Performance

Report

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| Name: | Lyndoch Hostel |
| Commission ID: | 3347 |
| Address: | Hopkins Road, WARRNAMBOOL, Victoria, 3280 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 March 2024 |
| Performance report date: | 3 May 2024 |
| Service included in this assessment: | Provider: 321 Lyndoch Living Limited  Service: 2105 Lyndoch 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 Lyndoch Hostel (**the service**) has been prepared by L. Malone, 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 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 24 April 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)(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 |

Findings

Consumers and representatives provided positive feedback about the quality of clinical and personal care delivered to consumers describing it as tailored and that it optimises consumers’ wellbeing. The Assessment Team reviewed the care of consumers receiving support for weight management, falls prevention, changed behaviours due to dementia and those who are prescribed a restrictive practice. The service has policies and processes in place to support the delivery of best practice clinical and personal care.

Consumers at risk of weight loss are assessed for changes in their nutritional and hydration risks, reviewed by their general practitioner and allied health professionals such as dietician and speech pathologist and the recommendations of these professionals are implemented. In the management of falls, consumers were found to receive input from nursing and physiotherapy staff to plan and implement falls prevention strategies and the effectiveness of these strategies was reviewed. Consumers who present with changed behaviours related to dementia were found to have individualised behaviour support plans and staff demonstrated knowledge of each consumer’s behavioural presentation, triggers and effective care strategies. For one consumer, evidence of informed consent to the use of the restrictive practice was not available at the time of assessment contact but this information was submitted by the provider in their response to the assessment contact report dated 24 April 2024.The provider also submits further information related to review or restrictive practices policies and procedures in progress prior to and at the time of the Assessment Contact, as well as further supporting information as to how the service manages falls, nutrition and hydration and the use of restrictive practices which demonstrates best practice approaches.

The Assessment Team recommended this requirement as met. I have considered the evidence presented in the Assessment Contact report and submitted by the provider and I find Requirement 3(3)(a) to be Compliant.

# 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 |

Findings

Consumers and representatives were satisfied the services and supports consumers receive are safe and effective and enable the consumer to optimise their independence and quality of life. Some consumers described the staff knowing their interests and organising activities they know the consumer would enjoy, while others described how the service improved a consumer’s enjoyment of food or provided opportunities for a consumer to participate socially. Staff demonstrated knowledge of individual consumer’s preferences and how they tailor activities to meet consumer’s needs, and how they undertake assessment of the consumer’s interests and understand what is important to the consumer. Care documentation was found to provide information about the consumer’s preferences, background and interests. The Assessment Team made observations of staff engaging with consumers in a range of activities and assisting them with meals. The service has policies to support the delivery of care and services which promote social participation and consumer wellbeing.

The Assessment Team recommended this requirement as met. The provider agrees with the findings in relation to Requirement 4(3)(a) in the Assessment Contact report in their response dated 24 April 2024.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and I find Requirement 4(3)(a) to be Compliant.

# 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 |

Findings

Consumers and representatives described staff as attentive and although some consumers provided feedback that there are fewer staff on weekends to support activities or exercise programs, they were generally satisfied with the number of staff. The Assessment Team found the service has a range of actions to support workforce planning and deployment such as recent and ongoing recruitment of staff, sponsorship programs and planning in response to consumer needs. Staff provided feedback they are short staffed at times but that they prioritise direct consumer care and consumer satisfaction and may be deployed across different units of the service to cover shortages.

The Assessment Contact report presents one example of changes to post fall clinical monitoring practices described by staff as due limited availability of nursing staff. However, in their response to the Assessment Contact report the provider refutes this and submits further evidence related the example described which demonstrates consideration of risks to the consumer and appropriate nursing care availability at the time of the fall, and does not demonstrate any adverse impact on the consumer or that care delivered was not safe.

The provider also submits further information about workforce planning in response to consumer’s assessed care needs or acuity, information related staffing ratios, an update on recruitment since the Assessment Contact and description of the service’s 24-hour a day on-call registered nurse to support onsite nursing staff.

The Assessment Team recommended this requirement as not met. I have considered the evidence presented by the Assessment Team and the further evidence submitted by the provider and I find it demonstrates effective workforce planning and deployment. I find Requirement 7(3)(a) 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-2)