Performance

Report

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| Name: | St Andrews Village Hostel |
| Commission ID: | 2913 |
| Address: | 95 and 81 Groom Street, HUGHES, Australian Capital Territory, 2605 |
| Activity type: | Site Audit |
| Activity date: | 30 October 2023 to 2 November 2023 |
| Performance report date: | 6 December 2023 |
| Service included in this assessment: | Provider: 468 Warrigal Care  Service: 1200 St Andrews Village Hostel |

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 Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.
* the provider’s response to the assessment team’s report received 28 November 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect, with their identity, culture, and diversity valued. Staff demonstrated they were familiar with consumers’ individual backgrounds and preferences, and spoke about consumers in a respectful manner. The service had a diversity and inclusion policy which outlined the service’s commitment to respect and value customs, cultures, and beliefs.

Consumers and representatives considered consumers received culturally appropriate care and services, for example, meals that were catered to their cultural preferences. Management and staff described how they tailored the delivery of care and services to support consumers’ culture. Care planning documentation included relevant information to support the delivery of culturally safe care.

Consumers and representatives said consumers were able to exercise independence and choice when making decisions about their care, including who should be involved in their care. In addition, consumers reflected that they were supported to maintain relationships of choice, including intimate relationships. Staff described how they supported consumers to make informed choices about their care and services, communicate their decisions, and maintain relationships.

Management and staff explained how they supported consumers to do things with an element of risk to enable consumers to live life on their terms, using assessment and consultation processes to support informed consumer choice. Care planning documentation identified ways to support consumers in living their best life through the consultation of risks with consumers and others involved in their care, and implementation of risk mitigation strategies.

Consumers, representatives, and staff described how consumers were provided information to help them make informed decisions, such as through printed information, verbal reminders, and noticeboards. Information was observed throughout the service environment to support consumers, with adapted information to support consumers with language barriers.

Consumers said staff were considerate of their privacy and held no concerns regarding the confidentiality of their personal information. Staff explained how they respected consumers’ privacy, and maintained the confidentiality of personal information. For example, staff said they would knock on a consumer’s door prior to entry.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Management and staff described the assessment and planning processes in place to consider risks to consumers’ health and well-being. For example, staff completed checklists requiring completion of skin integrity, nutrition, and mobility risk assessments. Care planning documentation evidenced individual risks for consumers were considered and informed the delivery of effective care and services.

Consumers and representatives said assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning. Management and staff explained how assessment and planning processes considered consumers’ current circumstances, and advance care and end of life directives. Policies and procedures guided staff in the assessment and planning of consumers’ needs, goals, and preferences, including advance care and end of life planning.

Consumers and representatives said they were involved in care planning processes and aware of the involvement of other providers of care and services. Management and staff described how they collaborated with consumers, representatives, and others, such as medical officers, in the assessment and planning of consumers’ care and services, and care planning documentation evidenced their ongoing involvement.

Management and staff said they communicated the outcomes of assessment and planning with consumers, representatives, and others in person, and through telephone and email contact, and a copy of the care plan was provided if requested. Consumers and representatives advised that assessment and planning outcomes were communicated to them, consistent with management and staff feedback.

Consumers and representatives reflected care and services were regularly reviewed to determine if they were effectively supporting consumers’ needs, goals, and preferences. In addition, consumers and representatives said care plan reviews were conducted in a timely manner following changes in consumers’ circumstances. Management and staff said consumers’ care and services were reviewed for effectiveness on a 3 monthly basis, or when any changes were identified through incidents or deterioration in health, as reflected in care planning documentation.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers were receiving care that was safe and right for them, and met their personalised needs and preferences. Management and staff described how they delivered care that was safe, and tailored to the needs and preferences of consumers. Care planning documentation evidenced consumers received safe, effective care aligned to needs and preferences. Policies and procedures were in place to support the delivery of best practice care, such as restrictive practices.

Management explained how high-impact, high-prevalence risks associated with the care of consumers were identified through care planning processes, and maintaining oversight of clinical data monitoring, trending, and reporting. Staff described how they managed risks through the delivery of care in line with strategies captured within care planning documentation and documentation demonstrated processes for monitoring following incident were followed in line with protocols.

Staff described how they supported consumers nearing end of life in a dignified and comfortable manner, such as attending to personal care needs, repositioning, monitoring skin integrity, pain management, and emotional and spiritual care. Management said, and documentation demonstrated, the service involved representatives and external care specialists through the palliative care pathway to ensure consumer needs were met. Staff were guided in the delivery of dignified and comfortable care for consumers nearing end of life through a clinical procedure and policies.

Staff explained how they identified signs of deterioration or changes in consumers, such as changes to mobility, appetite, and behaviour, and described what they would do to manage this. Care planning documentation evidenced deterioration or changes in consumers were recognised and responded to in a timely manner, such as through assessments, monitoring, and referral to other providers of care and services.

