Performance

Report

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| Name: | Napier Street Aged Care Services |
| Commission ID: | 3152 |
| Address: | 179 Napier Street, SOUTH MELBOURNE, Victoria, 3205 |
| Activity type: | Site Audit |
| Activity date: | 2 October 2024 to 4 October 2024 |
| Performance report date: | 6 November 2024 |
| Service included in this assessment: | Provider: 17 179 Napier Street Hostel Association Inc  Service: 1911 Napier Street Aged Care Services |

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 Napier Street Aged Care Services (**the service**) has been prepared by G. Harbrow, 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 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 21 October 2024.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the Approved Provider’s response received 21 October 2024, that the service complies with the Requirements and complies with this Standard.

Consumers and representatives confirmed service staff value consumers as individuals, treating them with dignity and respect, and valuing their culture and diversity. Staff demonstrated an understanding of individual consumers, describing ways they demonstrate respect for consumers to maintain consumer dignity. Care documentation includes detailed information about individual consumer needs and preferences inclusive of cultural considerations. The Assessment Team observed staff interacting with consumers respectfully.

Consumers and representatives were satisfied the service and staff provide culturally safe services and supports. Staff described their understanding of individual care needs and preferences of consumers from culturally and/or linguistically diverse backgrounds. Care documentation detailed information about consumers’ cultural care needs.

Consumers and representatives described an informed and collaborative approach to consumer care. This included consumer ability to make decisions about care and service delivery, engagement in relationships of choice, and inclusion of other people they would like involved in care discussions. Staff and management advised consumers are provided opportunities to make decisions and exercise choice during care planning and care delivery. Care documents detailed consumer input into care and service delivery.

Consumers and representatives confirmed consumers are supported to take risks. Staff described a process of consumer engagement in risk assessment, identification, and management. Care documentation showed consumer and representative acknowledgement and acceptance of risks, to support consumers to live their lives according to their preferences.

Consumers and representatives were satisfied information provided to consumers by the service is current, easy to understand, and provides opportunity for choice. Staff could describe a variety of communication methods used to convey information to consumers.

Consumers and representatives were confident staff keep consumer personal information confidential. Consumers and staff could describe how consumer privacy is maintained during delivery of care and services. The Assessment Team observed consumer care information management systems to be password protected and locked when not in use and paper-based consumer information was stored securely.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the Approved Provider’s response received 21 October 2024, that the service complies with the Requirements and complies with this Standard.

Consumers and representatives were satisfied with the service’s assessment and care planning process. Staff and management could identify a process of risk assessment to inform appropriate management strategies associated with individual consumers, and management advised risks are monitored daily. Care documentation reflected consumer assessments to be current, reflecting consideration of risk to individual consumer health and well-being.

Consumers and representatives were confident the outcomes of the assessment and care planning process were reflective of current care needs. Staff described developing consumer advance care directives and recording end of life wishes upon consumer entry to the service. The Assessment Team determined assessments and care plans were updated in response to identified changes in consumer care needs. Staff could identify how to access consumer advance care directives and staff handover sheets informed staff of consumers’ resuscitation preferences.

Consumers and representatives were satisfied the service supports consumer and representative involvement in determining care and service delivery. All representatives confirmed being involved in decision-making in response to identified consumer changes and associated consumer referrals. Staff advised, and documentation confirmed, consumer care is planned and reviewed in partnership with consumers and representatives, and medical and allied health professionals.

Consumers and representatives confirmed the availability of consumer assessment outcomes and care plans. Consumers and representatives confirmed consumer care is reviewed regularly and when circumstances change. Staff and management explained, and documentation confirmed, a process of regular and scheduled care plan review, and/or as required following a change in consumer identified needs.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the Approved Provider’s response received 21 October 2024, that the service complies with the Requirements and complies with this Standard.

Consumers and representatives were satisfied most consumer personal and clinical care is tailored to consumers’ individual needs and preferences. Staff described the service’s practices in relation to skin integrity, wound management, personal care, and pain management as aligned with best practice. However, the Assessment Team identified service provision was not always tailored to consumer needs, with consumer access to parts of the service requiring a swipe card or assistance from staff. Management acknowledged the Assessment Team’s finding and advised of an activity added to the service’s plan for continuous improvement (PCI). The activity included a plan for assessment of consumers in relation to environmental restrictive practice and consultation with consumers to determine their preference to be provided with a swipe card or seek staff assistance to enable them to move around the servcie independently.

The Approved Provider submitted a response (the response) with additional supporting evidence. The response referred to the activity in the service’s PCI, for assessment of consumers in relation to environmental restrictive practice and actions to determine consumer preference for seeking staff assistance or having a swipe card to enable free movement around the service. The response confirmed consumer preferences have been identified and added to consumer care plans. The response indicated consumer access/egress preferences will be discussed on consumer admission to the service moving forward.

