Performance

Report

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| Name: | Tandara Lodge Hostel |
| Commission ID: | 8028 |
| Address: | 10 Nightingale Avenue, SHEFFIELD, Tasmania, 7306 |
| Activity type: | Site Audit |
| Activity date: | 15 August 2023 to 18 August 2023 |
| Performance report date: | 13 October 2023 |
| Service included in this assessment: | Provider: 227 Tandara Lodge Community Care Inc  Service: 5001 Tandara Lodge 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 Tandara Lodge Hostel (**the service**) has been prepared by Denise 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
* the provider’s response to the assessment team’s report received 18 September 2023 including a plan for continuous improvement
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Not Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 7(3)(d) – the service ensures systems and processes are in place to identify, deliver and monitor, both mandatory and skills-based training for all staff which enables them to meet the care needs of consumers.
* Requirement 7(3)(e) – the service ensures there are systems and processes in place to enable the performance of each member of the workforce to be appraised, assessed, reviewed and evaluated.

# 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 representatives said consumers were treated with dignity, respect and felt valued. Staff spoke about consumers respectfully and were observed addressing consumers by their preferred names. Care documentation reflected consumers’ individual backgrounds and preferences.

Consumers and representatives provided positive feedback regarding support of consumers’ culture, identity and spiritual needs. Staff were familiar with consumers’ diverse backgrounds and tailored care and services, accordingly, including facilitating religious services and pet therapy sessions. Care documentation reflected consumers’ identities and needs.

Consumers and representatives said they were supported to make choices about consumers’ care delivery and to maintain relationships. Staff were knowledgeable of consumers’ choices and assisted consumers to maintain important relationships, including encouraging visits from partners. Staff referred to a consumer choice policy to support independent decision making.

Consumers and representatives said consumers were supported to take risks to live their best lives. Staff confirmed undertaking risk assessments for consumers wishing to engage in risk related activities, including discussion with the consumer and flexible resolutions. Care documentation reflected risk assessments and acknowledgements signed by consumers.

Consumers and representatives provided positive feedback regarding provision of timely and accurate information. Staff confirmed consumers were engaged in feedback processes, meetings, reading activity schedules and menus. Menus and activity schedules were displayed to enable consumer choice.

Consumers said their privacy was respected and their personal information kept confidential. Staff were knowledgeable of consumers’ privacy needs, including when discussing personal matters. Staff were observed knocking on doors and awaiting consent to enter.

# 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

Consumers and representatives gave positive feedback regarding assessment and planning of care and services. Staff described using assessment, planning and handover information to inform safe and effective care delivery. Clinical guidelines and validated assessment tools were used to guide staff practice.

Consumers and representatives confirmed their goals and preferences were sought when discussing their care needs. Staff confirmed discussing end of life care with consumers upon entry, during subsequent care reviews or when circumstances changed. Care documentation demonstrated consumers’ needs and preferences, including for advance care were clearly recorded.

Consumers and most representatives confirmed they were approached to provide input into assessment and planning processes; however, some representatives advised the contact was inconsistent. Care documentation reflected involvement by consumers, most representatives and allied health professionals. Staff advised when contact with representatives was unsuccessful, they completed assessment and planning processes without their involvement.

Consumers and representatives confirmed they were informed of assessment and planning outcomes and were offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes and care documentation was accessible to staff and allied health professionals.

Consumers confirmed and care documentation evidenced care and services were reviewed 3 monthly or in response to changes. Staff confirmed reassessment of consumer needs is undertake when an incident has occurred.

# 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 provided positive feedback regarding personal and clinical care which was tailored to their needs and supported their well-being. Care documentation evidenced consumers were receiving care that was safe, effective, tailored and developed in consultation with allied health professionals. Staff were knowledgeable of restrictive practices, pain management and skin care and were guided by policies and procedures to support best practice care delivery.

Staff demonstrated knowledge of the high impact and high-prevalence risks to consumers and care documentation contained strategies to be implemented by staff manage those risks, however some consumer representatives were dissatisfied with wound and pressure injury management.

Care documentation evidenced end of life and advance care wishes for consumers had been determined. Staff demonstrated knowledge of, and confirmed, care delivered at end of life was consistent with consumer wishes as their practice was informed by palliative care policies and procedures.

Consumer and representatives provided positive feedback regarding staff recognising and responding to consumer deterioration in a timely manner. Management described processes to review and treat consumer deterioration, including consultation with allied health professionals. Care documentation reflected changes to consumers’ condition and timely responses resulting in positive consumer outcomes.

