Performance

Report

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| Name: | Villa Pelletier Hostel |
| Commission ID: | 7092 |
| Address: | 48 Ruislip Street, LEEDERVILLE, Western Australia, 6007 |
| Activity type: | Site Audit |
| Activity date: | 22 July 2024 to 24 July 2024 |
| Performance report date: | 30 August 2024 |
| Service included in this assessment: | Provider: 896 Southern Cross Care (WA) Inc  Service: 4620 Villa Pelletier 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 Villa Pelletier Hostel (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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 reported they were treated with dignity and respect and staff respected identity, culture, and diversity. Care planning documentation highlighted details and supports for consumers to maintain their identity and culture. Staff received training on maintaining dignity and respect, and said they took time to understand their individual identity and preferences.

Consumers and representatives gave examples of how their cultural safety was recognised and supported. Staff received relevant training to appreciate and support cultural diversity, and described how they ensured care was culturally safe including through seeking to understand cultural needs within care and services. Cultural celebrations were recognised, and details oof how consumer culture influenced care needs was reflected within care planning documentation.

Staff explained how they supported consumer autonomy in decision making about care and services, including who should be involved in their care. Consumers said they were empowered to make decisions about care, services, people involved in decision making, and maintaining important relationships. Care planning documentation reflected consumer preferences in line with feedback.

Consumers described how they were encouraged to live their best lives, even if this involved risk. Staff described the assessment processes to ensure risks were understood by the consumer and supportive strategies developed and were aware of outcomes of these assessments. Care planning documentation included dignity of risk assessment and management plan, highlighting risks and safety to maintain safety and minimise harm.

Consumers detailed a range of methods through which information was shared to inform their choices, including written calendars and newsletters, and verbal updates. Care planning documentation reflected preferred methods of communication and required support to enhance understanding. Staff described how written information could be enlarged or printed in different languages, and they took time to discuss contents and provide reminders for consumers if required.

Staff identified practices to respect privacy and maintain confidentiality, including accessing personal information in password protected computers which were secured when not in use. Consumers said privacy was respected, with ability to secure their room, and staff knock and await response before entering consumer rooms. Policies and protocols informed staff practice and ensured consumer privacy was respected and confidentiality maintained.

# 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.

Staff described how they used validated assessment tools in consultation with consumers and representatives to identify risks to consumer health and well-being. Policies and instructions outlined how to incorporate information from a range of sources into assessment and planning processes to develop a care and services plan, inclusive of strategies to inform care.

Care planning documentation outlined current needs, goals, and preferences of consumers and aligned with consumer feedback. Staff explained assessment processes to capture and review consumers’ last wishes, which was used to inform end of life care.

Consumers and representatives identified their participation in assessment and planning procedures and were aware of other providers involved. Staff detailed how they consulted with consumers, representatives, and other providers to develop care and services plans. Care planning documentation reflected the input of consumers, representatives, allied health, and specialist providers within the assessment and planning outcomes.

Consumers and representatives confirmed they were offered a copy of the care and services plan and were kept informed of the outcomes of assessment and planning. Care planning documentation included record of communication. Staff explained processes to discuss outcomes of care plan reviews with consumers and representatives, which included offering a copy of the care and services plan.

Management described the schedule for routine care plan reviews, undertaken at least every 12 months or following incident or health change of the consumer, and progress notes were monitored for other prompts to consider effectiveness of strategies. Staff explained processes used to evaluate effectiveness of care and services following incident, return from hospital, or change of consumer health.

# 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.

Staff received training and guidance within policies and procedures to ensure delivery of best practice personal and clinical care and were able to outline personalised care strategies for consumers. Care planning documentation informed care using tailored strategies to meet consumer needs and preferences and ensure provision of safe and effective care.

Consumer risks and mitigating strategies were documented, known, and followed by staff. Care planning documentation reflected monitoring of effectiveness of strategies and identify emerging risks for prompt management.

Staff described methods of identification of consumers nearing end of life, and how care was adapted to honour wishes and optimise comfort, including through management of pain and symptoms. Care planning documentation for a late consumer evidenced delivery of care aligning to recorded end of life preferences, including provision of last rites, monitoring and management of pain and other palliative symptoms, repositioning and hygiene care.