Consumers and representatives said, and documentation demonstrated information about consumers was shared within the organisation and with others responsible for care. Staff described how they communicated information about consumers’ condition, needs, and preferences, such as through documented and verbal shift handover processes, recording information in the electronic care management system, and through meetings.

Consumers and representatives said referrals were completed in a timely and appropriate manner. Care planning documentation evidenced referrals were completed for other providers of care and services, such as allied health professionals, specialists, and medical officers. Procedures outlined the referrals required for various clinical scenarios, for example, following falls or incidents, or for new consumers admitted to the service.

Management and staff demonstrated an understanding the service had an outbreak management plan and infection prevention and control lead to support the minimisation of infection related risks. Staff were observed following infection prevention and control measures, such as wearing personal protective equipment.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers were provided appropriate support to optimise their independence and quality of life. Staff explained how they consulted consumers in the care planning processes to determine how to support consumers’ needs, goals, and preferences, as evidenced in care planning documentation. Staff explained how services and supports were utilised to ensure consumers with specific needs were catered for within the activities programs.

Consumers and representatives said consumers’ emotional, spiritual, and psychological well-being was supported. Staff described the services and supports available to support consumers’ well-being, including church visits and pet therapy. Staff said if they noticed a change in consumers’ well-being, they would provide emotional support, engage them in conversations or activities of interest, or complete referrals as appropriate. Care planning documentation included information about consumers’ well-being needs and strategies to support them.

Consumers and representatives said consumers were supported to participate in their community within and outside the service, have social and personal relationships, and do things of interest. Staff described how consumers’ community and social participation was supported. Management advised consumers were supported to keep in contact with people important to them, for example, helping consumers with video calls. Care planning documentation identified ways to support consumers’ interests through services and supports.

Management and staff described how they communicated information about consumers within the organisation and with others responsible for care. For example, staff said placemats were used for each consumer’s meal tray which outlined their dietary requirements, and this information was kept updated through handover processes and care planning documentation.

Management and staff outlined the external services and supports available to support consumers daily living needs and emotional needs. Staff described how they completed referrals in a prompt manner, and care planning documentation evidenced consumers were referred to various individuals, organisations, and providers of care.

Overall, consumers and representatives advised meals were of satisfactory quality and quantity, with a variety of options provided. Consumers and representatives said they were able to provide feedback about meals which were responded to. Staff described how consumer feedback was used to the development of the menu, and advised consumers were able to request specific meals and management described planned continuous improvement activities to better meet consumer needs and preferences. Meals were observed to be of suitable portion size and quality.

Consumers and representatives said consumers had access to equipment, such as mobility aids, to assist them with daily living activities. Staff described the processes in place to maintain the safety and cleanliness of equipment, and equipment was observed to be suitable, clean, and in good condition.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was welcoming and easy to understand. Management and staff described features of the service which supported consumers sense of belonging, independence, interaction, and function. For example, management and staff said consumers were encouraged to personalise their room, and visual aids were used to inform consumer navigation. The service environment was observed to be welcoming with sufficient lighting, handrails, and signage to help consumer movement within the service.

Consumers and representatives said the service environment was safe, clean, and well maintained, and allowed for consumers’ free movement indoors and outdoors. Staff said the service environment was cleaned and maintained in accordance with schedules and a maintenance log, and documentation demonstrated maintenance and cleaning was up to date. Consumers were observed moving between indoor and outdoor areas independently or with staff assistance.

Staff described how furniture, fittings, and equipment were kept safe, clean, and suitable for consumers through reactive and preventative maintenance and cleaning responsibilities. Furniture, fittings, and equipment were observed to be clean and well maintained.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives considered they were supported to provide feedback and make complaints, and described how they did so, such as though feedback forms and directly to management or staff. Management and staff outlined ways consumers and others were encouraged and supported in providing feedback and complaints. Information was observed throughout the service environment to inform consumers and others of their feedback and complaints options, including advocacy and language services.

Management and staff described the advocacy and language services available to support consumers in raising and resolving complaints. Consumers advised they were aware of alternative ways to raise and resolve complaints, such as through the Commission. Information was displayed educating on translation services complaints processes and including details of external advocates and complaint services.

Management and staff demonstrated an understanding of open disclosure principles, such as maintaining open and honest communication. Documentation demonstrated that the service responded to complaints or when things went wrong using an open disclosure process by acknowledging concerns, maintaining communication, and taking actions to resolve matters.

Consumers and representatives said the service responded to and resolved their complaints when they were raised. Management and staff explained how they reviewed feedback and complaints to inform improvements to care and services. Documentation, such as the continuous improvement plan evidenced feedback and complaints were reviewed and used to make improvements.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives considered there were enough staff to provide care and services. Management described the workforce planning and management strategies in place to maintain oversight of the delivery of safe and quality care and services, including accounting for unplanned leave and ongoing recruitment strategies. Documentation, such as rosters and call bell data, demonstrated all shifts were filled and consumers’ calls for assistance were answered in a timely manner.

