Performance

Report

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| Name of service: | Snowy River Hostel |
| Service address: | 7 Jindalee Street BERRIDALE NSW 2628 |
| Commission ID: | 0351 |
| Approved provider: | Snowy Monaro Regional Council |
| Activity type: | Site Audit |
| Activity date: | 4 October 2022 to 6 October 2022 |
| Performance report date: | 27 October 2022 |

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

**This performance report**

This performance report for Snowy River Hostel (**the service**) has been prepared by Ms D. McDonald, 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

Consumer and representatives considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers and representatives confirmed their privacy was respected and their cultural diversity was valued. Staff were familiar with consumers’ backgrounds and described ways they were able to support their lifestyle choices and preferences each day.

Consumers interviewed identified as Australian and said they felt respected by staff who were happy to support their spiritual needs and preferences. Consumers said staff provided care and services that were physically, socially, and emotionally safe for them and their families, and their visitors were always welcomed into the service. Care documentation showed consumers’ preferences were reflected in the care plans, including personalised information regarding cultural and spiritual needs.

Consumers and representatives felt involved and supported in making decisions about their care, to make and maintain connections and relationships. Staff could describe how specific consumers were supported to maintain relationships with people who were important to them. Consumers were observed having regular visits from family members, interacting with staff on a one-to-one basis, playing games and enjoying each other’s company.

Consumers were supported to participate in activities entailing risks, to live the best life they could, and stated the risk assessment process, ensured they had adequate knowledge to make informed decisions. Staff said they explained the associated risks and management processes to support consumers’ choices. Consumer files identified risks and the completed dignity of risk forms clearly set out the risks and mitigations strategies for the consumer.

Consumers/representatives said information provided was current, accurate and timely, and was communicated clearly and in a form that was easy to understand. Consumers said they were provided with information to assist them to make decisions about their care and services, and what activities and outings were available to choose from. Staff were able to describe the various ways they provided information to consumers such as hard copy documents and schedules, informal and formal discussions, the consumer welcome pack, and various noticeboards throughout the service.

Consumers felt their privacy was respected and reported staff would knock on their door prior to entering their room and pull curtains prior to performing personal care. Staff stated they held handover in a private office, and their use of computers was password protected. Staff were observed asking permission to enter a consumer’s room after knocking. The written privacy policy guided staff practice.

# 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

Procedures guided assessment and care planning to inform the delivery of safe and effective care and services and considered risks to consumers’ health and well-being. Staff said assessment outcomes were reflected in the consumers’ care plans and these guided them in delivery of safe and effective care. Most consumers and representatives felt risks were identified and managed to promote their independence and quality of life. Care documentation identified key risks such as falls, pressure injuries, weight loss, swallowing difficulties and behaviours.

Consumers and representatives said the assessment and planning process captured their current needs, goals and preferences, including any wishes for end of life care. Staff described what was important to consumers in terms of their care needs and preferences and what their goals were. Care documentation showed assessment and planning reflected consumers’ goals, needs and preferences, including advance care planning and end of life care wishes.

Consumers and representatives said assessment and care planning was based on a partnership and included others they chose to involve in their care. Staff could describe the process of referring consumers to relevant professionals such as medical officers, physiotherapists, podiatrists and other allied health services. Care planning reviews showed consumers and their representatives were consulted and they included input from other health care providers.

Consumers and representatives said the outcomes of assessments and planning were documented and communicated to them effectively and they were aware of the availability of their care plans. Staff could explain the process of updating care documents on the electronic system and described how they communicated the outcomes of assessments to consumers/representatives and other staff through shift handovers, memos, emails, and messages on the electronic system.

Consumers and representatives said they were notified when circumstances changed or when incidents occurred such as falls, development of pressure injuries or medication incidents. Care documentation demonstrated after an incident, a reassessment occurred, and strategies contained in the care plan were reviewed with additional strategies included if needed. Policies and procedures guided staff updating care plans following a change in circumstances.

# 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

Care documentation reflected safe, effective care tailored to the specific needs and preferences of each consumer. Consumers and representatives were satisfied with their care and services, and said they were delivered in accordance with their preferences. Staff knew individual consumer’s personal and clinical care needs including medical conditions and risks requiring monitoring and reporting.

Consumers and representatives said high impact or high prevalence risks were identified and effectively managed. Care documentation identified key risks including falls, pain, behaviour, skin integrity, nutrition/hydration, infection and complex care needs. Effective risk management strategies were recorded in assessment tools, care plans and progress notes. Staff understood restraint was a last resort intervention and described alternative interventions they used to settle consumers who were agitated or distressed.

