Performance

Report

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| Name of service: | The Lakes Hostel |
| Service address: | 107-119 Lake Street EDENHOPE VIC 3318 |
| Commission ID: | 3244 |
| Approved provider: | Grampians Health |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 2 June 2023 |
| Performance report date: | 24 July 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 The Lakes Hostel (**the service**) has been prepared by J Miaris, 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 the 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

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

Consumers said they were treated with dignity and respect and feel accepted and valued, which was observed. The service informs consumers of their rights and supports consumers identity, culture and diversity when delivering care and services. The service had policies and procedures which reflected a strong organisational focus on dignity and respect; and staff were observed staff treating consumers with respect and dignity.

Consumers said the service recognises, respects, and values their cultural background. Staff described how they respect each consumers identity and culture including the use of each consumers preferred name, acknowledging their choices, and delivering care respectfully. The service had policies in place and care planning documentation which outlined consumers’ identity, culture, and diversity.

Consumers and representatives said consumers are supported to exercise choice and independence and maintain relationships. Staff were familiar with consumers wishes to have care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with. Care planning documents reflected consumer choices and what was important to them, including maintaining personal and social relationships, and lifestyle choices.

Staff said were aware of the consumers who take risks and described how they support their right to make choices that enhance their independence and well-being. Care planning documentation demonstrated risks were adequately identified using risk assessments, with appropriate strategies in place to ensure consumers are provided with supports for them to understand benefits and possible harm when they make decisions about taking risks and they were supported to take risks and make informed decisions which enables them to live their best lives.

Consumers and representatives said they received information in a way they can understand. and they are involved in meetings, newsletters and are provided ongoing information which include care plans, meeting minutes, menus, and calendars, which enables them to exercise choice. Staff described different ways information is communicated to ensure it is easy to understand and accessible to consumers.

Consumers reported their privacy and confidentiality is respected and described staff practices such as allowing them their personal space when they have visitors and by knocking on doors and seeking consent before entering their room. Staff described how they support consumers to communicate their preferences, to ensure their privacy is maintained and gave examples of how they maintain the privacy of consumers. The service had documented privacy protocols in place to protect consumer privacy.

# 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.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and wishes of consumers, including the identification of risks. Staff described how regular care assessments are completed to ensure safe and effective care is delivered. Consumers and representatives said they were satisfied with the care consumers received, and risks were identified and managed to promote their independence and safe care.

Consumers and representatives said they have been provided the opportunity to discuss consumers current care needs, goals, and preferences, including advance care planning and end of life care. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers. Staff said end of life planning is discussed on admission if the consumer is comfortable to do so and during review processes.

Care planning documents reflected the involvement of consumers, representatives, organisations, service providers and other health professionals in the assessment and planning process. Staff described processes for partnering with consumers and representatives in care planning. Consumers said they were actively involved in the assessment, planning and review of their care and services.

Consumers and representatives said the outcomes of assessments and planning were communicated to them and they had a current copy of their care plan or know how to access one if they choose to. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. Documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning.

Care planning documents evidenced they were reviewed on a regular basis and updated when circumstances change. Management advised that clinical incidents were reviewed monthly at a service and organisational level to identify strategies to minimise risk of reoccurrence of incidents and to identify improvements that can be implemented to improve outcomes for consumers. Consumers and representatives said staff regularly discuss care needs with them when circumstances change, or incidents occur which impact consumers’ care needs.

# 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 they were satisfied that the care delivered is tailored to consumers’ needs and optimises their health and well-being. Staff demonstrated that they understand the individualised personal and clinical care needs of consumers. Care planning documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service had policies and procedures in place to support the delivery of care provided, such as wound management, restraint practices, falls prevention, skin integrity, and pressure injury prevention.

The service demonstrated that the risks for each consumer including falls, weight loss and skin integrity, were effectively managed and staff provided examples of how they identify, assess, and manage risks. Consumers and representatives were satisfied that high-impact or high prevalence risks for consumers were effectively managed. Care planning documents identified that high impact and high prevalence risks were effectively managed, with strategies in place to minimise risks such as motion sensors for those consumers who are at risk of falls.

Consumers and representatives were satisfied that end of life care delivered would be tailored to consumer’s needs, goals, and preferences and said staff had spoken to them about advance care planning and end of life preferences. Staff described how they deliver end of life care to consumers, prioritise comfort and dignity and provide support to consumers and representatives. Care planning documents detailed consumers’ advance care planning information, including choices and end of life preferences.

Staff described and provided examples of how they identify and respond to deterioration or change in consumers’ condition. Consumers and representatives said staff are quick to recognise and act immediately to any changes in consumers’ condition. Care planning documentation demonstrated deterioration in consumers’ health, capacity and function were recognised and responded to. The service had policies and procedures in place to guide staff when a consumer’s condition changes.

Care planning documentation contained adequate information to support effective and safe sharing of consumer’s information in providing care, including communication with external providers. Staff described how changes in consumers’ care and services are documented and communicated within the organisation, such as, via staff handovers between each shift, and with others where clinical care is shared.

Consumers and representatives said they were satisfied with the delivery of care, including referral processes. Staff described the processes for referring consumers to health professionals and allied health services. Care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 were satisfied that services and supports for daily living are safe, effective, and meet their needs, goals, and preferences, optimising their independence, well-being, and quality of life. Care planning documentation identified consumers’ choices, services, and supports they need to do the things they want to do, and staff were familiar with individual consumer preferences.