Management and staff said there was training and support available to guide staff in interacting with consumers in a kind and caring manner, with respect to their identity, culture, and diversity. Consumers and representatives considered staff were kind, caring, and respectful, which aligned with observations.

Management explained how they maintained oversight of workforce competency, qualifications, and knowledge, for example, through regular training, and hiring staff in line with requirements set out in their job description. Documentation evidenced the service monitored the registrations required by staff.

Management described the training in place to support the workforce, such as mandatory training and toolbox education. Staff said they had received training which helped them with their role, for example dementia care to better support consumers with changed behaviours, and documentation evidenced mandatory training was up to date.

Management explained how staff were regularly assessed, monitored, and reviewed through informal and formal mechanisms. Staff said, and documentation evidenced, staff appraisals were completed on an annual basis and were up to date. The service has a suite of policies and documents that informs expected performance and behaviour for staff.

# 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

This Quality Standard compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 8(3)(c) not met. I have provided reasons for my findings below, including consideration of evidence and information provided by both the Assessment Team and the provider.

The Assessment Team found the service was unable to demonstrate that effective regulatory compliance systems were in place to identify, monitor, and review environmental restrictive practice. The Site Audit report identified that:

* As a safety measure, the service had secured external doors including at the main entry requiring the use of a swipe card, however, 25 consumers residing in the secured memory support unit, did not have access to the swipe cards, and were unable to freely exit the service due to the application of the secured external doors.
* Care planning documentation for the 25 consumers evidenced that verbal consent had been obtained to not provide the consumers’ swipe card access, and behaviour support plans were in place. However, there were no formal restrictive practice assessments completed.
* Staff said consumers were supported to go on walks outside.

The Approved Provider’s response acknowledged feedback about formalised restrictive practice assessments and provided an action plan of proposed improvements and improvements that have been implemented. The response advised that robust organisation-wide governance systems were in place, inclusive of specialist teams, audit mechanisms, and guidance materials to support regulatory compliance. Further, the response clarified that:

* For consumers residing in the memory support unit, the consumers’ diagnosed conditions were assessed to determine suitability to reside in the memory support unit, and assessment and planning was completed in collaboration with consumers and representatives.
* Access cards were provided to all consumers, with the exception of some consumers who have cognitive or mobility considerations. Staff explained the associated implications of swipe card access to the external doors with representatives or substitute decision makers.
* Consent was in place for all consumers who did not have access to the swipe card to open the secured external doors.
* Behavioural support plans identified risks and interventions to support the consumers concerned.

The response provided supporting evidence to substantiate the provider’s position and explained the strategies in place to support consumers’ well-being, including assistance to leave the facility if the consumers wished to do so. The response included a copy of its updated restrictive practice assessment form, and a copy of a behaviour support plan, which evidenced risks associated with restrictive practices were identified, monitored, and included strategies to minimise the use of restraint.

Based on the balance of evidence before me, I find Requirement 8(3)(c) compliant. I have considered the deficiencies raised in the Site Audit report regarding the formal assessments, however, I have placed emphasis on other evidence brought forward in the Site Audit report demonstrating informed consent was obtained for use of environmental restraint and risks associated with its use were identified, assessed, and monitored by way of behaviour support plans in line with legislative requirements. I acknowledge the actions undertaken by the service to improve the restrictive practice form and the commitment to continuous improvement opportunities. Furthermore, I have also considered there was no consumer impact identified, consumers and representatives were aware of and had consented to the secured doors.

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumers, representatives, management, and staff explained how consumers were involved in the development, delivery, and evaluation of care and services, such as, feedback mechanisms, the consumer advisory committee, and care plan reviews. Documentation demonstrated consumers were encouraged to provide feedback about improvements to care and services.

Management explained how the governing body demonstrated accountability for the delivery of safe, quality care and services. For example, on a bi-monthly basis the governing body reviewed a report which outlined matters relating to the performance of the service, such as staffing, feedback and complaints, and incidents, and used this information to initiate improvements. The governing body maintained oversight and accountability for the delivery of care and services though organisational reporting lines, continuous improvement plans, audit mechanisms, policies and procedures.

Management explained how risk management systems and practices managed high-impact, high-prevalence risks, identified and responded to abuse and neglect, managed and prevented incidents. Consumers were supported to live their best life through the identification of risks during care planning. Policies, procedures, training, and reporting lines supported the service’s risk management systems and practices, and the incident management system demonstrated incidents were reported to the Commission within the required timeframe under the Serious Incident Response Scheme (SIRS).

The clinical governance framework was supported by policies, procedures, guidelines, training, audit and reporting mechanisms with overview of antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff described how they applied the clinical governance framework, associated policies and procedures into daily practice.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)