Performance

Report

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| Name of service: | Lumeah Lodge Hostel |
| Service address: | 17 Hospital Street DAYLESFORD VIC 3460 |
| Commission ID: | 3303 |
| Approved provider: | Central Highlands Rural Health |
| Activity type: | Site Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 10 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 Lumeah Lodge Hostel (**the service**) has been prepared by   
M. Nassif, 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.
* The provider’s response to the assessment team’s report received 27 April 2023.

# 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 | |  |
| 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff treated them with dignity and respect and made them feel valued. Staff demonstrated they are familiar with consumers’ individual backgrounds and preferences and spoke about consumers in a respectful manner. Care planning documents captured consumers’ personal preferences, identity, and cultural practices.

Consumers and representatives said the service respected their cultural background and provided care consistent with their traditions and preferences Staff advised some consumers had culturally diverse backgrounds and described how this influenced care and services. Information about consumers’ life histories and lifestyle assessment, including their cultural and spiritual needs, was captured in care planning documents.

Consumers and representatives said consumers were supported to make choices about their care, including who was involved, and this information was captured in care planning documents. Staff said they encourage the independence of consumers by enabling consumers to make choices.

Consumers said they were supported to take risks to live the best life they could. Care planning documents reflected staff undertook risks assessments in collaboration with consumers and relevant allied health professionals, involved consumers in mitigation strategies and reviewed the plans every two months. Staff said they were aware of consumer risks and supported those wishes, whilst ensuring risk management strategies were in place.

Consumers and representatives said they received current information regarding meals, activities and clinical care updates. Staff described alternate methods to communicate information to those from diverse backgrounds or experiencing hearing loss or cognitive impairment. Activity calendars and menus were displayed in the service to provide current information.

Consumers said their privacy was respected, and personal information kept confidential. Staff described discussing consumer information in private areas, knocking on consumers’ doors prior to entry and closing doors before care delivery. Consumer information was observed to be safeguarded within the password protected electronic care management system.

# 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)(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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said consumers received the care and services they needed. Staff described the assessment process upon entry to the service which was guided by procedures and checklists. Care planning documents reflected assessment and planning to identify consumers’ needs, goals and preferences, including consideration of risks to consumers’ health and well-being.

Consumers and representatives confirmed ongoing discussions with staff regarding their care and services, including end of life planning, if required. Management and staff said they initiate the end of life care planning conversation during admission with consumers, representatives, and medical officers, if preferred. Care planning documents included current end of life needs, goals, and preferences of consumers.

Consumers and representatives said they are involved and have a say in the care planning processes. Staff described and care planning documents evidenced, care needs were assessed and planned in partnership with consumers, representatives, and allied health professionals.

Consumers and representatives confirmed staff provided regular updates about care and services in a way they could understand and provided access to care plans. Management described communicating outcomes of care planning and assessment with consumers and representatives aligned to their preferences.

Care planning documents demonstrated reviews on a regular basis and when circumstances changed. The care plan evaluation schedule was observed in the service’s electronic care management system. Management and staff described reviews every 2 months or in response to incidents or changes. Consumers and representatives confirmed staff regularly discussed their care needs and changes were addressed in a timely manner.

# Standard 3

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| 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers received care that was safe and tailored to their needs and preferences. Care planning documents reflected delivery of safe and effective personal and clinical care, including for consumers with complex care needs. Best practice procedures were accessible to staff regarding restrictive practices, skin integrity and diabetes and pain management.

Management described collaborating with allied health professionals to assess and mitigate high impact and high prevalence risks relevant to consumers. Care planning documents reflected appropriate management of risks, including most commonly falls and skin integrity. Consumer representatives believed high impact and high prevalent risks to consumers were managed effectively.

Care planning documents evidenced consumers’ needs and preferences had been met when palliating including pain management and ensuring comfort. Staff could access end of life guidelines which outlined palliative care requirements including responsiveness to representatives’ requests.

Staff described, and care planning documents reflected, signs of consumer deterioration were identified and responded to. Staff were guided by procedures to identify and respond to changes in a consumers’ condition including escalation processes. Representatives said the service was responsive to deterioration in consumers’ health.

Consumers and representatives said staff were aware of consumers’ needs and preferences and provided consistent care. Staff confirmed consumer care information was documented in the electronic care management system and shared amongst staff, representatives, and relevant allied health professionals, and during shift handovers. Care planning documents evidenced consistent communication between those involved in consumers’ care.

Consumers and representatives said referrals to other care providers were timely and appropriate. This was consistent with care planning documents. Management and staff described the referral process in place to ensure consumers are referred appropriately and are reviewed in a timely manner.

The service maintains an infection control consultant and 2 infection control lead officers to guide staff in infection control measures, including best practice and vaccinations. Consumer representatives confirmed the service had infection control practices and equipment in place and staff and visitors were observed to be screened for infection upon entry. Management said they monitored infection data and supported staff to minimise antibiotic use.

# Standard 4

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| 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they were supported to participate in activities of their choosing which optimised their quality of life. Staff described tailoring activities based on consumer interests and feedback, or dedicating time spent with those who do not wish to participate in activities. Care planning documents and activity schedules reflected consumer interests.

Consumers described how the service promoted their emotional, psychological, and spiritual well-being. Staff described individualised support and attention provided to consumers if their mood deteriorated, welcoming religious representatives and support volunteers to the service or referring consumers to psychological services, if required. Care planning documents reflected consumers’ emotional needs.

Consumers said they were supported to undertake activities within the service and community. Staff provided examples of hobbies and interests they supported consumers to undertake, both inside and outside of the service. Consumers were observed going into the community with family and care planning documents reflected consumers’ interests.