Consumers said their emotional, psychological, and spiritual well-being is supported. Staff described the spiritual and emotional needs of consumers that promote their psychological well-being and how the service supports consumers to communicate with those important to them. Care planning documentation included consumers’ individual emotional support strategies and how they were implemented by staff, which aligned with consumers expressed needs and preferences.

Consumers and representatives said consumers were supported to participate in activities within and outside the service, do things of interest to them and maintain personal relationships. Staff said consumers were supported to participate in the community and staff described specific interests of consumers and identified who is important to them. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with.

Consumers said staff from all areas of the service were aware of their conditions, needs and preferences. Staff said they were guided by care planning documentation and are alerted to changes in a consumer’s care or condition through handover sheets, health assessment documentation and verbal handovers. Care planning documents included adequate information to support safe and effective care.

Staff described other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Care planning documents evidenced the service collaborates with external providers of other care and services to support the diverse needs of consumers. Consumers described appointments they attend and referrals to individuals and other organisations.

Consumers said they were satisfied with the quality, quantity, and variety of food they were served; they are provided with a choice for each meal daily and can request something different if they choose to. Documentation and meal plans demonstrated that they provide meals that are varied and of suitable quality and quantity, with a variety and choice of meals available to consumers. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food.

Equipment which supported consumers to mobilise and engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers indicated equipment is safe, suitable, and clean. Staff said they have access to equipment to provide a range of activities to consumers and described cleaning of equipment after each use and how they ensure equipment is well maintained.

# 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 was welcoming and optimises consumers independence, interaction, and function. Consumers said having the opportunity to furnish their room and surroundings with their personal items makes the service feel like a home. The service environment was observed to be welcoming and inviting, with dining rooms, communal seating available indoors and outdoors and signage to support navigation around the service. Consumers were observed engaging with visitors utilising communal seating areas.

Consumers said the service is clean, well maintained, and comfortable to live in and they can move freely inside and outside as they choose. Staff said they assist consumers to access all areas of the service. Consumers were observed moving freely throughout the service both indoors and outdoors. Staff explained how they ensure the service environment is safe for consumers, and described processes for cleaning, documenting, reporting, and how maintenance is managed at the service.

Furniture and equipment throughout the service was observed to be clean, suitable for its purpose and mobility aids were accessible to consumers. Consumers said the equipment was clean, well-maintained, and personalised equipment is tailored to meet their needs. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# 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 said they were encouraged and supported to give feedback or make complaints and they would feel comfortable raising concerns with staff or management. Staff and management described processes available to consumers and representatives to provide feedback or make a complaint. Staff were aware of the process to follow when an issue is raised with them directly. Feedback forms and locked feedback boxes, brochures and posters for internal and external complaints services were observed displayed upon entry and throughout the service for consumers to access.

Consumers and representatives said they were aware of external bodies to help with advocacy, and other methods on how to make complaints. Management and staff were aware of how to access interpreter and advocacy services for consumers if required. The service had feedback forms and brochures with advocacy and language services displayed on noticeboards throughout the service.

Consumers and representatives said management answered their concerns promptly and resolved issues following a complaint, or when an incident occurred. Staff and management provided examples of the process that is followed when feedback or a complaint is received, and staff demonstrated an understanding of open disclosure principles and how they have been applied. The service had policies in place to guide staff in relation to managing complaints and open disclosure.

Consumers reported their feedback has been used to improve care and services. Management described detailed processes in place to escalate complaints, and how feedback and complaints are used to improve the care and services. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform 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 said they were satisfied there is enough staff to meet consumers’ care needs and answer call bells promptly. Management described how they ensure there is enough staff to meet consumer needs and provide safe and quality care. The service had a robust roster process in place and provided evidence of strategies in place for any impact on staff availability. Staff said there was adequate staffing levels at the service, they did not feel rushed when providing care and had time to spend one-to-one time with consumers.

Consumers said staff were kind, gentle and caring when providing care. Staff were observed greeting consumers by their preferred name, and staff interactions with consumers appeared to be respectful, kind, and caring. Staff demonstrated awareness of consumers’ cultural and personal backgrounds and the service had policies in place to guide staff in relation to delivering culturally safe care.

Consumers and representatives said they were confident staff are sufficiently skilled to meet consumers care needs and perform their duties effectively. Management detailed processes for ensuring the workforce is competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties. Staff said they were confident and competent to provide the care the consumers needed at the service.

Consumers and representatives were confident staff have the skills and knowledge to meet consumers’ needs and consumers were satisfied with the care they receive. Staff said they receive training and support to provide the care and services consumers require. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Documentation demonstrated that the service regularly undertakes assessment, monitoring, and review of the performance of each member of the workforce. Management described how staff’s performance is monitored through annual reviews, ongoing observations of staff practice and feedback. Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills and support their professional goals.

# 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 is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they have had input into how consumers care, and services were delivered and that they felt the service encouraged their participation when making decisions. Management described the ways consumers and representatives were engaged including customer experience surveys, feedback, and meetings. The service had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Consumers and representatives advised the service promotes a culture that is safe and inclusive. Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, compliance and feedback and complaints. For example, in relation to financial governance, the service has its own budget that is managed at the service management level and overseen by the financial governance committee, with an instrument of delegation to guide financial purchases at the service. Management said the governing body signs off on the service’s budget annually and provided examples of approvals for expenditures made to support the changing needs of consumers, including the recent upgrade of the electronic health care record system that will allow remote prescribing and effective services to the consumers.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff said risks are reported, escalated, and reviewed by management at the service level, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed training they had received and their responsibilities in identifying and responding to abuse and neglect of consumers.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work.

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)