Performance

Report

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| Name of service: | Princes Court Homes Hostel |
| Service address: | 27-29 Princes Street MILDURA VIC 3500 |
| Commission ID: | 3279 |
| Approved provider: | Princes Court Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 17 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Princes Court Homes 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.

# 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

Consumers and representatives stated consumers were treated with dignity and respect by staff. Staff described how consumers' privacy, dignity, and cultural diversity were valued. Care documentation reflected the individual cultural and diversity needs of each of the consumers.

Consumers considered they were treated with dignity and respect, could maintain their identity, and live the life they chose. Staff described how they respected consumers and understood their care preferences, including seeking permission before providing care. Policies outlined the service’s commitment to providing an environment fostering empowerment, a sense of belonging, respect, and dignity.

Staff explained consumers were asked about their preferences, including food, activities, and communication methods; stating consumers were also asked to nominate those people important to them. Consumers and representatives advised they were supported to exercise choice about the consumers' care and the service consulted them regularly. The procedures reviewed outlined the information collected about consumers' needs and preferences during entry.

Policies and procedures were reviewed and outlined how the service supported consumers to take risks. Staff demonstrated their understanding of dignity of risk and explained how risk assessments were undertaken. Risk assessments reflected consultation with the consumer and representatives, and identified and explained the risks and potential consequences.

Consumers and representatives were satisfied they receive timely and accurate information. Staff described how they reviewed and distributed information to consumers and their families Consumer meeting minutes recorded discussions about lifestyle activities, continuous improvement, hospitality and housecleaning, and updates from management.

Staff described the ways they kept consumer information private and how handovers were conducted in a private environment to keep the information confidential. Consumers stated they felt staff treated their information confidentially and respected their privacy. The Assessment Team observed staff knocking on doors and announcing themselves.

# 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 stated risks to their well-being were identified and interventions were put in place to mitigate or support those risks. Staff described, and care documentation evidenced, the use of validated risk assessments upon entry and on an ongoing basis to assess risks to consumers’ health and well-being and implement strategies to deliver safe and effective care.

Consumers and representatives stated staff discussed their needs upon admission and on an ongoing basis. Staff described how consumers’ preferences and goals were discussed and documented to inform consumer care. Care documentation confirmed the identification of consumers’ goals, needs, and preferences, including advance care planning and end of life care wishes.

Consumers and representatives were satisfied with the quality of care and services they received; stating care planning was based on partnership with them and includes others they choose to involve in their care. Care documentation demonstrated, and staff feedback confirmed, consumers and representatives were consulted in assessments and care planning and included input from other multi-disciplinary team members.

Staff said consumers and representatives could discuss the care plan during the care plan reviews or more frequently as required. Consumers and representatives stated staff respond to their queries about their care needs promptly and consumers knew how to access a copy of their care plan. Policies and procedures ensured consent was obtained before consumer information was released or shared.

Care documentation indicated care plan reviews were undertaken regularly every 3 months in partnership with the consumer and their representative if required. Staff demonstrated knowledge of incident reporting and actions taken in response to incidents, including falls, changed behaviours, skin integrity, and medication issues.

# 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

Staff described following consumers' care plans to ensure effective care which met the consumers' choices and needs. Consumers and representatives stated staff were aware of consumers' care needs and provided care, meeting their preferences. Care documentation reflected how clinical and personal care reflected individualised consumer needs and preferences.

Staff described, and care documentation evidenced, how the service identified and managed high impact or high prevalence risks, including falls risks and pressure care. Consumers and representatives advised they were satisfied high impact or high prevalence risks were effectively managed.

Consumers and representatives confirmed advance care planning and end of life preferences had been discussed with them. Staff said they attend to mouth care, skin care, repositioning, and personal hygiene of the consumer to prioritise comfort and dignity during end-of-life care. Care documentation detailed advance care planning information, including choices and end of life preferences.

Consumers said they were satisfied with the care provided, including the recognition of deterioration or changes in their condition. Care documentation demonstrated deterioration in a consumer’s health, capacity, and function was recognised and responded to. Staff described examples of when deterioration or changes in consumers' condition were recognised and responded to, including escalating their concerns to registered staff.

Consumers and representatives were satisfied with sharing of information about consumers’ condition. Staff described how changes were communicated through verbal handover processes and the electronic care management system. Care documentation identified adequate and accurate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives said they were satisfied with the referral processes. Policies and procedures guided staff practice, including referral processes to health professionals within and outside of the service. Care documentation included input from other services such as medical officers, podiatry services, physiotherapists, geriatricians, and dieticians.

Consumers and representatives expressed their satisfaction with the service’s management of COVID-19 precautions and infection control practices. Staff said they received training in antimicrobial management, and infection minimisation strategies, including hand hygiene, the use of appropriate personal protective equipment, cough etiquette, and cleaning processes, during orientation and mandatory education.

# 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 and representatives were satisfied the consumers received safe and effective services maintaining their well-being, independence, and quality of life. Staff demonstrated knowledge of consumers’ needs and what was important to them.

Staff advised they were encouraged to spend time one on one time with the consumer. Volunteers attend the service and ‘host’ some activities, provide one-on-one visits spending time with the consumers, and also provide support during end of life. The Assessment Team sighted the services’ Resident Spiritual Policy and Procedure.

