Performance

Report

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| Name of service: | Stretton Park Hostel |
| Service address: | 35-47 Kent Street MAFFRA VIC 3860 |
| Commission ID: | 3095 |
| Approved provider: | Stretton Park Incorporated |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 9 May 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 Stretton Park Hostel (**the service**) has been prepared by D. Fekonja, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and their representatives were satisfied they are shown dignity and respect by staff in the delivery of their care. Care plans were individualised and reflected what was important to the consumer, including their values and goals. The service supports consumers to exercise their choice and independence and make decisions about how care and services are delivered to meet their individual needs, such as when they prefer their daily hygiene to be performed.

The service supported consumers to live the best life possible even if that choice comes with an associated risk. The service utilises a risk consultation form to inform consumers and their representatives of associated risks in relation to their choices.

Consumers and representatives said they receive timely and accurate information both verbally and in writing which enables them to exercise choice. An information board has the activities program and other activities posted for consumers. The weekly activities program is delivered to consumers on Monday and also prior to the commencement of an activity and is also announced over the public address system.

The service respects consumer privacy by ensuring staff knock prior to entering rooms and closing doors and blinds when providing assistance for daily living. The organisation has a privacy and dignity policy to guide staff.

Based on the evidence I find the service Compliant with this requirement.

# 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

The service has a range of risk assessment tools to guide staff in the delivery of safe and effective care and services. Care planning documents reflect the outcome of risk assessments undertaken in relation to falls, skin integrity and specialised care needs. Consumers and representatives expressed confidence that the assessment and care planning process considers the risks to the consumer’s health and well-being.

Consumers and/or their representatives confirmed that they were aware of assessment and planning information and were confident that the information was reflective of current care needs. Assessments and care plans were updated responsively with changing care needs. All consumers reviewed had an advance care plan and directive that is also reflected in handover documentation.

Consumers and/or their representatives confirmed they are directly involved in assessments, planning, and decisions about consumer care and services. Support planning documentation reflected ongoing collaboration between the service and the consumers and/or their representatives, and other health professionals who are involved in their care.

Outcomes of assessment and planning were effectively communicated to the consumer and their representative in a timely manner. Consumers have seen a copy of their care plan or know they can be provided with one on request. Representatives stated they are communicated with if there are changes to the consumers’ health or care needs.

Documentation for all consumers evidenced timely and responsive review of care and services following all incidents, deteriorations in health, changes in clinical presentations, and hospital admissions. Consumers and/or their representatives expressed satisfaction with how the service reviews care and services provided to consumers following changes in care needs and the occurrence of incidents.

Based on the evidence I find the service Compliant with this requirement.

# 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 receiving clinical care including pain and wound management said they were satisfied the staff are ensuring the effective and timely administration of medication and non-pharmacological measures for pain relief. Representatives interviewed in relation to restrictive practices and the use of psychotropic medication indicated satisfaction with how the service manages the consumer’s needs. The service rectified deficits identified in relation to restrictive practices for 4 consumers, including obtaining informed consent. Skin integrity is managed well and an external wound care nurse visits the service weekly.

Consumers and/or representatives confirmed that high risk care needs are well managed. Clinical management and care staff were able to identify to the Assessment Team consumers at particularly high risk in areas such as diabetes, behaviours, falls, weight loss, and those with catheters in place. Gaps identified in documentation were rectified during the site audit.

Care documentation showed that end of life needs are met in line with consumer wishes and comfort is maintained. Staff are trained in palliative care including oral care, pain management, pressure area care, and family support and the service has the appropriate equipment to provide palliative care. The service also enlists the services of a palliative care outreach team as required.

Consumers and representatives said staff recognise, report changes in health or respond in a timely manner when a consumer has experienced a fall or is feeling unwell. The review of the consumers’ care files demonstrated staff are recognising and responding to consumer deterioration or change in health, function, and condition. The service has organisational policies and procedures to guide staff in the timely identification and response to consumer deterioration.

Consumer files, progress notes, and handover sheets reflect current information about consumers' condition, needs, and preferences and consumers confirmed staff understood their needs and preferences. All changes to consumer care are included on a handover sheet and this provides guidance for staff on the current needs of consumers.