Staff described exchanging consumer information during meetings, shift handovers, and through the electronic care management system. Care documentation evidenced regular notes and updates of consumer information to support safe and effective care. Staff handing over changes to consumers care needs was observed to occur between shifts.

Consumers confirmed being referred to other providers of care and services when needed. Staff described referring consumers to dietitians, speech pathologists and physiotherapists following consultation with consumers and representatives. Care documentation evidenced timely and appropriate referrals to specialists.

Staff were knowledgeable of antimicrobial stewardship, strategies to minimise infection risk and had been guided by an Infection Prevention and Control Lead. Immunisation records evidenced a high proportion of consumers had been vaccinated and observations confirmed staff were using personal protective equipment and practising hand hygiene.

# 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 said supports for daily living promoted their quality of life. Staff were knowledgeable of and care documentation guided staff on how to support consumers independence and their preferences for activities of daily living.

Consumers said their emotional and spiritual well-being was supported. Staff described and were observed, supporting consumers psychological health through one-to-one care, encouraging social interaction and delivery of religious programs. Care documentation identified those at risk of, and strategies to minimise, social isolation.

Consumers said they were supported to participate in events of interest, maintain important relationships and attend outings with family. Care documentation evidenced consumers’ interests and those of importance to them. Consumers were observed undertaking activities, interacting with each other or with visitors.

Consumers and representatives said their support needs are effectively shared with those involved in the consumers’ care. Staff explained various methods of how consumer information is exchanged, including via a handover. The electronic care management system evidenced information relating to support needs was adequately shared between the staff and external health professionals.

Consumers confirmed volunteers and external service providers support them with daily living activities. Staff described how other care providers are used to supplement consumers’ interests and specific preferences. Lifestyle documentation evidenced consumers referred to and accessing supports provided through volunteers and pet therapy.

Consumers gave positive feedback regarding the quality, variety and quantity of meals provided to them. Care documentation contained and staff were knowledgeable of and consumers’ dietary requirements and preferences. Food safety documentation evidenced food preparation was monitored and the development of the menu was overseen by a dietician.

Consumers said the mobility equipment was regularly cleaned by staff to ensure it was safe. Staff demonstrated knowledge of how to request maintenance and when equipment was required to be cleaned. Maintenance records confirmed equipment was regularly serviced and equipment was observed to be clean, and appropriately stored.

# 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 said the service environment was welcoming and easy to navigate as there was clear navigational signage, communal spaces and mobility infrastructure. Staff described encouraging consumers to personalise their rooms to create a homely environment. Hallways, communal spaces and outdoor areas were observed to be clear of clutter and consumer rooms were decorated with items of importance to each consumer.

Consumers said the service environment was clean and well-maintained and they could move freely indoors and outdoors. Staff described assisting consumers to move throughout the service and demonstrated knowledge of environmental cleaning and maintenance processes. Consumers and their visitors were observed using indoor and outdoor areas, which were clean well maintained and comfortably furnished.

Consumers said, and observations confirmed, furniture, fittings, and equipment were safe, clean, suitable and well-maintained. Staff confirmed regularly checking and testing equipment for safety and ensuring electronic equipment was ready to use when needed. Maintenance records evidenced timely resolution of repair requests.

# 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 said they were encouraged, and staff supported them, to provide feedback or make a complaint. Consumers and staff were knowledgeable of feedback and complaint processes. Meeting minutes demonstrated staff encouraged consumers to raise concerns verbally. Feedback forms and lodgement boxes were available if consumers wished to submit their feedback in writing.

Consumers and representatives confirmed awareness of advocacy and external complaint services. Staff were familiar with translation services and confirmed an advocacy agency had visited the service to raise awareness. The residential agreement, provided at entry, contained contact details of complaint support organisations and posters for advocacy services were displayed for consumer reference.

Consumers and representatives provided positive feedback regarding timely staff response to feedback and complaints, including the use of open disclosure. Staff were knowledgeable of complaint processes and how to practice open disclosure. Complaints documentation evidenced management of complaints and completion of actions was monitored.

Consumers confirmed improvements had been made in response to their feedback and complaints in relation to the temperature of food and beverages. Staff gave examples of, and continuous improvement documentation evidenced, how feedback and complaints were used to improve the quality of care and services.