Consumers and representatives said information regarding consumers’ condition, needs and preferences was communicated with those involved in their care. Staff described exchanging relevant information during shift handover or through the electronic care management system. Care planning documents included adequate information supportive of safe and effective care.

Consumers said they were supported by other organisations and providers of care and services. Care planning documents reflected collaboration with other organisations and staff described the service’s partnership with community schemes to support consumer interests.

Consumers and representatives provided positive feedback with the variety and quantity of meals, with consumer care plans reflecting their dietary needs and preferences. The service had processes and systems in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Staff described menu development in response to consumer feedback and dietitian review.

Equipment provided by the service was observed to be safe, suitable, clean, and well-maintained. Staff said they cleaned shared equipment each day and undertook safety checks prior to use. Staff confirmed equipment was readily available and requests for maintenance were made verbally or through a register.

# Standard 5

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| 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives confirmed the service was welcoming and created a sense of belonging. The service included navigational signage, wide corridors, rooms with ensuites, gardens, courtyards and communal spaces to encourage social activities. Management described encouraging consumers to personalise their rooms and consumers were observed mobilising independently.

Consumers and representatives said the service environment was safe, clean, maintained and allowed free movement. Staff confirmed daily cleaning throughout the service aligned to schedules and a maintenance register was observed with all requests completed. Consumers were observed moving freely within and outside of the service.

Furniture, fittings, and equipment were observed to be safe, clean and well-maintained and staff confirmed adequate supply to meet consumer needs. Staff confirmed shared equipment was cleaned after each use and maintenance records reflected a preventative schedule which was regularly monitored by staff.

# Standard 6

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| 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were aware of the process to lodge a complaint or provide feedback and felt comfortable doing so. Staff described encouraging consumers to provide feedback, providing required assistance and forms, or inviting verbal feedback. Information regarding how to provide feedback or make a complaint and feedback forms were observed on display within the service.

Consumers and representatives said they are aware of and have access to advocates and other methods for raising and resolving complaints, should they need it. Management described the information and brochures available in regarding advocacy organisations and demonstrated the interpreter services available.

Consumers and representatives said complaints were responded to and resolved. Staff understood the principles of open disclosure and confirmed participating in open disclosure training.

Consumers and representatives confirmed their feedback was used to improve care and services. Management described using feedback to inform continuous improvement and the improvement plan evidenced recording, monitoring and response to feedback and complaints.

# 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)(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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there were sufficient staff to meet their care needs. Management described utilising agency staff to fill unplanned leave, aiming to reengage the same individuals to ensure familiarity and pairing them with permanent staff. Staff rosters demonstrated all shifts were filled and reports reflected timely response to call bells.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff were observed interacting with consumers in a kind manner, providing emotional support and addressing consumers by their preferred name. Staff were guided by policies and procedures to deliver consumer-centred care and services.

Consumers and representatives were confident staff were sufficiently skilled to meet consumers’ care needs. Records evidenced staff held valid registrations and recruitment documentation noted staff held the required qualifications, competencies, and experience.

Management detailed in-house training available to support staff to perform their roles. Staff confirmed mandatory and supplementary training was provided with training scheduled or undertaken in response to needs observed or identified at staff performance reviews. Records reflected high training completion rates.

Management described the annual performance appraisal cycle and staff were aware of the process and their appraisal outcomes. Records evidenced appraisals completed in line with performance policies and procedures, or a schedule to undertake outstanding appraisals.

# Standard 8

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| 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

The Assessment Team recommended Requirement 8(3)(c) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the Approved Provider’s response and my findings are:

Regarding Requirement 8(3)(c), the Site Audit report identified that, in relation to regulatory compliance, consumers subject to environmental restrictions did not have required assessments, authorisations or informed consent in place. Management acknowledged appropriate processes had not been undertaken in accordance with legislative requirements and advised case conferences would be held with relevant consumers and representatives to obtain consent by April 2023.

The Approved Provider’s response provided the following clarifying information in relation to the deficits identified above:

* Written consent to the use of environmental restraint has been executed between the service and representatives of consumers subject to environmental restraint. The response included evidence to support this.
* Plans are in place to review consent of environmental restraint every two months and regulatory compliance of environmental restraint will be audited quarterly.

I consider the provider’s response demonstrated appropriate action has been taken to ensure regulatory compliance. Further, I have considered no impacts on consumers were identified as a result of the deficiencies identified in the Site Audit. The Site Audit report showed the service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. Therefore, on the balance of evidence before me, I find Requirement 8(3)(c) compliant.

I am satisfied the remaining 4 Requirements in Standard 8 are compliant.

Consumers and representatives said the service seeks their input to the development and delivery of care and services. Management confirmed consumer involvement through meetings, surveys and reviews. Consumer meeting minutes reflected input from consumers informed care and services.

Management described clinical reports and audit outcomes provided to the governing body to ensure best practice delivery of care and services, for example, medication safety and dietary audits. Management confirmed informing staff and consumers of board directives and outcomes through newsletters, flyers and emails.

The service had effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they could and managing and preventing incidents. Management of serious incidents was evidenced in the electronic care management system and staff confirmed participating in corresponding training.

The service had a clinical governance framework to guide staff in the provision of safe and effective care, and best practice policies regarding antimicrobial stewardship, minimising use of restrictive practices and open disclosure. Staff demonstrated an understanding of appropriate antibiotic use, implementing suitable non-pharmacological restrictive practices and apologising following incidents in accordance with open disclosure principles.

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-1)