Service management and staff could identify and describe an effective process for the management of high impact, high prevalence risks associated with consumer care. This included effective management of risk associated with skin integrity and falls. Consumers and representatives were satisfied with the service’s management of consumer skin integrity and falls and care documentation reflected appropriate risk management following falls.

The Assessment Team found the service effectively demonstrated consumer needs, goals, and preferences are used to inform care provision for consumers approaching the end of life. Care documentation reflected measures to enhance consumer comfort, including effective management of pain. Staff were able to describe how consumers are kept comfortable and dignity maintained during provision of end of life care.

Consumers and representatives were confident in the service’s timely recognition of, and response to consumer deterioration. Staff described knowing consumers well and demonstrated their ability to recognise change in consumer function or health. Management advised of timely referrals to external health services to provide urgent assistance to consumers experiencing a decline or a change in health status. The Assessment Team found care documents confirmed staff’s timely response to change or decline in consumer condition.

Consumers and representatives were satisfied with staff knowledge of consumer care needs. Staff advised, and documentation confirmed, information relating to consumer condition, needs, preferences, and care interventions are effectively communicated through a variety of means. This includes communication with others responsible and involved in consumer care, including external health service providers.

Consumers and representatives confirmed referrals are made to external health care providers as required. Staff could identify consumer referral pathways and care documentation reflected timely and appropriate referrals to a range of services and external providers including medical and other health professionals.

Consumers and representatives were satisfied with the service’s infection control practices. Staff described practices to minimise infection transmission and the use of antibiotics. Management advised the service employs an infection prevention and control (IPC) lead nurse and confirmed staff receive IPC education. Clinical meeting minutes identified antimicrobial stewardship (AMS), and IPC discussions included on the agenda. The service has IPC policies and procedures, and a current outbreak management plan aligned with national guidelines.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the Approved Provider’s response received 21 October 2024, that the service complies with the Requirements and complies with this Standard.

Consumers and representatives were satisfied consumers receive services and supports that optimise their independence and enhance their quality of life. Staff could identify the needs, goals, and preferences of individual consumers. Care documentation outlines consumer goals and preferences and ways consumers would like staff to support their independence.

Consumers and representatives were confident the service provides adequate support to promote consumer emotional, spiritual, and psychological well-being. Staff described group and one-on-one activities planned to optimise consumer well-being. Consumer care documentation details consumer lifestyle, cultural and spiritual care needs.

Consumers and representatives confirmed consumers receive support to engage in activities of choice and social and personal relationships, within and external to the service community. Staff advised of a broad range of activities planned to accommodate consumer needs and preferences. Care documentation details individual consumer interests and the people and relationships they consider most important.

Consumers were confident information about care and preferences is communicated effectively within the service. The service has an electronic information management system accessible by staff responsible for consumer care. Paper based information used to inform consumer care is printed from this system for staff reference, and/or used to update other systems such as those used for catering. Staff participate in a handover each shift which includes information regarding changes to consumer condition, needs and preferences.

Consumers and representatives were satisfied they have access to external supports and services as required. Staff explained how they make referrals and engage external individuals and organisations to provide services and supports for daily living.

The Assessment Team identified the service’s recent engagement of an external company to manage catering. Consumers and representatives provided positive feedback about the quality, quantity, variety and choice of meals, and staff could identify individual consumer dietary requirements and preferences. Management outlined a menu developed in consultation with a dietitian and considerate of consumer feedback. Consumer documents indicate consumer dietary and assistive needs, dislikes, allergies, and preferences.

Consumers and representatives confirmed service equipment is safe, easily accessible, and suitable for their needs. Staff advised shared equipment is cleaned after each use and outlined a process of regular equipment review and service. The Assessment Team found shared equipment was clean, well maintained, and available to meet the needs of consumers.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the Approved Provider’s response received 21 October 2024, that the service complies with the Requirements and complies with this Standard.

Consumers and representatives described the service as welcoming and easy to navigate and confirmed being supported to personalise their rooms. Staff and management explained how they ensure the service feels welcoming for consumers and their visitors, encouraging consumers to personalise their rooms and with refurbishment plans to employ visual strategies to assist with way finding. The Assessment Team observed consumers socialising with visitors in the service’s communal areas.

Consumers described the service environment, furniture, fittings, and equipment as clean and well maintained. However, the Assessment Team identified consumers were unable to move freely about the service, with consumers requiring assistance to gain access to some areas. Management acknowledged this feedback and commenced a review to identify consumer impact with a plan for further consumer risk assessment. The service has a process for regular preventative and reactive maintenance.

The Approved Provider submitted a response (the response) with additional supporting evidence, confirming the service’s refurbishment plans, including plans for improved visual cues to assist with consumer wayfinding.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the Approved Provider’s response received 21 October 2024, that the service complies with the Requirements and complies with this Standard.