# 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

The assessment team recommended Requirements 7(3)(d) and 7(3)(e) were not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced 35% of staff had not participated in mandatory training, with management confirming they were aware training was not being undertaken by staff and compliance with training completion was not being actively monitored. Management advised a training matrix had been developed, however this was not being followed and additional training, with the exception of medication administration, was not considered following complaints or incidents occurring, including when wounds were known to be deteriorating.

Management confirmed skills or role-based training needs were identified through the completion of performance appraisals, however, staff advised, and management confirmed very few staff had completed a recent assessment of their performance and the service did not have policies to guide workforce performance review practices.

The provider’s response dated 18 September 2023 did not refute the findings of the Site Audit report and included a plan for continuous improvement which outlined the corrective actions taken, commenced, or planned which included implementation of a training monitoring system, maintaining comprehensive training records, review of the training matrix and to develop a work performance policy to support the staff performance appraisal process.

While the provider has advised responsive actions have been commenced, or completed, these are yet to be embedded or evaluated to demonstrate their effectiveness in ensuring staff are appropriately trained and their work performance is regularly assessed and reviewed as required.

Therefore, I find Requirements 7(3)(d) and 7(3)(e) to be not compliant.

I find the remaining 3 requirements of Quality Standard 7 compliant as:

Consumers said there were sufficient staff to meet their needs in a timely manner. Management confirmed filling shift vacancies with ongoing staff of the same designation, not engaging agency staff and call bell response times were monitored. Rostering documentation reflected uninterrupted availability of registered nurses and benchmarked timeframes for call bell responses were met.

Consumers said and observations of staff interactions confirmed, staff were kind, respectful and caring. Staff gave various examples of how they engaged with consumers which demonstrated kindness and respect.

Management confirmed processes were in place to ensure staff held professional registrations and remained suitably qualified. Personnel records evidenced most staff had the required qualifications; with others in the process of obtaining their security clearance. Positions descriptions and orientation checklists evidenced staff were aware of their role and their responsibilities.

# 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

The assessment team recommended Requirement 8(3)(c) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced regulatory compliance and information systems were ineffective as training records, staff appraisals, police certificates and staff vaccination records were missing; and other registers or lists were incorrect or incomplete.

I have considered the omission of documentation evidencing the completion of staff training and performance appraisals under Requirements 7(3)(d) and 7(3)(e), where it is most relevant.

The provider’s response dated 18 September 2023 provided additional clarifying information regarding the evidence contained in the Site Audit report and submitted a continuous improvement plan confirming actions have been planned to improve the accuracy of documentation.

Based on the Site Audit report and the provider’s response, I note the staff listing was corrected during the audit. While the continuous improvement plan did not contain all improvement actions, both staff and consumers were aware of these and no other concerns in relation to continuous improvement were identified.

While police certificates were in the process of being obtained for 2 staff members, these staff had completed statutory declarations, which demonstrates the service has understood, applied and met is regulatory obligations.

In relation to vaccination records, I agree with the service and acknowledge the requirement to maintain records relating to staff COVID-19 vaccinations is no longer mandated, however the organisation is still required to maintain records of staff who have been vaccinated for influenza. While this was identified as being omitted, I consider this minor in nature and it is insufficient to find this requirement non-compliant.

Therefore, I find Requirement 8(3)(c) to be compliant.

I find the remaining 4 requirements of Quality Standard 8 compliant as:

Consumers said and management confirmed consumer were involved in the development and delivery of care and services through meetings, complaint processes and discussions with staff. Meeting minutes evidenced consumer engagement and responsive actions taken to improve care and services.

Management confirmed they provide regular reports to the board to ensure oversight of consumer needs, budgets, workforce and compliance requirements. A strategic plan guides the organisation in achieving the delivery of safe and quality care, including through the establishment of consumer advisory committee. Board meeting minutes evidenced discussions regarding risk management, strategic planning and members of the board regularly visit the service.

Generally, staff knew how to identify, respond to, and report high-impact and high-prevalence risks to ensure risk management systems were effective. An incident management system was established and being used to monitor and manage incidents. Policies and procedures guided staff in risk and incident management, however on 2 occasions staff had not followed reporting procedures.

Staff understood their roles and responsibilities in relation to promoting antimicrobial stewardship, using restrictive practices as a last resort, and practising open disclosure, noting that no consumers were subject to any form of restrictive practice. Policies and procedures guided staff through best practice approaches and records evidenced the use of open disclosure in response to complaints.

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)