Performance

Report

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| Name of service: | St Andrews Village Hostel |
| Service address: | 95 and 81 Groom Street HUGHES ACT 2605 |
| Commission ID: | 2913 |
| Approved provider: | Presbyterian Church (ACT) Property Trust |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 July 2023 |
| Performance report date: | 3 August 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 St Andrews Village Hostel (**the service**) has been prepared by G Cherry, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* Performance report dated 14 November 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

The Quality Standard was not fully assessed. One of seven requirements was assessed and found compliant.

A decision was made on 14 November 2022 that the service was non-compliant in requirement 3(3)(a) after a site assessment conducted 11-12 October 2022.

Previously the service did not demonstrate effective systems to ensure each consumer receives safe/effective personal and clinical care that is best practice, tailored to their needs and optimises health and well-being. In particular relating to wound care management, behaviour support, management of restrictive practices and post-falls monitoring and management.

Actions implemented since the assessment conducted 11-12 October 2022, include:

* Auditing processes identified gaps in staff knowledge concerning wound management resulting in provision of training.
* Care managers provide greater oversight of wound management to identify/respond to gaps in staff practice including daily review and attending weekly transfer of information meetings. Wound management plans are now developed/implemented via a consistent approach.
* Introduction of a wound management measuring tool.

During this assessment contact information was gathered through interviews, observations, and document review. The service demonstrate consumers receive safe and effective personal and clinical care. Sampled consumers consider they receive appropriate care expressing satisfaction with care staff provide. Interviewed staff demonstrate awareness of consumer’s individual needs, noting receipt of increased clinical care training in areas including wound care, restrictive practices and falls management to support them in meeting consumer’s needs. Care planning and documentation review detail increased clinical oversight for all areas of consumer care and an increased focus to ensure care is tailored to individual needs.

Document reviews demonstrate wound care provision mostly consistent with the service’s policy and best practice guidelines. Documents detail wound dimensions, staging, appearance and evaluation. While management express overall improvement with wound management, the assessment team note documentation for one consumer contained deficits between photography and description. Management advised of further education for staff to ensure individual documentation of wound/and directives to eliminate confusion. Review of one consumer’s documentation detail regular medical officer/geriatrician review in relation to psychotropic medication and comprehensive guidance including a range of strategies to direct care needs and identify possible causes. The service demonstrate effective falls/pain management strategies including post fall neurological/pain assessment and medical officer referral and/or hospital transfer. Procedure documentation guides staff in organisational expectations. Interviewed staff demonstrate awareness of post fall protocols. Documentation for one consumer details appropriate management of diabetes including staff adherence to directives and positive consumer feedback.

In consideration of compliance, I am swayed by the evidence bought forward by the assessment team, feedback received from consumers/representatives/staff and the service’s demonstration of actions/outcomes to ensure consumers receive safe/effective care in particular relating to wound care management, behaviour support, management of restrictive practices and post-falls monitoring and management.

I find requirement 3(3)(a) is compliant.

# 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 |

Findings

The Quality Standard was not fully assessed. One of five requirements was assessed and found compliant.

A decision was made on 14 November 2022 that the service was non-compliant in requirement 7(3)(a) after a site assessment conducted 11-12 October 2022.

Previously the service did not demonstrate effective systems to ensure a planned workforce, including the number and mix of staff to enable delivery and management of safe/quality care and services.

Actions implemented since the assessment conducted 11-12 October 2022, include:

* Introduction of a call bell response tracker monitored by management. Additionally, discussion of response times is a standing agenda item for daily staff meeting forums.
* Exploring options of purchasing a ‘Person-Centred’ software electronic Handover system (PCS) which informs staff of any essential change in consumer’s condition at commencement of shift.
* A roster review led to recruitment of another care manager, registered nurses and care staff resulting in provision of additional consumer care hours.

During this assessment contact information was gathered through interviews, observations, and document review. Sampled consumers express satisfaction their needs are met in a timely manner. Interviewed staff consider sufficient staff numbers to meet consumers needs advising of teamwork including management team members assisting with registered nurse activities when required. Management are provided with daily data enabling analysis to determine causal issues if consumers requests for assistance are not responded to in a timely manner. Documentation detail discussion of response times at staff meetings and a significant reduction in response times. Review of documentation demonstrate recruitment of additional registered nurses/care staff, a senior clinical care manager, quality manager and registered nurse educator. The assessment team observed the PCS system utilised during shift handover.

In consideration of compliance, I am swayed by evidence bought forward by the assessment team, feedback received from consumers/representatives/staff and the service’s demonstration of actions/outcomes to ensure a planned workforce (including number and skill mix of staff).

I find requirement 7(3)(a) is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)