Consumers and representatives reported prompt response to change in consumer condition. Management monitored documentation, including progress notes, care plan reviews, and incident reports, to ensure change in condition was identified and responded to. Staff said they receive training in recognition and management of deterioration, and could describe actions to take, including escalation pathways. Staff described how continuity of consumer care supported early detection in change of condition.

Consumers expressed confidence that information about their condition and care was communicated effectively between staff. Staff described the written and verbal communication pathways for sharing consumer information, with management explaining there is further communication about consumers within multidisciplinary team meetings, clinical, and managerial meetings. Documentation included sufficient detail to inform staff of care requirements, with alerts for time sensitive needs.

Care planning documentation included record of timely referrals for a range of providers relevant to consumer needs. Staff described referral processes, and access to the organisation’s allied health and specialist staff was coordinated through an internal referral portal.

Staff described practical actions to minimise and manage infections, including taking preventative actions, testing for infections, and use of hand hygiene and personal protective equipment. Consumers verified staff practice in preventing infection transmission was consistently used, and explained they were isolated if unwell. Training on infection control practices was provided to all staff in mandatory training modules, and supported through policies, procedures, and clinical staff were educated on actions to ensure appropriate antibiotic prescribing.

# 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 identified how services and supports considered their needs, goals, and preferences. Care planning documentation reflected collection of relevant information within assessment and planning processes. Staff gave examples of how services and supports met consumer needs and supported independent engagement in activities.

Staff gave examples of how they would recognise low mood in consumers and provide emotional support outlined within care planning documentation. Consumers who did not attend group activities were recognised by staff as being at risk of social isolation, who would follow care plan strategies for social support or coordinate volunteer or pastoral care visits. The activity schedule included church services and religious visits to meet the spiritual needs of consumers.

Care planning documentation outlined how services and supports enabled consumers to participate in the community and undertake activities of interest. Staff explained how the activity calendar was developed to meet consumer interests and demonstrated awareness of social and personal relationships of importance within the service and greater community.

Consumers said information about them was effectively communicated and staff understood their needs and preferences. Staff explained how information was communicated to staff in various areas through written and verbal methods, including updating kitchen staff of changes in consumer dietary needs and preferences.

Staff gave examples of referrals made for consumer services and supports, such as volunteer visits or groups. Consumers said staff spoke with them about available services and supports for referrals.

Consumers provided positive feedback about the quality, quantity, and variety of provided meals and said staff find suitable alternates if the food is not to taste. Staff explained how the menu was developed with Dietitian input and presented to consumers for feedback, and alternatives can be prepared to request. The menu outlined available choices for hot meals, dietary preferences were documented in care planning documentation and known by kitchen and care staff, and documentation evidenced positive input and feedback of consumers on the provided meals.

Consumers reported personal equipment was safe, cleaned, and well-maintained with processes to address any issues. Cleaning and maintenance logs and observations evidenced cleaning and maintenance processes were undertaken, and staff were aware of how to report urgent and non-urgent 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

This Quality Standard is Compliant, as 3 of the 3 Requirements have been assessed as Compliant.

Consumers described the service environment as welcoming, with ability to personalise their room and surroundings to make it their home. Consumers were observed using communal areas to interact with other consumers and visitors. Signage was available to support independent wayfinding.

Consumers and representatives described the service environment, including their rooms, as clean, comfortable, and well-maintained. Staff explained cleaning and maintenance schedules with processes to log requests for additional needs. Consumers were observed accessing indoor and outdoor areas, and management advised processes to enable consumers independent access through the secured front doors.

Furniture, fittings, and equipment were observed to be clean and suitable for use, with preventative and reactive maintenance logs up to date and items tagged for safety. Staff said there was sufficient access to equipment for provision of care, with regular checking and maintenance undertaken. Consumers reported suitability of furniture, fittings, and equipment.

# 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 were familiar with different methods to provide feedback or make complaints, and said they felt encouraged and supported by staff. Staff outlined methods for consumers to raise concerns and said they assisted consumers document or escalate a matter when help was requested. Consumers were informed of methods for feedback within the consumer handbook, consumer meetings, feedback boxes, and displayed posters.

