

**Performance Report**

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| Name: | Melville Grange Hostel |
| Commission ID: | 3561 |
| Address: | 80 Melville Park Drive, BERWICK, Victoria, 3806 |
| Activity type: | Site Audit |
| Activity date: | 13 November 2024 to 15 November 2024 |
| Performance report date: | 11 December 2024 |
| Service included in this assessment: | Provider: 1593 Wickro Pty Ltd Service: 2308 Melville Grange 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 Melville Grange Hostel (**the service**) has been prepared by Nicola Eastwood 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.

# 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

Staff are respectful and treat consumers as individuals. They know the importance of understanding consumer’s life stories and personality in order to build a connection. There was evidence staff modify their communication for consumers from non-English speaking backgrounds, and where staff can speak the same language as the consumer they do so. Care plans are individualised and reflect activities and history of importance to consumers along with their goals.

Consumers with preferences relating to their cultural backgrounds confirmed these preferences are respected. Staff receive training in culturally safe practice and respect rituals observed by consumers.

Consumers were satisfied they can make choices and exercise independence in relation to the delivery of care and services. Examples were provided of consumers making decisions regarding when to shower, when to sleep, and which activities to attend. Care planning documents record preferences including who consumers wish to have involved in their care.

Consumers are supported to take risks in order to live lives of their choosing. Consumer choices are assessed for risk on entry to the service and reassessed regularly or as preferences or capacity change. Risks are discussed and risk mitigation strategies implemented in consultation with consumers. Consumers choosing to smoke was provided as an example and demonstrated the service’s processes.

The service provides current information to consumers using a range of methods, and consumers confirmed this keeps them informed. Consumers have access to a weekly newsletter, consumer handbook, monthly activity calendar, menus, and resident and representative meetings. Staff also remind consumers verbally of planned activities.

Staff adapt their communication style when interacting with consumers living with cognitive impairment or other communication barriers, to aid their understanding.

Consumers and representatives were satisfied privacy is respected and consumer information kept confidential. Handover meetings are conducted in private areas and nurses’ stations are kept locked. Electronic equipment and systems are password-protected. The service has a privacy and confidentiality policy to guide staff.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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

Consumers and representatives confirmed the care received meets consumer needs and includes assessment of risk. Comprehensive assessments are undertaken leading to detailed care plans which identify risk and risk minimisation strategies. Standardised assessment tools are used. Staff demonstrated an awareness of consumer risks and how to manage these. Physiotherapists routinely assess consumer mobility, falls risk and pain management needs. The service has policies and procedures in place to guide staff in assessment and care planning.

Consumer needs, goals and preferences are identified and documented on consumer entry to the service. Discussion regarding end-of-life planning and advance care directives is incorporated and consumers who have directives are invited to provide a copy. There was evidence of documented ‘terminal care wishes plans’ in consumer files.

Consumers and representatives were satisfied the assessment process and care plan development are conducted in partnership with them. Representative feedback demonstrated involvement in discussions regarding consumer care, incidents and related risk minimisation strategies, and referrals. Medical practitioners and external providers enter their assessments directly into the service’s electronic care management system or alternatively their reports are stored electronically.

Consumers and representatives are involved in discussions relating to care and services. Planning documentation demonstrated that outcomes of specific assessments are provided to consumers. Care and services are also reviewed during monthly ‘resident of the day’ reviews and following hospital discharge, incidents, noted deterioration or review by external providers. The review process incorporates consideration of all assessments, incidents, external provider consultations, medication reviews, and infections. Positive representative feedback was received regarding the service’s review processes.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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

Consumers and representatives confirmed they receive personal and clinical care reflective of their needs and preferences. Skin integrity and wound care is monitored with any issues resulting in a comprehensive assessment. Physiotherapy review’s include recommendations regarding pressure relieving equipment and wound consultants are accessed as needed. Pain is managed effectively and assessed when consumers enter the service as well as following incidents. Non-pharmacological and pharmacological interventions to manage pain are utilised and their effectiveness evaluated. Informed consent is obtained for the use of restrictive practices and regular reviews occur. Pharmacological and non-pharmacological strategies to manage changed behaviours are recorded within behaviour support plans. Consumers with diabetes have personalised diabetes management plans containing sufficient information and direction to enable staff to provide safe care.

