Performance

Report

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| Name: | Trentham Hostel |
| Commission ID: | 3331 |
| Address: | 22-24 Victoria Street, TRENTHAM, Victoria, 3458 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 16 July 2024 to 17 July 2024 |
| Performance report date: | 13 August 2024 |
| Service included in this assessment: | Provider: 428 Central Highlands Rural Health  Service: 2089 Trentham 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 Trentham Hostel (**the service**) has been prepared by N Chahal, 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 (performance assessment) – 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 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 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |

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

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The service was previously found non-compliant with Standard 2 in relation to Requirement 2(3)(e) following a site audit in April 2023. At the time of the site audit the service did not demonstrate that care and services were regularly reviewed for effectiveness when circumstances change in relation to changed behaviours. The behaviour support plans were not individualised and incongruencies in medication documentation were identified.

The service has implemented several effective actions in response to the previous non-compliance, including a review of consumer assessments and care plans, education to staff on medication administration and documenting individualised care plans and behaviour support plans. The service has also implemented regular auditing to ensure compliance with care plans and medication administration.

Consumers and representatives confirmed that consumer care is reviewed regularly and when circumstances change. Staff and management explained review process for each consumer’s care plan, as required or following a change in their circumstances or needs. The service demonstrated a robust system and process to ensure effective and timely management of changed behaviours and restrictive practices. The documentation reviewed by the Assessment Team including behaviour management records, care files, clinical meeting minutes, progress notes and staff training records confirmed processes are effective and implemented consistent with organisational policy.

As a result, and with consideration to the implemented actions and available information I find this requirement now compliant.

# 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

The service was previously found non-compliant with Standard 3 in relation to Requirements 3(3)(a) and 3(3)(b) following a site audit in April 2023. At the time of the site audit the service did not demonstrate effective monitoring and documentation of chemical restraint or effective management of behaviours of concern.

The service has implemented several effective actions in response to the identified non-compliance, including a review of high-risk procedure, restrictive practices, psychotropic medication, restraint registers and consent processes. The service has provided education to staff on restrictive practices, behaviour charting, behaviour support plans and management of high-impact and high-prevalence risks.

Consumers and representatives confirmed they receive personal and clinical care that meets their needs and preferences. Consumer representatives described providing informed consent for the use of restrictive practice in collaboration with medical officers and clinical staff. Staff demonstrated a comprehensive knowledge of consumer care needs and identified individualised care plans to provide safe and effective care. Clinical staff demonstrated and documentation confirmed regular monitoring, review, evaluation, and consent for all restrictive practice using a multi-disciplinary approach. There was evidence of individualised strategies to manage skin integrity, wound management, pain management, and minimising restrictive practice.

Staff demonstrated knowledge of high-impact and high-prevalence risk management. Care documentation demonstrated intervention strategies for high-impact and high-prevalence risks such as responsive behaviour management, falls, and impaired skin integrity. The service demonstrated high-impact and high-prevalence risks are effectively managed through regular monitoring, analysis of clinical data, and implementation of suitable risk mitigation strategies.

As a result, and with consideration to the implemented actions and available information I find these requirements are now 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

The service was previously found non-compliant with Standard 4 in relation to Requirement 4(3)(f) following a site audit in April 2023. At the time of the site audit the service did not have a menu reviewed or updated by a dietician and there were limited feedback mechanisms for consumers regarding meals.

The service has implemented several effective actions in response to the identified non-compliance including introduction of a dietitian-reviewed seasonal menu and a food and nutrition committee. The service has established consumer feedback mechanism regarding meals through a food focus group and individual consumer interviews.

Most consumers provided positive feedback regarding meals including sufficient variety and quantity. Staff confirmed implementation of a food and nutrition committee and a dietitian-reviewed seasonal menu along with seeking feedback from consumers via a food focus group.

As a result, and with consideration to the implemented actions and available information I find this requirement now compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service was previously found non-compliant with Standard 6 in relation to Requirement 6(3)(d) following a site audit in April 2023. At the time of the site audit the service did not demonstrate that complaints and feedback were effectively recorded, monitored and analysed to improve the quality of care and services.

The service has implemented several effective actions in response to the previous non-compliance, including improvements to the feedback and complaints system with a revised consumer handbook, discussion of feedback at consumer/representative meeting and monthly review of feedback.

Consumers confirmed that the service has used feedback to improve the quality of care and services. Management and staff described how they support consumers and representatives to provide feedback and complaints, and ensure these opportunities are used to improve the quality of care and services at a broader level. Documentation demonstrated that consumers are actively engaged with the improvement process through consumer/representative meetings.

As a result, and with consideration to the implemented actions and available information I find this requirement now compliant.

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