Consumers said, and documentation confirmed, consumers could participate in their community both within and outside the service environment, have social and personal relationships, and enjoy doing things of interest to them. Staff described working with community groups to enable consumers’ connection with the community.

Staff advised information, changes, and other needs were shared internally at handovers and the electronic care planning system. Consumers confirmed they were provided with services consistent with their needs and all staff were aware of their individual needs and preferences.

Staff explained how they made referrals for consumers to other organisations and care services. Management advised, and observations made by the Assessment Team confirmed, the service referred consumers to visiting providers who offer consumers other services, such as hairdressers, volunteers, dentists, and other allied health professionals.

Consumers said the meals provided were varied and of suitable quality and quantity. Processes and systems were in place for consumers to provide feedback on the quantity and quality of food as well as offering suggestions about dishes to add to the menu. Staff described meeting individual consumer dietary needs and preferences on an ongoing basis.

Consumers said they felt safe when using the equipment and they knew how to report any concerns. Equipment was observed to be safe, suitable, clean, and well maintained, and ongoing monitoring ensured the equipment was fit for purpose. Staff confirmed they had the supplies to provide suitable activities for 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

Consumers stated the service environment was welcoming, they felt safe and comfortable, and it felt like their home. The service environment was observed to be well-signed, friendly, and welcoming with large gardens and seating areas throughout, and doors leading to the outside areas were unlocked allowing consumers to walk around freely.

Consumers described the service environment as clean, well maintained, and comfortable. Consumers controlled their own air-conditioning system so they could regulate the temperature to ensure it meets their needs. Fire evacuation diagrams and illuminated emergency exit signage were displayed and fire-fighting equipment was readily available for staff.

Consumers said furniture, fittings, and equipment were clean, well maintained, and suitable for them. Equipment to alert staff, including call bells, were observed to be easily accessible to consumers in their rooms, and consumers said these reinforced their feeling of security. Equipment including walkers, wheelchairs, and lounge chairs was observed throughout the service including equipment used to support personal care.

# 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 representatives said they were encouraged to provide feedback and make complaints and could do so anonymously or with the assistance of staff. Staff said they acted promptly on feedback, as it was an opportunity for continuous improvement. All feedback, verbal, email, or paper-based, was documented in the electronic care planning system and directed to the appropriate manager for action.

Consumers and representatives said they were aware of other avenues for raising a complaint, externally, however, they were comfortable raising concerns with management. Staff described how they assisted consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives confirmed they were satisfied with the response to any concerns raised. Staff described the process followed when feedback or a complaint was received. Documented policies and procedures guided documenting, investigating, resolving, and evaluating feedback and complaints.

Consumers and representatives said they were confident their feedback was used to improve the quality of care and services. Management advised the service trended and analysed feedback and used it to inform continuous improvement activities. A review of the service’s continuous improvement register confirmed it had a system in place allowing for feedback and complaints to identify areas for improvement.

# 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 said there were adequate staff rostered, adding they were satisfied with the response to call bells. Staff said there was enough time and staff allocated and the roster reviewed showed a registered nurse was allocated on all shifts. The Assessment Team observed, during the site audit, adequate staff available to provide care in a calm environment.

Consumers and representatives provided feedback stating the staff engaged with them in a respectful, kind and caring manner. Staff described consumers on a personal level and demonstrated a good understanding and respect for consumers. The service had a documented code of conduct for staff.

Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs. Management advised all staff undertake an induction, mandatory training, and site orientation prior to starting. Position descriptions and duty statements set out the responsibilities and expectations for all roles at the service.

Staff confirmed the service was supportive and provided a buddy system for all new employees and was proactive in ensuring staff had access to training resources on an ongoing basis. Recruitment and selection procedures provided a structured approach ensuring staff had the required qualifications and credentials to perform their roles. Management advised staff practice was reviewed through care delivery, staff competencies, and incident review.

Staff described the service’s performance appraisals, which identified areas where they would like to develop their skills and knowledge. The service also utilised audits, consumer needs, competencies, trending results, and legislative changes to assess and monitor the performance of staff. Documentation identified performance appraisals, mandatory training, and competency assessments were conducted annually and were current.

# 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 and representatives said they provide ongoing input in how care and services were delivered and confirmed the service had sought their input in a variety of ways. Management advised consumers had participated in opportunities to provide input into the service, including attending interviews of prospective clinical staff to ensure staff they believe were the right fit for the service.

The Board provided a culturally safe and inclusive service through its vision, mission, strategic plan, and governance policies. The Board advised they understood their responsibility in ensuring a culture of safe, inclusive, and quality care and services was provided to all consumers residing at the service. The Board attends the service regularly, and the chairman of the Board attends consumers’ meetings.

The service had a Board and governance committees to provide guidance, implementation, reporting, and monitoring of effective risk management systems and practices throughout the service. Management advised the organisation was a member of peak bodies to ensure they remain updated with any regulatory or legislative changes which were then filtered down to staff and consumers through meetings and correspondence.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers were managed, the abuse and neglect of consumers were identified and responded to, and consumers were supported to live their best life, and incidents were managed and prevented. Staff confirmed they had received education on these topics and provided examples of their relevance to their work.

The service had clinical governance systems to ensure the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Staff advised policies related to the delivery of safe and quality clinical care (including antimicrobial stewardship, minimising the use of restraint, and open disclosure) had been discussed with them and what they meant for them in a practical way.

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)