Performance

Report

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| Name of service: | Queen Elizabeth Village Hostel |
| Service address: | 302 Gillies Street WENDOUREE VIC 3355 |
| Commission ID: | 3224 |
| Approved provider: | Grampians Health |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 13 January 2023 |
| Performance report date: | 7 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 Queen Elizabeth Village Hostel (**the service**) has been prepared by S Byers, 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.
* the provider’s response to the assessment team’s report received 8 February 2023 and 16 February 2023.

# 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

While most consumers and representatives were satisfied, they receive care that is culturally safe, the Assessment Team identified one consumer whose cultural preferences were not being met in relation to showering and personal hygiene. While staff were respecting the consumer’s showering preferences, they were not aware of the consumers cultural preferences and relevant information relating to the consumers cultural preferences for staff assistance were not documented in the consumer’s care plans. The Approved Provider submitted information demonstrating the consumer’s care plan has been updated to reflect their cultural requirements to guide staff practice and ensure dignity is maintained. For other consumers sampled, staff demonstrated how they provide culturally safe care and services according to the consumers’ needs and preferences and care plans detailed personalised information about each consumer’s culture, interests and preferences.

Consumers and representatives were satisfied consumers are supported to make choices about their care and who they wish to be involved. Consumers described maintaining relationships with family and friends, and provided examples of leaving the service to visit the community and participate in external interests. Staff described how they encourage and support consumers to maintain relationships and make informed decisions. Care documentation detailed information about appointed decision-makers and people important to each consumer.

Consumers were satisfied the service supports them to engage in activities that involve risk. While most care planning documents confirmed risks are discussed with consumers and included risks assessments, the Assessment Team identified two consumers without relevant dignity of risk forms in place. The Approved Provider submitted information to demonstrate dignity of risk and related forms have been discussed, documented and care plans updated for each consumer.

Representatives were satisfied with how information is communicated. Information about leisure and lifestyle activities for the month and the menu options available for the day were observed on display in the service.

Consumers and representatives were satisfied the consumer’s privacy is respected and personal information is kept confidential. Consumer’s provided examples of staff knocking on their door prior to entering. Consumer information is stored electronically, is password protected and staff access to individual consumer information is limited to the scope of their role. The Assessment Team observed staff maintaining the consumer’s privacy, seeking permission to enter rooms, and providing care within the consumer’s rooms.

# 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

Consumer files detailed assessment and planning including consideration of risks following a consumer’s entry to the service. Clinical staff described the assessment and planning process for new consumers in consultation with consumers, representatives, medical practitioners and discharge information received from hospitals. Care documentation demonstrated validated risk assessment tools are used to identify and assess risks to the consumer’s health and well-being. The Assessment Team identified deficits for one consumer in relation to the assessment of risk associated with fluid restriction. The Approved Provider submitted information demonstrating risk assessment and consultation with the consumer and representative, and delivery of education to staff in fluid balance charting. I am satisfied the Approved Provider has addressed the deficits identified by the Assessment Team in relation to Requirement 2(3)(a).

Consumer care files detailed consumers’ current needs, preferences and end of life wishes. Clinical staff described how they discuss end of life wishes and advanced care plans with consumers.

Consumers and representatives said they are consulted regarding assessment and planning, including outcomes of ongoing reviews. Care planning documents demonstrated ongoing partnership and consultation with consumers, representatives and input from a range of external providers and other health services including medical practitioners, and allied health specialists. Management described the challenges the service has experienced in accessing face to face reviews by allied health specialists. I have considered this information and the Approved Providers response under Requirement 2(3)(e) as it relates to review of care and services.

While consumers could not confirm the service has discussed assessment and planning with them, all representatives interviewed were satisfied they are involved in and informed of care planning assessments and outcomes. Outcomes are documented in care plans that are stored electronically and easily accessible by staff.

Representatives interviewed were satisfied they are informed when the consumers circumstances change or following incidents. Staff described how a full review of consumer care and services is completed as part of the 6 week ‘Resident of the Day’ process. Consumer files demonstrated that risk assessments are completed following incidents. The Assessment Team identified deficits in weight monitoring for one consumer. Management explained that a change in weight monitoring timeframes were not effective in identifying unplanned weight loss and weight reviews were moving back to a monthly program. While consumer documentation demonstrated ongoing review and timely referrals to medical practitioners and allied health specialists, management explained the challenges the service has experienced in organising regular face to face reviews for consumers with podiatrists, wound consultants and occupational therapists. In their written response, the Approved Provider submitted information outlining the actions they have taken to address the challenges and ensure timely reviews and assessments. Actions include obtaining approval for additional occupational therapist and wound consultations, increased on-site podiatrist visits and recommencement of on-site wound reviews by the wound consultant. The Approved Provider confirmed all consumer care plans now reflect monthly weight reviews. Based on the available evidence, I am satisfied the Approved Provider has demonstrated compliance with Requirement 2(3)(e).

