equipment is cleaned and maintained according to a schedule and maintenance records confirmed this occurs.

**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 their representatives said they understand how to give feedback or make a complaint and said they feel comfortable doing so. Mechanisms to provide feedback, including feedback forms, consumer meetings and food forums are in place. Staff described how they support consumers and representatives to provide feedback and were aware of the complaints process.

Consumers were aware of advocacy services and would access them if needed. Information about advocacy and external services was displayed on posters, in the consumer handbook and in newsletters.

Consumers and their representatives said their concerns are addressed appropriately and in a timely manner and described actions taken by the service, including receiving an apology.

The service monitors feedback and uses it to identify trends and potential improvement opportunities, as evidenced in meeting minutes. Consumers and staff described improvements resulting from consumer feedback.

**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

Although consumers, representatives and staff considered there was not sufficient staff to deliver care in a timely manner, no substantial consumer impact was noted. Call bell records reflected consumers receive timely care. The service has rostering processes in place to support provision of safe and quality care.

Consumers and their representatives confirmed staff are kind and caring. Staff were observed treating consumers with respect and showing familiarity with consumers’ needs and identity.

Consumers and their representatives considered staff were competent and able to deliver high quality care. Staff have position descriptions that include key competencies and qualifications. Process are in place to ensure staff have appropriate registrations.

Staff considered they are trained and supported to deliver safe and effective care. The service’s training records reflected staff were up to date with mandatory training.

Staff performance is regularly reviewed, including through annual performance appraisals. Staff said they can request additional training and development as part of their review.

**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

The service demonstrated consumers are supported to be engaged in the development, delivery and evaluation of care and services. This includes involvement though consumer meetings, care plan reviews and surveys.

The service demonstrated how the governing body promotes and supports safe, inclusive and quality care and is accountable for delivery. Management and other staff outlined a range of reporting mechanisms which ensure oversight and accountability regarding quality and risks.

Effective governance systems, including policies and procedures, were observed relating to information management, financial and workforce governance and regulatory compliance. Improvement opportunities are reflected in the continuous improvement plan, including those identified from feedback and complaints.

The service demonstrated an effective risk management framework and practices, supported by policies and procedures. Staff gave examples of how they manage high impact risks such as falls and wounds, identify abuse or neglect, and report incidents.

The service has a clinical governance framework, incorporating policies and procedures and staff training in relation to antimicrobial stewardship, minimising the use of restrictive practices, and use of open disclosure. Staff confirmed they had received training in these areas.

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)