Performance

Report

**1800 951 822**

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| Name of service: | Tocumwal Lions Community Hostel |
| Service address: | 21-23 Jerilderie Street TOCUMWAL NSW 2714 |
| Commission ID: | 0566 |
| Approved provider: | Tocumwal Lions Community Hostel Limited |
| Activity type: | Site Audit |
| Activity date: | 24 May 2023 to 26 May 2023 |
| Performance report date: | 26 June 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 Tocumwal Lions Community Hostel (**the service**) has been prepared by A. Douglas, 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.
* 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 | **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 representatives said consumers were treated with dignity and respect, and staff valued their identity, culture, and diversity. Staff were familiar with consumers’ personal circumstances, life experiences and cultural backgrounds in alignment with care documents. Staff were observed treating consumers with dignity and respect.

Consumers said they received care and services tailored to their needs and culture. Care documents captured individualised information in relation to consumers’ religious, spiritual, and cultural preferences. The service had a diversity and inclusion policy to guide staff practice.

Consumers said they were supported to maintain their independent lifestyle choices and preferences. Consumers confirmed could make decisions about when family, friends and others are involved in their care. Staff supported consumers to maintain contact with people important to them.

Consumers said they were supported to take risks which enabled them to live the best life they could. Overall, care documentation evidenced risks were identified through risk assessments. Staff described how risks were explained to consumers and confirmed consumers were involved in problem-solving solutions to reduce risk where possible.

Consumers and representatives gave positive feedback regarding the service’s communication, and said consumers were provided timely information that was accurate, easy to understand, and enabled them to exercise choice. Staff described how they communicated information to consumers and representatives, including consumers who had cognitive impairments or other language barriers.

Consumers expressed satisfaction with how the service protected their privacy and confidentiality. Staff were guided by the service’s privacy policy and procedure which included protocols to protect consumers’ privacy, such as locking unattended staff rooms, password protection of computers, and knocking on doors prior to entering the room.

# 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

Staff described the assessment and care planning process including initial and ongoing risk assessments, and how this informed the delivery of care and services. Care documents evidenced the service conducted assessment and planning, taking into consideration risks to consumers.

Consumers and representatives said staff involved them in the assessment and planning of the consumer’s care, including advance care and end of life (EOL) planning if the consumer wished. Care documents included consumers’ EOL needs and preferences and evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process.

Consumers said staff explained information about care and services and confirmed they could access a copy of their care and service plan when required. Care documents were reviewed every 3 months, or earlier if any changes to a consumer’s condition were recognised or incidents 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 said they received personal and clinical care that was right for them and met their needs and preferences. Staff were guided by policies and procedures to deliver personal and clinical care that was best practice. Restrictive practices were managed in line with legislative requirements, and skin integrity and pain management care were effectively delivered.

Care documents identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks. Consumers and representatives were satisfied risks were well managed.

Consumers and representatives said they had completed advance care directives with their EOL wishes included. Staff described how care delivery changed for consumers nearing EOL and the practical ways in which the consumers’ comfort was maximised and dignity preserved. The service’s policies supported staff in providing best practice care during a consumer’s EOL pathway.

Care documentation and progress notes reflected timely identification of, and response to, deterioration and changes in the consumer’s condition. Staff described the escalation process should they notice a change in a consumer, including first contact with the Registered Nurse (RN) on duty. Management confirmed staff have access to a RN and Medical Officer (MO) after hours.

Consumers and representatives were satisfied consumers’ needs and preferences were effectively communicated between staff. Care documents and progress notes provided adequate information to support effective sharing of the consumer’s condition, preferences, and care needs.

Most consumers and representatives felt timely and appropriate referrals occurred when needed. Some consumers said there was a lack of MOs and other allied health services in the region, however they confirmed they felt confident the service would source health supports they required. Staff confirmed consumers who required an urgent review by a MO could be transferred to the Local Health District Hospital adjacent to the service.