# 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 were satisfied with the personal and clinical care provided by the service. Care documentation including care plans, progress notes, risk assessments and charting detailed personalised care that is safe, effective and tailored to the needs of the consumer in collaboration with specialist services. Documentation demonstrated regular review of psychotropic medications by medical practitioners, ongoing consultation and informed consent obtained from consumers and representatives and non-pharmacological strategies are trialled prior to administration. Staff demonstrated knowledge of individual consumer’s clinical and personal care needs and documented interventions in relation to pain, skin integrity and wound management.

Consumers and representatives were satisfied the service is effectively managing identified risks to consumers. Staff demonstrated understanding of the high impact and high prevalence risks associated with each consumer and the assessed strategies to manage and minimise risk to the consumer. Consumers assessed as a high risk of pressure injuries have appropriate strategies in place including specialised equipment. Following an incident relating to indwelling urinary catheter (IDC) changes for male consumers, the service has implemented a change in procedure to ensure only competent staff with specialised training complete routine IDC changes. All staff have been educated in IDC care and care plans have been amended to reflect mandatory training requirements to guide staff practice and mitigate the risk in the future.

Staff described how they access a palliative care team to provide further monitoring and support. Consumer documentation demonstrated end of life wishes are discussed and documented, input by the palliative care team and interventions followed in accordance with the consumer’s end of life pathway to ensure comfort is maximised.

Representatives were satisfied the service identifies and responds to deterioration in a timely manner. Clinical staff described having access to Residential In-Reach services to review consumers with identified changes in clinical or mental health conditions, where appropriate. Clinical staff described how deterioration or changes in a consumers health status are identified, actioned and escalated.

The service demonstrated that information about the consumer’s condition, needs and preferences were documented in progress notes, care plans and communicated within the service. Staff confirmed information documented in care plans provide them with accurate information to deliver personalised care. Staff including visiting health professionals attend daily clinical handovers and safety huddles to keep informed about consumers conditions, incidents, needs and preferences.

While the Assessment Team found that staff make timely and appropriate referrals, they identified instances where there was a delay in response or non-attendance by medical professionals and allied health providers. Staff demonstrated understanding of referral processes. The Assessment Team identified the podiatrist attends the service monthly, consumers have been waiting on occupational therapists to visit and wound consultants have only been providing telehealth consultations. The Approved Provider submitted information demonstrating the actions they have taken to ensure timely reviews and assessments from medical practitioners and allied health specialists, including obtaining approval for additional occupational therapist visitations and wound consultations, increased podiatrist on-site visits and recommencement of on-site wound reviews by the wound consultant. The Approved Provider confirmed all consumers waiting on an occupational therapist have been reviewed and assessed. I have considered information in the site audit report and the Approved Provider’s response. I am satisfied the Approved Provider has demonstrated that systems are in place to ensure appropriate referrals are made and actioned in a timely manner. I find Requirement 3(3)(f) is Compliant.

Staff described how they minimise the use of antibiotics in the service. The service has appointed an Infection Prevention Control Lead (IPC) who has completed the relevant IPC lead training. The service has an Outbreak Management Plan and relevant antimicrobial stewardship policies and procedures in place to guide staff practice. The service was observed to undertake appropriate entry screening in line with transmission based precautions and staff were observed adhering to infection control practices, including the appropriate use of Personal Protective Equipment (PPE). Staff have completed relevant infection prevention and control education in hand hygiene, and donning and doffing of PPE.

# 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 that consumers are provided with effective services and supports to optimise their independence, health, well-being and quality of life. Social and lifestyle care plans were personalised and included tailored goals and preferences. Staff understanding aligned with consumer care plans. The monthly group activity calendar is informed by consumer needs, goals and preferences. Individual support is offered through a volunteer program for those consumers who choose not to participate in group activities.

Consumers and representatives expressed satisfaction that consumers’ emotional, spiritual and psychological well-being is supported. Staff demonstrated they know consumers well and described how they provide effective services and support for consumers, including emotional support. Religious services will resume following a recent COVID-19 outbreak. A church representative from a local church was observed on site during the Site Audit spending time with consumers.

Consumers and representatives were satisfied the service supports consumers to maintain relationships, participate in the community and do things that interest them. Staff described the relationships and interests of consumers, both within and outside the service. Care planning documents contained information about the consumer’s significant relationships, and their participation in activities of interest at the service and within the local community.

Consumer documentation demonstrated there is adequate information to support effective and safe sharing of the consumer’s care. Lifestyle care plans were up-to-date and tailored to the consumer’s current needs and preferences.

The service demonstrated it has effective referral processes in place. Consumer and representative feedback and care documentation confirmed that referrals to other organisations and providers of care and services are appropriate and occur promptly.

