Performance

Report

**1800 951 822**

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| Name of service: | The Good Shepherd Hostel |
| Service address: | 565 University Road ANNANDALE QLD 4814 |
| Commission ID: | 5255 |
| Approved provider: | The Good Shepherd Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 September 2022 to 20 September 2022 |
| Performance report date: | 13 October 2022 |

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

**This performance report**

This performance report for The Good Shepherd Hostel (**the service**) has been prepared by Stewart Brumm, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

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

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

**Requirement 3(3)(a):**

This Requirement was found non-compliant following a site audit conducted 11 October 2021 to 14 October 2021.

The Assessment Team provided information that the Approved Provider was able to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal and clinical care.

Consumers advised they receive safe and effective personal and clinical care that is best practice, tailored to meet their needs and optimises their health and well-being.

A review of care planning documentation for consumers demonstrated individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

The Approved Provider has implemented a range of improvement activities to address the previous non-compliance.

I have considered the Assessment Team report and I am satisfied that the Approved Provider has demonstrated compliance with this Requirement.

I find this Requirement is compliant.

**Requirement 3(3)(b):**

This Requirement was found non-compliant following a site audit conducted 11 October 2021 to 14 October 2021.

The Assessment Team provided information that the Approved Provider was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

Consumers said they were satisfied with the service’s management of their care and risks to their health and wellbeing. Care planning documentation for the sampled consumers noted high impact, high prevalence risks were identified through risk assessments and care plans contained risk minimisation strategies to guide staff practice.

Staff demonstrated an awareness of individual risks for consumers and could explain strategies implemented to reduce risk of harm to the consumer.

The Approved Provider has implemented a range of improvement activities to address the previous non-compliance.

I have considered the Assessment Team report and I am satisfied that the Approved Provider has demonstrated compliance with this Requirement.

I find this Requirement is compliant.

# Standard 8

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| Organisational governance | |  |
| 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)(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

**Requirement 8(3)(c):**

This Requirement was found non-compliant following a site audit conducted 11 October 2021 to 14 October 2021.

The Assessment Team provided information that the Approved Provider was able to demonstrate effective organisation wide governance systems

Consumers are provided with information through consumer/representative meetings, correspondence, and case conferences. Consumers can also request to receive information regarding the delivery of their care and services.

Staff advised they can access information they need to deliver safe and quality care and services to consumers and support them to effectively undertake their roles and meet consumers care needs, goals and preferences.

The organisation pursues feedback from consumers, representatives and family members and staff. The governing body monitors service wide performance in relation to the Quality Standards through consumer feedback, audits, surveys and comprehensive monthly reporting.

The Approved Provider evidenced systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care. The Assessment Team observed documentation and policies and procedures that clearly articulated role duties, tasks, responsibilities and accountabilities.

Management reported the service amends it budget to reflect the changing needs, goals and preferences of consumers with amendments evident in changes to staffing and resource allocation.

The Approved Provider receives updates from relevant regulatory bodies and monitors changes to Aged Care legislation.

The Approved Provider has implemented a range of improvement activities to address the previous non-compliance.

I have considered the Assessment Team report and I am satisfied that the Approved Provider has demonstrated compliance with this Requirement.

I find this Requirement is compliant.

**Requirement 8(3)(e)**

This Requirement was found non-compliant following a site audit conducted 11 October 2021 to 14 October 2021.

The Assessment Team provided information that the Approved Provider was able to demonstrate a clinical governance framework is in operation at the Service.

The organisation implements a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure.

Staff sampled confirmed they were aware of these policies and were able to describe examples of their relevance to their work.

The Approved Provider’s orientation process for new staff and associated training materials was viewed by the Assessment Team and included information surrounding the service’s clinical governance framework.

The Approved Provider has implemented a range of improvement activities to address the previous non-compliance.

I have considered the Assessment Team report and I am satisfied that the Approved Provider has demonstrated compliance with this Requirement.

I find this Requirement is compliant.

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