Performance

Report

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| Name of service: | Moyola Lodge Hostel |
| Service address: | 60 Hunter Street TATURA VIC 3616 |
| Commission ID: | 3302 |
| Approved provider: | Moyola Aged Care Incorporated |
| Activity type: | Site Audit |
| Activity date: | 19 September 2022 to 21 September 2022 |
| Performance report date: | 28 October 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 Moyola Lodge Hostel (**the service**) has been prepared by K.Spurrell, 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.
* 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 | |  |
| 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

Most consumers said that they felt respected, their individual identity and diversity was valued, and considered they were living with dignity. Staff described the identity and culture of consumers, which was in line with care planning documentation; and were observed providing care and services that were respectful of consumers.

Consumers are able to make decisions about the people involved in their care and the way care and services are delivered. Consumers reported that they are supported to maintain relationships and staff described strategies for supporting consumers to exercise choice and independence in care planning and on a day-to-day basis. Staff were observed to offer choices to consumers prior to providing care and services.

Consumers who chose high risk activities said staff had discussed the risk with them and they were making informed choices to live the life they choose. Staff also identified and described strategies implemented to manage the risk in line with care planning documentation.

The Assessment Team observed the service has documentation and visuals that were respectful of cultural diversity. The activities program included activities, events and celebrations that acknowledge cultural diversity and enabled participation by consumers with diverse abilities. The hospitality menu includes food and events reflective of different cultures.

The service was able to demonstrate consumers are provided with information that is current, accurate and timely and is communicated clearly, easy to understand and enables consumers to exercise choice. Staff were able to describe strategies for communicating information to consumers, including those with diverse cognitive ability.

Consumers were confident and satisfied with how their privacy is respected. Staff were observed closing the door during provision of personal care and consumers’ confidential information is secured and restricted to relevant staff.

# 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 said they are satisfied with the care they receive, and felt risks are identified and managed to promote their independence and safe care. Consumers said their current care needs, goals, and preferences, including advance care planning and end of life care are discussed and said assessments and planning is done in consultation with them and their care team. Consumers and representatives said that outcomes of assessment and planning are communicated to them effectively and they have access to their care and services plan.

Care planning documents also identified that consumers and their representatives are consulted in assessments and care planning and include input from other multidisciplinary team members, such as physiotherapists, dieticians, and podiatry services. Care planning documents reflected reviews occur regularly and consumers and representatives are informed of changes by the service. For the consumers sampled, care plans show evidence of review on both a regular scheduled basis and when circumstances change.

Management said consumers are provided with advance care directive paperwork in the admission pack and are encouraged to discuss their preferences on entry to the service if they wish to. Staff described what is important to consumers in terms of how their care is delivered and confirmed assessment outcomes are documented in care plans and discussed with staff, which guides them in the safe and effective care of consumers. Staff described the process of referring consumers to relevant allied health professionals, such as physiotherapists and occupational therapists.

The service demonstrated the different methods of how outcomes of assessment and planning are communicated to consumers and representatives, staff use the Care and Support Goal Planning Review form for each review conducted in consultation with the consumer and/or representative.

# 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 expressed their satisfaction in how the service meets each consumer’s personal and clinical care needs. Care plan documentation demonstrates consumers are receiving individualised care, that is safe, effective, and tailored to their specific needs. Consumers and representatives where confident the service will support them to be as comfortable as possible when they need end of life care.

Care documentation for consumers on restraints, contained current assessments, behavioural support plans, informed consent and authorisations and a regular review of the restraint authorisation process. Care planning documentation for pressure injuries has strategies in place to promote healing and for consumers with chronic pain identified pain-related care delivery was safe, effective, and tailored to the needs of the consumer. Documentation includes advance care planning and the needs, goals, and preferences for consumers end of life care.

The organisation has documented policies, procedures, guidelines, and flowcharts for key areas of care such as restrictive practices, skin integrity, and pain management, in line with best practice. Management provided a comprehensive report on high impact and high prevalence risks for consumers at the service such as falls, swallowing and behaviour management. The service has a documented procedure on palliative approach, advance care planning and voluntary assisted dying that provides guidance to staff.

All consumers and representatives said they are satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions. A review of care planning documents, progress notes and charting demonstrate deterioration in a consumer’s health, capacity and function is recognised and responded to.

Consumers and representatives advised of prompt and easy access to medical officers and other relevant health professionals. The service has a documented procedure that includes guidance for staff on working collaboratively to support consumer access to other organisations, services or individuals through the referral process

Staff receive training on how to minimise infection related risks and manage outbreaks including understanding the appropriate use of antibiotics. Consumers and representatives said the service is kept very clean, and they see staff using personal protective equipment and practicing safe hand hygiene techniques such as hand washing and sanitising.

# 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 were satisfied with the services and support they receive for daily living, said staff supported consumers to participate in activities that were of interest to them, and to be independent as much as possible. Consumers were satisfied that services and supports for daily living promoted their emotional, spiritual, and psychological well-being.