Consumers and representatives were satisfied with the management of COVID-19, and the service’s infection control practices. The service’s Infection Prevention Control (IPC) Lead supported the service and staff with infection prevention control practices.

# 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

Services and supports for daily living met consumers’ needs, goals and preferences and optimised their independence and quality of life. Care documents included information about what was important to consumers and supports needed to do the things they liked to do.

Consumers said they felt supported to maintain social, emotional, and spiritual connections which were important to them. Staff described additional support provided for consumers who experienced a change in mood, such as offering support and talking to consumers who were feeling low. Care documents contained information and strategies to support consumers’ emotional and spiritual well-being.

Consumers participated in the community within and outside the service, had social and personal relationships, did things of interest to them, and kept in touch with people who were important to them. Staff confirmed they used external volunteer organisations to connect consumers to their community and this feedback corroborated with consumer interviews.

Information about the consumer’s condition, needs and preferences were communicated within the organisation, and with others where responsibility for care was shared. Staff described how changes in consumers’ care and services were communicated through verbal and documented handover processes and accessing the electronic care management system (ECMS).

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care to maximise consumers’ health and well-being. Staff described activities at the service, such as bus trips and entertainment events.

Consumers expressed satisfaction with the variety, quality, and quantity of food. Consumers contributed to the menu development and were supported to provide feedback. Staff were aware of consumers’ nutrition and hydration needs and preferences. Review of documentation confirmed food safety requirements were met.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean, and well maintained. Consumers said they had access to equipment, including mobility aids, to assist them with their daily living activities. Staff described the process for reporting maintenance issues.

# 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 they felt at home at the service and confirmed the environment was easy to navigate. The service environment was observed to be clean and tidy, with signage and design features to support consumers with different needs. Consumers were supported to personalise their rooms and they had access to various areas of the service to socialise and relax.

Consumers said the service environment and their rooms were kept cleaned, well maintained, and they could move freely both indoors and outdoors. The Assessment Team observed all areas of the service were safe, clean, and well maintained. Documentation evidenced cleaning and maintenance processes were completed in a timely manner.

Consumers said the equipment was well maintained, cleaned, and they could report any concerns to maintenance. Staff said they had access to equipment for consumer care. The Assessment Team reviewed up to date preventative and reactive maintenance registers and observed equipment, furniture, and fittings to be safe, clean, and suitable for consumer use.

# 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 consumers were supported to raise complaints and provide feedback. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives said they were aware of avenues for raising a complaint. Staff said they could access language and advocacy services on behalf of the consumer. The Assessment Team observed information displayed throughout the service relating to advocacy services, language services, and external complaints avenues.

Staff and management described the process followed when a complaint was received and demonstrated an awareness of open disclosure principles. Documentation and consumer feedback confirmed the service responded to complaints and an open disclosure process was applied.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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

Consumers and representatives considered there was enough staff at the service to provide safe and quality care. The service had effective rostering processes to deploy sufficient staff and replace absences. Management stated the roster could be difficult to fill at times, however, they had access to a casual pool of staff and were actively recruiting on an ongoing basis.

Consumers and representatives felt staff were kind and respectful when delivering care. Staff were familiar with each consumer's individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff performed their roles effectively. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers felt staff were competent in providing care and knew what they were doing. Training completion was monitored and reviewed, and documentation identified completion rates of required training by staff.

The performance of the workforce was regularly assessed, monitored, and reviewed. Management advised, and staff interviews confirmed, the service had a probationary and ongoing performance review system in place. Performance reviews were conducted within 6 months for new staff, and annual performance reviews thereafter.

# 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 said they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services. Reports submitted to the board captured information, including but not limited to, clinical indicators, internal and external audits, and complaints trends and incidents.

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

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated, and reviewed at the service level and by the governing body. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework, which included policies and guidelines related to antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Members of the workforce had been educated about the policies and were able to provide examples of their relevance to their 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)