There are timely and appropriate referrals to allied health professionals and medical practitioners of the consumers’ choosing as required. There were also referrals made to assist consumers with their mental health needs.

Staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as practices to promote antibiotic stewardship. Pathology samples are obtained prior to commencing consumers on antibiotics. The service has policies and practices that guide staff on how to minimise the risks of infection for consumers, staff, and visitors. The service has an Infection Prevention and Control (IPC) Lead onsite.

Based on the evidence I find the service Compliant with this requirement.

# 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/or their representatives were satisfied that consumers receive services and supports which optimise their independence and quality of life. Care planning documentation identified consumer’s choices and provided information about the services and supports needed to help them to do what they like to do.

The lifestyle staff are new to their roles and are reviewing the planned activities to suit the consumers’ abilities, needs, and interests. They will have a weekly program that will be flexible to cater to the consumers’ preferences. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

Consumers and/or their representatives expressed satisfaction that consumers’ emotional, spiritual, and psychological well-being is supported. Care planning documentation includes information on each consumer’s individual emotional, spiritual, and psychological needs. There is a church service each Wednesday at the service and consumers are supported with their mental health needs as well.

The service also provides consumers with opportunities to maintain relationships, participate in the community and do things that interest them. Some consumers are able to access the community independently or in the company of other consumers.

Information about consumers’ conditions and needs is communicated effectively within the service and to other related parties and organisations as required. Changes in dietary needs are communicated via a dietary requisition form and changes to consumers’ conditions are communicated via written notes, handover sheets, and at handover meetings.

Most consumers interviewed were satisfied with the quality and quantity of food the service provides. 2 consumers were dissatisfied with the variety of food they receive but not the quality. Food is centrally prepared at the Sale Hospital kitchen, with the evening meal options being prepared on-site by service kitchen staff. Supplementary menus including vegetarian and gluten-free options are delivered in frozen ready-to-heat packs supplied by Western Health and an external contractor supplies modified textured food. The service menu is on a 4-week cycle, reviewed by a dietitian, and references the Victorian Food Standards for public hospital and residential aged care services. Consumers’ feedback and preferences are incorporated with each change cycle.

Based on the evidence I find the service Compliant with this requirement.

# 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

The service has 4 residential wings, a main dining room and communal areas that optimise consumer interaction and engagement. Consumers said they feel at home and comfortable at the service and are encouraged to personalise their rooms. They also felt the service was clean and well-maintained. Consumers were observed using communal areas and moving independently through the service or with staff assistance.

Consumers can freely access internal and external areas in the service, and the living environment is generally suitable for use. The garden courtyard is observed to have an uneven concrete footpath. This is however due to be refurbished and there is funding approval for it. Staff accompany consumers in this area when they choose to go outside. Refurbishments have recently been completed in three of the wings.

The maintenance and cleaning staff demonstrated the service’s preventative and reactive systems and schedules that ensure the service is safe, clean, and well-maintained. Reactive maintenance is documented electronically or a hard copy is kept in the nurse’s station. The maintenance staff signs off when issues are resolved. A review of the maintenance request log indicated all requests were completed in a timely manner and any outstanding requests are due to parts on order or requiring external contractors to attend the service.

Consumers expressed satisfaction that the furniture and equipment available is suitable for their needs. The Assessment Team observed that furniture, fittings, and equipment were safe and clean. The equipment in use was noted to be in good working order and there are regular checks conducted.

Based on the evidence I find the service Compliant with this requirement.

# 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 are aware of the feedback process including how to complete the complaint forms and the location of the confidential lodgement boxes at the reception area. All consumers and representatives said they prefer to raise issues directly with staff or management. The Assessment Team received positive feedback from staff in relation to being encouraged and supported to provide and record feedback and complaints. The Assessment Team observed feedback forms and a lodgement box available within the service. The service has an electronic complaints and suggestions database reflecting consumer and workforce feedback.

Consumers, representatives, and staff across various roles said they are aware of advocacy services that are available to consumers. Information in relation to advocacy services and external complaint pathways is displayed across the service’s information boards and reception, However, consumers said they prefer to try to resolve issues with management first before using these services.

