Performance

Report

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| Name of service: | Warramunda Village Hostel |
| Service address: | 5 Warramunda Drive KYABRAM VIC 3620 |
| Commission ID: | 3281 |
| Approved provider: | Warramunda Village Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 12 July 2023 |
| Performance report date: | 22 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 Warramunda Village Hostel (**the service**) has been prepared by N Wapling, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s report received 27 July 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(e) - the Approved Provider to ensure in addition to regular reviews of care and services for its effectiveness, that care planning is reviewed following; incidents that impact consumers’ health and well-being such as injuries and pain, on return from hospital transfers and appointments, and when other changes occur which impact consumer needs, goals and preferences.

# 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. | Non-compliant |

Findings

The service did not demonstrate that care and services were always reviewed when circumstances change or incidents that impact on consumer needs, goals or preferences. The Assessment Team noted that consumers and representatives provided positive feedback regarding care according to consumer needs and comfort. However, the Assessment Team identified care documentation for consumers returning from hospital that did not reflect reviews or updates to care requirements for circumstances such as falls and related injuries. There was also evidence that pain management documentation was not reviewed and did not reflect consistent monitoring or regular evaluation of interventions particularly when strong pain medications were administered. Staff were unable to provide responses that were consistent with documented individual consumer needs for pain management, falls management and individual dietary requirements. The Assessment Team noted care planning documentation did not always include updated falls risk assessments, recommended changes to diet and palliative care needs. In response to the Assessment team’s feedback, management indicated they will review individual consumer care planning and provide staff education related to falls management and assessment.

The Approved Provider in their written response provided information including actions taken since the Assessment Contact. The response indicated the development of documentation developed for example, guidelines for consumers who returned from a ‘hospital stay’, a head-to-toe assessment tool and an education and quiz document related to changes in consumer conditions and ‘return from hospital follow up’. Actions taken since the Assessment Contact included; a review of consumer care plans, a plan of how the new documentation will be communicated and implemented, how staff will be educated, and how the effectiveness of the documentation use will be monitored as part of the services’ auditing program.

I have reviewed and considered all of the information provided. While I acknowledge the approved provider has commenced implementing improvements in relation to the review of care and services for effectiveness and when circumstances change, these actions have not been fully implemented, evaluated, or embedded. Therefore, I find Requirement 2(3)(e) is Not Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

Consumers and representatives were satisfied that staff respond to declining health or when changes occur. Representatives confirmed staff identified changes in consumer condition and reported any deterioration, they also confirmed that staff followed up issues and contacted the medical practitioner when necessary. Staff described, and provided examples of how deterioration or changes are identified, actioned, and communicated. The Assessment Team reviewed care documentation which demonstrated the identification of changes to consumers health how these were communicated, and strategies implemented in a timely manner. The Assessment Team noted interventions and appropriate referrals where required to address behavioural changes, and relevant progress note entries in response to active pain and bowel management.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Consumers and representatives were satisfied that staff have the knowledge and skills to meet consumer care needs and provide safe services. Management described how staff qualifications and employment requirements are monitored through the human resources system, performance is monitored through consumer and representative feedback, and observations of work practices. Staff confirmed they have completed annual mandatory competency assessments including, medication assessments and education including hand hygiene, personal protective equipment usage and fire and evacuation. The Assessment Team noted three staff have completed the infection prevention and control (IPC) course. A review of training documentation demonstrated most staff have completed annual mandatory education and assessments. Position descriptions included the key responsibilities and accountabilities, and the skills and knowledge required of the position. The Assessment Team observed an orientation session at the service and noted there is a recruitment, induction, and orientation process to ensure staff have the required skills and knowledge to align with the services’ expectations.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Management and staff demonstrated they utilise the service’s risk management system, and access policies and processes which reflect best practice for managing incidents, responding to serious incidents, and ensuring consumers can live their best life. Clinical staff confirmed they have received training in Serious Incident Risk Scheme (SIRS), and staff demonstrated their knowledge about reporting incidents, accessing relevant policies and procedures when required and how they support consumers to live the best life they can. The Assessment Team noted the service have undertaken a number of actions to prevent and reduce serious incidents such as developing work instructions to identify and manage clinical based risks, education and training reporting for staff, and the recent implementation of an electronic medication management system. The Assessment Team viewed documentation related to the service’s risk management framework including audits and risk reports, that demonstrated the identification and management of high impact and high prevalence risks and abuse or neglect of consumers.

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)