Performance

Report

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| Name of service: | Thomas Scott Hostel |
| Service address: | 63 Ypres Road CAMILLO WA 6111 |
| Commission ID: | 7114 |
| Approved provider: | Amana Living Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 July 2023 |
| Performance report date: | 23 August 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 Thomas Scott Hostel (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff and management; and
* the provider’s response received 17 August 2023 acknowledging the Assessment Team’s report.

# Assessment summary

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| 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** |

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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

Assessment and care planning processes commence with each consumer on entry and are completed over the course of the first month in collaboration with clinical and relevant qualified staff, Allied health professionals and General practitioners. Care files evidenced consumers’ and representatives’ partnership in initial assessment and care planning and where they had requested the involvement of others, such as family, Allied health professionals, and General practitioners. Staff said they share consumer information in accordance with consumers’ wishes, and with the organisation’s policies and procedures. Consumers and representatives said they are consulted and felt involved in how consumers would like their care and services to be delivered.

For the reasons detailed above, I find requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

Information about consumers’ condition, needs and preferences was found to be documented and communicated within the organisation and externally, where responsibility for care is shared. An integrated computerised documentation system is used for progress notes, assessments, and care planning. Care files sampled evidenced adequate information to support effective and safe sharing of consumers’ care. Staff said they have access to consumer information through the electronic management system and were satisfied information related to consumer care was communicated effectively, including through handover processes. Consumers and representatives were satisfied consumers’ needs and preferences are effectively communicated between staff. They were also happy with the personal and clinical care consumers receive, stating it meets their needs, is consistent and they don’t have to repeat their preferences or direct staff in what to do.

For the reasons detailed above, I find requirement (3)(e) in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Menus are created in advance using seasonally available produce and assessed for nutritional content by a Dietitian. Hot meals are prepared using a cook, chill process off site and delivered in advance of use. Staff from various disciplines clearly described consumers’ preferences for food and drink and described what they do to ensure consumers receive adequate nutrition and hydration. Most consumers and representatives were satisfied with the variety and quantity of food provided and said there are plenty of choices for each meal daily and consumers can request different meal(s) if they wish. Management said they are aware that some consumers do not always enjoy their meals and work closely with these consumers. Management also described a number of improvements which have been implemented based on the feedback provided.

For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living 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)