Consumers and representatives advised they are encouraged and supported to provide feedback and/or make complaints. Consumers described advocacy and language support information as readily available. Staff could describe the service’s complaints and feedback process, including the practice of open disclosure aligned with service policy. Staff advised the service has policy and procedures regarding consumer communication and language needs to guide staff in the engagement of appropriate consumer advocacy services. Management explained information provided to consumers on the service’s complaints and feedback process is available in multiple languages. Documentation evidenced feedback provided to the service from consumers.

Consumers and representatives were confident in the service’s prompt and appropriate response to their feedback and complaints. Staff and management demonstrated appropriate response to consumer complaints including the practice of open disclosure, confirmed by complaints related documents. Documents further reflected consideration of consumer input into complaints resolution.

Consumers confirmed the service acknowledges consumer input and were satisfied their feedback had resulted in service improvements. Staff and management explained how complaints and compliments are monitored and reviewed to identify trends. Documentation evidenced how information from consumer complaints regarding food and catering had informed improvements to food service delivery.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the Approved Provider’s response received 21 October 2024, that the service complies with the Requirements and complies with this Standard.

The service demonstrated a planned workforce in relation to staff numbers and skill mix, to meet consumer needs in the delivery of safe and quality care and services. Consumers and representatives confirmed continuity of care with timely provision of care and services. Staff described a workforce sufficient to meet consumer needs and preferences. Management outlined, and the rostering process evidenced, workforce planning and management to ensure an effective number and skill mix of staff to meet consumer needs.

Consumers and representatives described a workforce treating consumers with kindness, and respectful of consumer identity, culture, diversity, and choice. The Assessment Team found staff engage with consumers in a kind, caring and respectful manner. Care documentation evidenced respectful communication about individual consumer care needs and preferences.

Consumers and representatives were satisfied staff are qualified and competent in their roles. Staff explained a process of onboarding requiring evidence of qualifications prior to employment. Management advised of a system for the monitoring and review of staff qualifications and competencies aligned with position descriptions relevant to staff roles.

Consumers and representatives were satisfied the service educates and supports staff to effectively deliver quality care and services. Staff described how training, professional development and supervision enable them to carry out their role and responsibilities. Staff provided examples of education provided, relevant to the Aged Care Quality Standards. Management discussed processes to identify staff training requirements and documentation evidenced the delivery of education on relevant topics including restrictive practice, the serious incident response scheme (SIRS), open disclosure and IPC.

Staff described a formal annual performance review, and ongoing informal performance review, to assess staff performance and capabilities and identify supports required for staff professional development. Management advised of organisational policies and procedures to support this monitoring and review process. Management identified feedback, complaints and incident data is considered during staff annual performance reviews.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the Approved Provider’s response received 21 October 2024, that the service complies with the Requirements and complies with this Standard.

The service effectively demonstrated it supports consumers to participate in the development, delivery and evaluation of care and services. Consumers confirmed the service supports their engagement in evaluation of care delivery, providing the recent example of consumer input into food service delivery. Management advised of, and meeting minutes confirmed, forums available to consumers providing opportunity for feedback including consumer advisory meetings.

The Approved Provider submitted a response (the response) confirming their satisfaction with consumer feedback and improvements made to the service’s food and catering service delivery.

Consumers and representatives were confident the service provides consumers with a safe and inclusive culture. Management and staff described how the organisation’s governing body promotes a culture of well-being and choice. The Assessment Team determined organisational supports provided through the board and committee structures, to facilitate a hierarchy of clinical and governance oversight, including accountability at both organisational and service level.

Consumers and representatives were satisfied with the organisation’s management of care and services. Staff, management, and members of the organisation’s board, described processes to identify, monitor and review the delivery of care and services. The Assessment Team report identifies the service demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has risk management systems in place to assess, identify and monitor consumer risk, including high impact and/or high prevalence risks. The system supports the service and its governing body to develop care and service improvements, through incident investigation with outcomes used to inform improvements by management at service and organisational level.

Staff, management, and members of the organisation’s board could explain how they identify and respond to consumer abuse or neglect. Management described and documentation confirmed, appropriate identification, reporting, and response to SIRS incidents. Staff described supporting consumers to live their best lives through identification of what is important to them and supporting them in these areas.

The organisation has a clinical governance framework which provides an overarching monitoring system for clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. The service has processes to record, monitor, trend and analyse antimicrobial usage and staff could identify the importance of minimising the use of antimicrobial medications. The service demonstrated appropriate management of restrictive practices with policy in place to guide staff practice. Incident reports and complaints data evidenced staff explanation and apology in response to consumer dissatisfaction with care and/or service provision, in line with the organisation’s policy.

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)