Risks and related mitigation strategies are documented in care plans, and handover sheet. Falls were identified by management as a high-impact, high-prevalence risk at the service, and a consumer example demonstrated the use of a mobility and falls care plan, allied health involvement, and risk management strategies.

A consumer receiving palliative care expressed satisfaction with the care received. Staff described the provision of end-of-life care aimed at ensuring symptom management and comfort, and documentation review demonstrated the use of medication and pain management strategies.

Staff respond quickly when change or deterioration is noted in consumer conditions. Medical practitioners are contacted for medical review and referrals made to external services where required. The Assessment Team report included a consumer example demonstrated the effective management of deteriorating mood.

Consumers and representatives were satisfied consumer needs and preferences are effectively communicated between staff and others involved in their care. Consumer information is shared through progress notes, care plans, handover meetings and sheets, and clinical meetings. Communication books are also used by staff to record consumer appointments and other relevant information. A review of documentation demonstrated communication between the service, general practitioners, representatives and external providers. Consumer feedback confirmed this communication facilitates the provision of coordinated care.

There was evidence of timely and appropriate referrals including to a geriatrician for assistance with changed behaviours, and dietitians for unplanned weight loss. Staff also described referrals to a range of other allied health professionals, a counselling service, palliative care services, and wound consultants. Consumers were satisfied with their access to external providers.

Staff demonstrated an understanding of infection prevention and control, and consumers were satisfied with the measures employed such as the use of personal protective equipment (PPE) and hand hygiene. There are processes in place to ensure isolation for consumers displaying symptoms or who are diagnosed with an infectious illness. Staff engaged with medical practitioners to ensure pathology results are obtained prior to antibiotics being prescribed.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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

Consumers indicated they receive support to optimise their health, well-being and quality of life, providing positive feedback regarding lifestyle activities at the service. The monthly calendar of group activities is based on consumer preferences, and individual support programs. Targeted activities are provided for consumers living with cognitive impairment including music therapy and sensory walks.

The service has a holistic program in place to support consumer well-being. Staff were aware of consumers’ emotional and spiritual needs and this information was captured within consumer care planning documents. Staff provide emotional support and reassurance as needed, and volunteers and external services are used to increase the support available to consumers. Regular religious services are offered onsite along with guided meditation sessions.

There was evidence of consumers continuing to attend much-enjoyed events and clubs outside the service. Care documentation outlines relationships of importance and activities of interest offered at the service and in the wider community.

Lifestyle staff meet regularly to review consumer engagement, and daily leadership meetings are conducted to discuss changes in consumer needs. The electronic care management system contains alerts. Specific written communication in the form of dietary sheets is provided to the kitchen and serveries to ensure staff are aware of consumer needs. Referrals are made to faith-based groups, volunteers, National Disability Insurance Scheme (NDIS) providers, Dementia Support Australia (DSA), and local organisations such as community cultural groups.

Most consumers and representatives were satisfied with the variety, quality, and quantity of food provided at the service. They confirmed alternatives are available and consumers receive the correct meals according to their assessed needs. The service has a 4-week rotating seasonal menu which is approved by a dietitian. The same menu choices are available to consumers who require texture-modified meals as to other consumers. Staff are aware of consumers’ likes, dislikes and dietary requirements.

Mobility equipment is regularly maintained and shared equipment is sanitised between each use. Allied health assessments of consumer mobility and transfer equipment occur to ensure equipment is fit for purpose.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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

Consumers indicated the service environment is welcoming, and they felt comfortable and safe. The service has a range of communal spaces that provide opportunity to engage together in group activities or pursue individual interests or personal quiet time.