Consumers and representatives confirmed staff had spoken to them about advance care and end of life preferences and they were confident the end-of-life care provided by the service was appropriate. Staff explained how they attended to mouth and skin care, repositioning and personal hygiene to prioritise the comfort and dignity of consumers nearing the end of life. Families were encouraged to be present and supported throughout the end-of-life stage. Care documents detailed consumers’ advance care plans and end of life preferences.

Changes in consumers’ care needs were recognised and responded to in a timely manner through a range of systems and processes such as handover, progress notes, reviews, and feedback. Consumers and representatives said deterioration or changes in their condition were identified and responded to appropriately. Care documents showed a deterioration in consumers’ health, capacity or function was quickly recognised and responded to appropriately, on most occasions.

Consumers and representatives said their care needs and preferences were documented and effectively communicated between staff and those involved in their care. Care documentation contained detailed current information for those involved in consumers’ care to access and share. Staff confirmed they received up-to-date information at handover and notified the consumer’s medical officer and their representatives when there was a change in clinical condition or incident.

Care documentation confirmed the prompt referral to other health services such as dieticians, physiotherapists, speech pathologists, podiatrists and medical officers. Consumers and representatives said referrals to other relevant health professionals had occurred whenever needed. Documented policies and procedures for making referrals to individuals and other providers were in place.

Consumers and representatives said the service’s management of COVID-19 and infection control practices were good. Consumers said if they were unwell with cold or influenza-type symptoms, they would notify staff and stay in their rooms until they were better. Staff said they had received training on infection prevention and control strategies including hand hygiene, use of personal protective equipment and outbreak management procedures. The service had a designated infection prevention and control staff member and cases of infection were recorded and monitored as part of the key clinical indicators. There were written policies for antimicrobial stewardship, infection control and handwashing.

# 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 confirmed consumers received safe and effective services to support their well-being, independence and quality of life. Staff knew each consumer’s lifestyle needs, goals and preferences and how they could best support them. Consumers said they were supported to engage in meaningful and satisfying activities and the service promoted their spiritual, emotional, and psychological well-being in various ways.

Consumers and representatives said they were supported to maintain contact with the people who were important to them, and participate in the community, both inside and outside the service. Care documentation identified the preferred activities, spiritual and psychological supports and important relationships for each consumer. Management provided examples of how the service supported consumers to participate in community events and activities.

Consumers and representatives felt confident staff and other persons delivering their care and services were made aware of consumers’ needs and preferences. Electronic care documentation was accessible to staff and contained sufficient information to ensure consumers’ needs and preferences were communicated and met.

Documented policies and procedures were in place for referring consumers to other individuals and organisations providing lifestyle services and supports. Management described how the service worked with external individuals and organisations to supplement the lifestyle services and supports offered to consumers. Consumer files showed timely and appropriate referrals to the local church or visiting volunteers when additional support was required.

Consumers said the meals provided were varied and of suitable quality and quantity. They confirmed they were involved in the planning of the menu and could also ask for alternatives if they wanted. Consumers advised the service accommodated their dietary needs and preferences and mealtimes were an enjoyable experience. Consumer meeting records showed consumers could provide feedback about meals and suggest changes to the menu.

Consumers said the equipment provided at the service was clean and suitable and they felt safe using it. Consumers advised they knew how to report any issues with equipment to staff and confirmed the maintenance officers fixed things quickly. Equipment appeared to be safe, suitable, clean, and well maintained.

# 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 they felt comfortable and safe in the service, and it was welcoming to them and their visitors. Consumers said they could personalise and decorate their rooms according to their preference and their sense of belonging and independence was optimised. Each room was observed to have the consumer’s name displayed outside with a picture of something important to them.

Consumers described how they could access the different garden areas and they were observed moving around the service freely, with no navigation difficulties. Both the indoors and outdoors areas appeared clean, well-maintained and free from any obstructions and hazards. Cleaning staff were observed cleaning consumers’ rooms, communal areas, staff rooms and high touch-point areas, and referring to different cleaning schedules. There were no malodours noticed in any area. Fire evacuation plans and emergency exit signs were clearly displayed, and fire safety equipment was readily available. Chemicals and cleaning supplies were safely stored and readily accessible.

Consumers and representatives said the equipment and furniture at the service was safe, well-maintained and suitable for their needs. Staff described how shared equipment used for moving and manual handling of consumers was cleaned and maintained. Equipment used to assist consumers to move was observed to be clean and stored safely. The furniture, and fittings were observed to be safe, clean, well-maintained and suitable for the intended use. The preventative maintenance schedule showed regular maintenance was being completed and reported maintenance issues were resolved promptly.