Consumers and representatives said management address and resolve their concerns raised or after making a complaint. Staff are aware of the term open disclosure and the Assessment Team’s review of the service’s complaint register demonstrated staff’s response was consistent with the service’s open disclosure policies and procedures, and appropriate action is taken.

Some consumers and representatives were able to recall a service-wide improvement as a result of the feedback or complaints which had been made, they said their feedback was considered to improve the quality of the individual care and services provided to them. Feedback has led to improvements made in regard to food quality and the range of activities available for male consumers.

Management said they recently had complaints about the linen service. This complaint resulted in improvements including the provision of a new resident laundry for consumers and representatives to use, should they wish to supplement the laundry service provided by the service.

Based on the evidence I find the service Compliant with this requirement.

# 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

Six of 8 consumers and representatives expressed their overall satisfaction with staffing numbers, confirming call bells are answered promptly. Although the Assessment Team received mixed feedback from staff in relation to staff levels there was no impact noted on consumers. The service effectively plans its workforce to enable the delivery of safe and quality care and services to consumers. The service utilises a regional nurse bank and agency staff to fill shifts and also utilises a Director of Nursing and a Nurse Unit Manager from Sale and Maffra Hospital as required. The call bell report indicated that the average response time in all corridors over the 1-month period ranged between 50 seconds to 1 minute and 30 seconds.

Consumers and representatives expressed satisfaction that the staff are kind and caring and displayed a knowledge of the identity of each consumer, including knowing what is important to them. Staff were observed engaging with consumers and representatives in a kind and respectful manner.

The service demonstrated a sound recruitment process to identify, recruit and employ staff with the appropriate skills and knowledge. Management stated that new staff undertake a 6-month orientation program and mandatory training and qualifications also occur within the service. Training records over a 12-month period reflect a range of mandatory and elective educational opportunities offered to staff. Attendance records are maintained. Recent topics offered and completed by staff include pain management, preventing equipment failures, post-fall management, stoma care, and national insulin chart training.

The service has formal and informal processes for monitoring and reviewing the performance of each staff member within the service. The service uses a Capability Development Plan Register to monitor compliance and ensure assessments are completed in a timely manner. The register outlines the due date of their assessment and allows for comments to outline whether they are casual, inactive, or orientating. The service has a sound procedure for underperformance and inappropriate behaviour which outlines to staff the process of investigation, natural justice and corrective action.

Based on the evidence I find the service Compliant with this requirement.

# 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 interviewed said they are engaged in care planning and confirmed they are invited to attend consumer engagement meetings. They said they are kept informed of any changes that are occurring in the service. The service demonstrated it has effective systems to involve consumers and representatives in the planning, delivery, and evaluation of care, lifestyle, and services.

The organisation has a range of policies, and procedures that support and guide management and staff to provide a safe and inclusive culture. Management and the quality team monitor clinical indicators at the service to identify trends and risks. Analysis of compliance indicators, complaints and clinical risk assessments is reported at the Board level to identify and address wider trends including where training may be required.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and management of feedback and complaints.

Consumers and their representatives are satisfied with the level of communication they receive from the service. A recent Consumer Experience Survey indicated that 90% of consumers ‘felt the place was well run all the time’.

Management and staff discussed how information systems at the service are secured through restricted access with secure storage of information for both hardcopy and electronic records. The Assessment Team observed staff communicating information appropriately and securing electronic and paper-based documents when not in use. Computers were seen locked when not in use and no documentation was left on desks at the nurse’s station.

Regulatory compliance is managed at an organisational level, and any updates or changes to legislation and its policies and procedures are then communicated to staff at a service level via staff meetings, emails, and printed notifications in the workplace.

The service has a risk management system implemented to monitor and assess high-impact or high-prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management at both the service level and organisational levels. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers. Management demonstrated that the monitoring of incidents occurs with incidents being recorded and investigated in the organisation’s risk management system.

The service has a clinical governance framework in place and provides an overarching monitoring system for clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service generally demonstrated that it uses non-pharmacological intervention practices with consumers, such as reassurance, pain management and re-direction, to minimise the use of chemical restrictive practices.

Based on the evidence I find the service Compliant with this requirement.

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)