All areas of the service are accessible, and consumers confirmed they are free to leave the service independently, or with representatives. The is a daily spot cleaning service and weekly full room cleaning schedule. The maintenance system consists of preventative and reactive maintenance to ensure equipment and furnishings are safe, clean, and well-maintained. The service was observed to be clean and well-maintained, with wide uncluttered corridors.

Staff described how equipment is assessed for suitability before providing it to the consumer, to meet their needs. A range of equipment is available including mobility aids and other specialised equipment to assist in the care of consumers. The furniture, fittings, and equipment were observed to be clean and well-maintained.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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

The resident handbook contains information on making complaints including the telephone number for the Aged Care Quality and Safety Commission and consumers confirmed they feel comfortable to do so. Staff explained that they assist consumers to fill out a comments and improvements forms and placing them in the lodgement boxes provided.

The service has systems to support consumers to make a complaint including where English is not a consumers’ first language. Consumers are made aware of how to make a complaint through consumer meetings at the service. Staff described external agencies that assist consumers, including advocacy and interpreter services.

Consumers and representatives confirmed they were satisfied with the level of care and prompt action shown by management after lodging a complaint. They said they received an apology as part of the complaint resolution process and were informed of updates until the issue was resolved. Staff described the open disclosure process, confirmed they receive updates on complaints during the monthly staff meetings and are given opportunities to make suggestions on outcomes and improvements relating to care and services.

There is a system in place to capture, review, analyse and use feedback and complaints to improve care and service outcomes for consumers. The service’s Plan for continuous improvement (PCI) identifies opportunities for improvement and consumers and staff confirm they are involved in the improvement process. Consumers, staff and management said complaints are shared at meetings with opportunities to discuss and offer suggestions for improvements.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

Consumers and representatives confirmed there are a sufficient number and mix of staff at the service. The working roster reflected vacant shifts were filled with existing permanent or casual staff before seeking management approval to outsource to agency. Call bell logs are reviewed each week to identify inconsistencies or delays in response times.

Staff explained they respect consumers by speaking to them in a gently tone and ensuring personal privacy when delivering personal care. Management monitors staff interactions and seeks consumer input on staff performance through surveys.

Consumers indicated staff are competent in performing their role. Staff explained position descriptions are in place to support their roles and described what their roles include. The service supports staff to be trained by identifying gaps in knowledge or when consumer’s individual needs change. Mandatory training completion rates were 100% and staff described the process for reminders to be sent out to complete training to remain compliant.

Staff and management confirmed the annual performance appraisal process. New staff will have a review at the 6 monthly probation period and again at 12 months and then annually thereafter. Performance appraisals are recorded on the services electronic management system. Opportunities to upskill staff are identified and staff education is supported by the service to ensure staff competency in their new role.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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 service regularly seeks feedback from consumers by inviting consumers to become involved through the consumer advisory body and resident relative meetings. Management described how the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and its involvement in this delivery. The organisation has a governance structure in place that supports accountability over care and services delivered.

The Board satisfies itself in meeting the Aged Care Quality Standards through accreditation results, internal audits such as work, health and safety, consumer mealtime audits by a qualified dietitian, consumer experience reports, and benchmarking across the organisation.

Staff confirmed information is available to them to provide effective care through devices at the point of care, including care planning documentation, policies and procedures, human resources, and training material.

Opportunities for continuous improvement are identified through the clinical care and governance quality indicator data, feedback and complaints from consumers and staff and consumer meetings. The service’s Plan for Continuous Improvement (PCI) reflected such improvement actions. The organisation’s financial structure is overseen by the Board through regular reporting.

The service is supported by adequate workforce review and recruitment. The Assessment Team reviewed position descriptions which contained clear information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored through memberships with peak body organisations and Aged Care Quality and Safety Commission updates. Changes or updates to policies and procedures are communicated from management and staff. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services PCI.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and a review of documentation. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an effective incident management system in place to identify, investigate and manage incidents.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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)