# 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 felt encouraged, safe and supported to provide feedback and make complaints, which they could do anonymously, or with the assistance of staff. Consumers and representatives said they received information about the complaints processes on entry, were aware of the feedback forms and said they would speak directly with staff if they had a concern. Staff could describe the avenues available if consumers wanted to provide feedback or make a complaint, and the process they follow if an issue was raised with them. Management explained there were different avenues for providing feedback such as by speaking to staff or management directly, email, feedback forms, consumer meetings, and satisfaction surveys.

Consumers and representatives were aware of external avenues and supports for raising a complaint such as through the Aged Care Quality and Safety Commission or advocacy services. Staff understood the different internal and external complaints mechanisms and advocacy and translation services available for consumers/representatives. Staff described how they assisted consumers who had a cognitive impairment or difficulty communicating to give feedback or make a complaint. Written materials, such as the consumer handbook, feedback forms, brochures and posters provided information regarding support for feedback and complaints.

Consumers and representatives said management promptly addressed and resolved their concerns following a complaint, or when an incident had occurred. Consumers and representatives confirmed management and staff provided an apology when a complaint was made, or if something went wrong. Staff said they had received training on open disclosure and demonstrated a shared understanding of the principles of open disclosure. There was a suite of documented policies and procedures to guides staff in documenting, investigating, resolving and evaluating feedback and complaints.

Consumers and representatives said the service used feedback and complaints to improve the quality of care and services. Management explained how feedback is documented and used to inform continuous improvement activities across the service. The service’s plan for continuous improvement showed complaints, feedback, suggestions and incidents had been documented, along with planned improvement actions, timeframes and evaluation notes. Consumer meeting minutes showed changes and improvements were discussed and evaluated at the monthly consumer meetings.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said there was an adequate number and mix of staff and they were satisfied with the care provided and the response to call bells. Staff were satisfied with the roster and said there was enough time and staff allocated. Management advised the care and service staff were multi-skilled and able to attend to tasks for different roles within the service, if needed. Consumers and representatives reported staff were respectful, kind, and gentle when providing care. Staff interactions with consumers were all observed to be kind caring and respectful.

Consumers and representatives said staff were sufficiently skilled and competent to meet their care needs. Management advised all staff undertook an induction, mandatory training and site orientation prior to starting. Orientation included buddy shifts with experienced staff overseen by the clinical manager. Recruitment and selection procedures provided a structured approach that ensured all staff had the required qualifications and credentials to perform their roles. Registrations, police checks and reference checks were conducted prior to staff commencing and these were tracked by the organisation.

Consumers and representatives said staff knew what they were doing and they could not suggest any additional training required. Staff said the service was very supportive and proactive in ensuring they had access to training resources. Training records showed all staff had training in relation to the Quality Standards and they were up to date with their mandatory training.

Staff were aware of the service’s performance development processes, which included annual performance appraisals and professional development. Staff practices were monitored daily through observations and feedback from other staff, consumers and representatives. Management advised all staff had an opportunity to self-assess their own performance through an online tool and then discuss it with their supervisor. Any concerns identified in performance reviews were actioned in accordance with the policies for managing performance.

# 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 felt supported to be engaged in the development, delivery and evaluation of care and services. Consumers reported the service was well run and they were able to participate in consumer meetings and surveys and suggest changes and improvements. Staff explained the different processes for engaging with consumers and the minutes of consumer meetings indicated involvement consumers/representatives.

Management described how the service is Council owned and there was a committee that monitored the governance of the service and reports to the Council. The Committee members come from diverse professional backgrounds and included the town’s Mayor. The Committee and Council satisfied themselves the service was compliant and the Quality Standards were being met through the monthly meetings and various detailed reports and performance indicators.

Management could describe how the organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service had a suite of policies and procedures available to guide staff understanding and support the implementation of the organisation’s governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff confirmed they had received education on these topics and could give examples of how they related to their work. Staff had a sound knowledge of various risk minimisation strategies, including those to prevent falls, infections, manage challenging behaviours and minimise the use of restrictive practices. Staff understood what constitutes elder abuse and neglect and its inclusion within the Serious Incident Response Scheme. Staff could describe their reporting responsibilities when they become aware of, or had a suspicion of, abuse or neglect occurring.

The service had a documented clinical governance framework with policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff explained they had received training and gave examples of how these policies applied to their work. Care plans, progress notes, and incident reports confirmed the policies were adhered to by the service.

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)