Consumers demonstrated awareness of advocacy and complaint services. Staff explained access to translation and interpreting services, and consumers were informed of available support services through displayed information and visits from advocacy groups.

Consumers said complaints were always actioned and followed up in a timely manner, and they received an apology from staff and management. Staff said they received training on handling complaints and use of an open disclosure process. Recorded complaints reflected timely follow up and included evidence of steps outlined in the open disclosure policy.

Staff explained how feedback and complaints were used to enhance the quality of care and services. Consumers gave examples of how their feedback and complaints were used to make changes and improvements. Management said all feedback is discussed within consumer meetings, trends identified and reported to senior management, and service improvement opportunities identified, recorded within the continuous improvement plan, actioned, and outcomes evaluated.

# 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 that although staff were busy, there were enough to ensure provision of timely care and support without rushing. Staff explained there had been a recent increase in the number of staff, and management ensured a full complement of staff on each shift. Management described the processes used to ensure the workforce number and mix was sufficient for consumer needs, including monitoring and evaluation to ensure timeliness of care and planning for leave coverage.

Consumers described staff as kind, caring, and respectful, and this was observed within interactions. Management explained the service promoted a culture of respect, beginning with training and supportive resources such as policies, procedures, and the Code of Conduct.

Management outlined how recruitment processes ensure staff hold minimum qualifications and required registrations for roles, and security checks are undertaken. Staff described the support received during onboarding and orientation periods. Personnel records included documented position descriptions describing required qualifications, knowledge, skills, and responsibilities of staff, and monitoring for compliance was undertaken.

Staff said they have access to training through a range of mediums and receive enough to effectively undertake their work but could always request additional if interested. Management described the recruitment, training, and support programs, including available refresher modules used in response to needs identified in audit outcomes and clinical data reviews. Mandatory training topics relevant to the Quality Standards were provided to all staff, with records maintained to monitor attendance.

Workforce performance was undertaken through assessments, monitoring, and reviews in line with policies and procedures. Management described the formal and informal processes used to monitor staff performance, and actions taken following incident or complaint. Staff described performance appraisal processes and identified receiving feedback during meetings or within discussions with management, and felt supported to uplift their skills and knowledge to meet consumer needs.

# 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 confirmed they had input into the service performance through feedback in care meetings and surveys. Consumer meeting minutes reflected input of consumer through feedback and consultation on improvements, refurbishments, and use of grant funding. Whilst there was an organisational Consumer advisory committee and Quality care advisory board, however, no consumers from the service had expressed an interest in nominating to participate.

Management described how they undertook monitoring of the delivery of care and service through staff feedback, progress notes, incident reports, and clinical meetings, and information was used within monthly reporting to executive management and the governing body. The governing body has subcommittees who reviewed service performance and reported to the Board for awareness, accountability, and identification of any required actions, and this was reflected within meeting minutes.

The organisation wide governance systems for key areas included monitoring and analysis of key practices through reporting. Financial governance included the development of an annual budget and processes for approval for spending to meet consumer needs, with required approval dependent upon amount requested. Regulatory compliance was managed by the organisation through reviewing changes to legislation, updating relevant policies and procedures, and communicating changes to staff, consumers, and representatives with records maintained in a compliance register.

The risk management systems and practices supported assessment of high impact or high prevalence risks for consumers, and monitoring through clinical indicator data and within regular meetings. Staff described their responsibilities to identify and report elder abuse and neglect. Policies and procedures supported consumers to live the best possible life, including through review of incidents and risk assessments and optimising dignity. The online incident management system enabled access by staff and management, with analysis to identify and mitigate trending risks.

The clinical governance framework informed staff practice in provision of clinical care through training, policies, and procedures reflective of best practice standards. Antimicrobial stewardship was monitored through reporting infections and antibiotic use, audit outcomes, reviews in clinical meetings, and oversight from the Medication administration committee. Restrictive practice use was minimised through policies reflective of legislation, monitoring of use, and staff training for awareness of obligations. Open disclosure use when things went wrong was evident within feedback and documentation.

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)