Consumers and their representatives spoke positively about the ways the service supported them to participate in the service’s environment, access the wider community, and do things they liked to do, which included involvement in community services, visits with family and sporting activities.

Staff provided examples of supporting consumers for their emotional and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these are implemented. Policies were available to guide staff to support each consumer to participate in the community through available programs and have social and personal relationships.

Care documents reflected information was shared within and outside the service, as appropriate, to enable a shared understanding of consumers’ needs and preferences. Care plans showed referrals were made to other services and organisations to support consumers to engage in activities and care services to enhance their well-being. Most consumers provided positive feedback on the quantity and quality of meals. The service had documented 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.

Equipment used for activities of daily living was observed to be safe, suitable, clean and well-maintained. The service had documented policies in relation to equipment maintenance and cleaning available to guide staff practice.

# 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 said the service environment is welcoming to them, their friends and family and the service environment encourages a sense of belonging. Consumers said they can find their way around easily and can easily access areas, such as dining areas, the activities room or lounge rooms. Consumers have brought in items of furniture to further personalise their rooms and said that they like living in the service and feel like they belong.

There are spaces for consumers to interact with others and sunrooms for consumers to sit quietly. The service environment was clean, well maintained, and comfortable and has plenty of natural day light and fresh air. The layout of the service encouraged consumers to move freely within the environment and they can independently access the lounges, sittings rooms and outdoor areas.

Management described the services processes for replacing furniture, fittings or equipment. There was evidence that the service has an effective preventative and reactive maintenance program in place and acts promptly when furniture, fittings and equipment need to be maintained.

# 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

Consumers and their representatives said they are encouraged and supported to provide feedback regarding care and services and feel comfortable in raising concerns should the need arise. Staff and management described the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required.

The service has documented policies and procedures that guide staff in the management of feedback, complaints, and compliments. The Assessment Team observed hardcopy feedback forms and flyers and brochures available to consumers around the service that detailed the complaints and feedback process. There are flyers, and brochures displayed at the service that detail internal and external complaint avenues along with advocacy support.

The Assessment Team observed hardcopy feedback forms, minutes of various consumer, staff. and executive meetings that capture compliments and complaints, and consumers and representatives described changes to the service that were the result of their feedback and complaints.

Management described how complaint, incident and continuous improvement registers are used to inform continuous improvement across the service. Management advised, and review of consumer meeting minutes demonstrated that changes and improvements made at the service are discussed at the monthly consumer meetings, monitoring satisfaction.

# 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 were satisfied with the level of staff within the service and said they have access to the support they require. Staff confirmed they can complete their work and provide the level of care consumers required. Consumers said staff interactions were very caring and respectful and the Assessment Team observed staff interacting with consumers in a kind and gentle manner.

Management described how they ensure that there are enough staff to provide safe and quality care by reviewing the changing needs of consumers and ensuring the master roster is reviewed. The service demonstrated that there were adequate staff levels and mixes to meet the needs of consumers

Consumers felt staff were competent in their roles and felt confident they knew what they were doing. The service has minimum requirements and position descriptions which details accountabilities and responsibilities of each position. The Assessment Team observed the education program which included mandatory training, online education modules, toolbox talks, training competency documentation and the orientation program.

Staff described how they have regular mandatory training sessions available, and said they are regularly required to complete online training and refresher training, as well as attend competency-based assessments, and toolbox sessions that are delivered internally.

The service demonstrated how the performance of staff is regularly reviewed and how the service monitors and controls when the performance reviews are due to be completed. The service recently revised the annual performance framework that continues to be implemented and is included in the plan for continuous improvement.

# 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

Consumers are engaged to partner in the development, delivery and evaluation of the care and services provided and feel involved in the development and delivery of care provided. The service has strategies that involve consumers in the development of service delivery such as customer experience surveys, feedback mechanisms and resident meetings.

The Assessment Team reviewed consumers and representative feedback about the service environment, delivery of clinical and personal care, lifestyle activities, food and meal service, staffing, and their overall satisfaction via the following mechanisms: consumer and representative meetings, feedback forms, regular surveys, food forums and ad-hoc conversations.

Staff demonstrated knowledge of various risk minimisation strategies and described their reporting responsibility in relation to suspicion or incident of abuse. The service provided organisational policies relating to antimicrobial stewardship, the minimisation of restricted practice and open disclosure.

The service has a consumer engagement framework, that has been endorsed by the Board, and will be implemented and training will be provided to senior management and staff. The service has central policies and procedures outlining how the governing body promotes a culture of safety, inclusiveness, and quality care.

The organisation has a diversity and inclusion policy which promotes planning and delivery of care through a culturally safe framework. Consumers and representatives provided feedback that they felt the service encourages feedback and complaints and uses this information for continuous improvement initiatives. Staff were able to describe key principles of the organisation wide governance systems such as feedback and complaints, workforce governance and regulatory compliance.

The organisation’s clinical governance framework includes policies and practices covering antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)