Most consumers and representatives were satisfied with the quality and quantity of meals. Staff demonstrated understanding of individual consumers’ specific preferences and dietary requirements. Consumer planning documentation contained individualised dietary needs, equipment and preferences that are effectively communicated to the kitchen. The seasonal 6-monthly menu is reviewed by a dietitian.Consumers can provide input about the meals through the residents/representative meeting or provide feedback directly to staff. Staff were observed assisting consumers with their meals during the Site Audit, this aligned with consumer care plans.

Consumer and representatives are satisfied they have access to suitable and well-maintained equipment. While they were satisfied that staff ensure their safety and comfort, two consumers raised concerns about the safety of some lifting and transfer equipment. Staff indicated the equipment was not fit for purpose for the named consumers. In response to feedback, management approved the purchase of suitable equipment to meet the needs of the consumers. In their written response, the Approved Provider confirmed the equipment has been purchased and delivered to the service. Equipment used for activities of daily living like mobility aids and shower chairs was observed to be 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

Consumers and representatives said they feel at home and comfortable at the service. The service is made up of four houses each with dining and communal areas and an in-house café to optimise consumer interaction and engagement. Consumers were observed accessing communal areas and navigating around the service independently or with staff assistance. Consumer’s rooms were observed to be personalised with photos and items of interest.

Consumers and representatives were satisfied the environment is comfortable, clean and well maintained. Maintenance and cleaning staff described the services regular and preventative maintenance systems and schedules. Consumers were observed freely accessing internal and external areas of the service.

Consumers and representatives expressed satisfaction that the furniture and equipment available is suitable for their needs. All consumers said that maintenance staff are responsive and helpful. Furniture, fittings, and equipment were observed to be safe and clean and equipment in good working order. Maintenance documentation demonstrated ongoing monitoring and timely response to request for repairs.

# 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 were satisfied they are encouraged and supported to provide feedback and make complaints. They described the processes to provide feedback and complaints including feedback forms and communicating directly with staff or management. Staff demonstrated understanding of complaint handling processes and described how they support consumers and representatives. Written materials including feedback forms and the Charter of Aged Care Rights were observed to be on display throughout the service.

Consumers, representatives and staff were aware of the advocacy services available. Written information about external methods for raising complaints including support services such as advocacy and language services were observed on display.

Most consumers and representatives were satisfied that appropriate action is taken in response to complaints and that their complaints result in improved care and services. One representative was dissatisfied with the service’s initial response to their lodged complaint. This was immediately rectified during the Site Audit through a case conference with management, and the representative expressed satisfaction with the outcome. Staff demonstrated understanding of open disclosure principles in practice. Feedback and complaints are recorded in the organisations quality action system. The Assessment Team observed the feedback and complaint report that demonstrated most complaints had been fully addressed.

# 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

While consumers and representatives said the service is short staffed and provided mixed feedback in relation to call bell response times, the Assessment Team did not find an impact to the delivery of safe and quality care and services as a result of insufficient staffing. Management were aware of staff shortages at the service and described the strategies implemented to fill shifts including the use of a casual bank of staff and extension of shifts. Recruitment is ongoing for clinical and cleaning staff. The organisation can access staff from sister services to address unfilled shifts. Call bell data is managed through an organisational system and management run a monthly report to review response times. As a result of management’s review of call bell data, staff now wear pages and this has demonstrated a significant reduction in call bell wait times.

Consumers and representatives said staff are kind, caring and gentle. Interactions between consumers and staff were observed to be positive, with staff greeting consumers by their preferred names. Management described the policies and procedures in place to guide staff practice to deliver respectful person-centred care.

Consumers said that staff know what they are doing and have a good understanding of their care needs. Management explained the organisation’s recruitment processes. Staff registration and qualification requirements are monitored at the organisation level and documented in staff files. Management monitors the completion of mandatory training. Management reviews consumer feedback and staff performance to identify areas of improvement and organise training to address the specific deficits. Staff can access additional training through the organisations learning and development calendar.

The organisation has a performance appraisal process in place that includes formal performance management protocols. Staff confirmed that they had participated in a performance review over the last 12 months.

# 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 while they are aware of consumer/representative meetings, they choose not to attend. I have taken into consideration the positive consumer and representative feedback under Standard 2 in relation to consultation and ongoing partnership in the assessment and care planning of consumer care that supports engagement in development and evaluation of care; and the positive feedback from consumers and representatives relating to being encouraged and support to provide feedback and complaints under Standard 6. Management described how they encourage engagement through meetings, surveys, feedback forms and care consultations.

The governing body is supported to promote a culture of safe, inclusive and quality care and services through established committees and governance frameworks supported by systems, policies and procedures.

While the Assessment Team identified some deficits in financial governance that were addressed during the Site Audit, overall, the organisation demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff demonstrated understanding of the policies and processes that supported each of the governance systems.

The organisation demonstrated it has effective risk management systems in place. The organisation has a reporting management system where incidents are recorded. Staff demonstrated understanding of SIRS and incident reporting processes. Staff described how they would identify, respond and escalate abuse and neglect. Reporting mechanisms are in place for high impact or high prevalence risks.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

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)