Performance

Report

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| Name of service: | Willowbrae-Templestowe Hostel |
| Service address: | 81-85 Porter Street TEMPLESTOWE VIC 3106 |
| Commission ID: | 3247 |
| Approved provider: | Menarock Aged Care Services (Victoria) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 24 October 2022 to 27 October 2022 |
| Performance report date: | 30 November 2022 |

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 Willowbrae-Templestowe Hostel (**the service**) has been prepared by D. Fekonja, 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.
* the provider’s response to the assessment team’s report received on 23 November 2022.

# 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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.

* Ensure assistance is provided to consumers in a timely manner.
* Ensure staff prioritise consumer care over less urgent tasks.
* Ensure there is enough staff on duty to provide care and services to consumers when they require it.

# 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 six of the six requirements have been assessed as Compliant.

Consumers and their representatives described how consumers are treated with dignity and respect, and staff value their identity, culture, and diversity. Staff described how they treat consumers with respect by knocking on consumers’ doors before entering and calling consumers by their preferred names.

The service recognises and respects the consumers’ cultural background and provides care that is consistent with their cultural traditions and preferences. Staff were able to identify the consumers from culturally diverse backgrounds and were able to provide information relevant to ensuring that each consumer receives the care required in alignment with their care plan. One consumer described how staff speak to them in their preferred language and support them to attend their local church service.

Consumers and representatives described how the consumer has a choice in the care they are provided, and their choices are respected. Care planning documentation identified consumers’ individual choices such as who is involved in their care and how the service supports them in maintaining relationships of importance. Staff described how they support consumers to maintain relationships within and outside of the service and were able to provide examples of how they encouraged consumers to make regular telephone calls, video calls and window visits during the COVID-19 lockdown period.

The service demonstrated consumers are supported to take risks that enable them to live their best lives. The Assessment Team sighted signed safety and risk assessment forms for those consumers who choose to take risks such as driving and smoking. Consumers confirmed they are informed of the risks and are supported to take them.

The service demonstrated information relating to care and services provided to consumers and representatives is clear, easy to understand and is provided in a timely manner allowing consumers to make informed choices. Consumers and representatives described how they are kept updated by management on any changes via the service’s newsletter, meetings, or memoranda.

The Assessment Team reviewed policies and procedures that identified the service has protocols in place to protect consumer privacy. For example:

* Staff respect consumers’ privacy by knocking before entering the consumer’s room and closing the door before providing care.

# 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 five of the five requirements have been assessed as Compliant.

Consumers and representatives stated they are confident that staff are aware of their assessed risks and assist them to mitigate these risks. Care documentation showed risk assessments have been completed for consumers including those in respite care and staff were able to describe how they support consumers to optimise health and well-being.

Consumers and their representatives expressed their satisfaction that staff know them and can provide care that is right for them. Care documentation for all but one consumer file reflected consumers’ current needs, however, there was no negative impact for that one consumer. The Assessment Team noted that assessed changes in mobility and dietary needs were updated in the assessment and care plan.

Care planning documentation reflected ongoing collaboration between the service and the consumers and/or their representatives, and health professionals involved in their care. Consumers and their representatives confirmed they are directly involved in assessments and decisions on their consumer’s care. One representative stated that ‘partnership in care‘ has improved and they had witnessed that care issues are managed effectively, and their input was always considered in assessment and care planning.

Consumers and their representatives expressed their satisfaction with the open communication they experienced with the service when there is a change in the consumers’ health and condition. Care documentation reflected consultation with consumers and representatives prior to referrals and interventions, and their outcomes.

The service conducts assessment and care planning reviews as per the monthly schedule during the ‘Resident of the Day’ (ROD) and a 3 monthly comprehensive review. Five of 6 care plans reviewed by the Assessment Team reflected updated assessments and care planning when a change in condition or an incident occurs. Management was responsive to the feedback given in regard to the consumer who required updated behaviour support and restrictive practices assessments.

# 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 seven of the seven requirements have been assessed as Compliant.

Consumers and representatives expressed their satisfaction that consumers’ personal and clinical care is attended to according to their assessed needs and preferences. Care documentation reflected ongoing assessment, monitoring and evaluation of care provided to consumers in relation to the management of skin integrity and wounds, pain, and restrictive practices.

Care documentation showed pharmacological and non-pharmacological strategies are used and their evaluation of effectiveness for pain and behaviour support. The Assessment Team observed staff assessing for pain before commencing on wound dressing change and administering medications.

The service demonstrated effective management of high impact or high prevalence risks in relation to the management of pressure injuries and falls. Consumers and representatives stated they are confident in staff knowledge and skills in managing high impact or high prevalence risks. Care documentation showed ongoing assessment, monitoring and evaluation of the effectiveness of implemented strategies for all high impact or prevalence risks such as weight management, diabetes, and behaviour support.

Advanced care directives are discussed on a consumer’s entry to the service and are reviewed on an ongoing basis. Consumer files documented each consumer’s and/or their representative’s wishes and preferences for palliative and end of life care.

Consumers and representatives expressed their satisfaction with the services’ early identification and appropriate management of deterioration or changes in consumers’ health condition and function. Three consumer files reviewed evidenced timely identification, assessment, monitoring, and management of the consumers’ general decline.

Information about consumers’ current condition and changes in care and services according to their assessed needs, is communicated effectively to those involved in the care of the consumer. The electronic care documentation system showed updates, care alerts, and assessment reviews that were due for consumers and also monitoring alerts for consumers with frequent weight checks, blood glucose monitoring and fluid intake monitoring.

Files reviewed by the Assessment Team showed appropriate and timely referrals according to each consumer’s care and clinical needs, including medical specialists and allied health providers. The electronic referral process allows different health professionals to acknowledge the referral and respond promptly.

The service has an infection, prevention, and control (IPC) lead whose role covers various aspects of infection control and prevention processes, including providing staff training in IPC modules and assessing staff competencies. Staff demonstrated knowledge and the skills to manage infectious diseases and outbreaks. The service maintains a robust screening and attestation process with reception staff providing oversight to ensure correct procedures are adhered to, including rapid antigen testing (RAT) for all staff and visitors prior to entry.

Appropriate antimicrobial stewardship is practised at the service. Infections and antimicrobials are recorded through the service’s incident management system and are reflected in graphs for trending and analysis and are reported at clinical governance meetings.

# 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 seven of the seven requirements have been assessed as Compliant.

Consumers and representatives described how consumers are supported to participate in activities of interest to them that optimise their independence and are supported to do so. Lifestyle staff partner with the consumer and representatives, on admission and ongoing, to conduct a lifestyle assessment that identifies the consumer’s individual leisure preferences, such as likes and dislikes, interests, social, emotional, cultural, or spiritual needs and traditions. Activities include bus outings, bingo, games, group exercise, and one on one activities.

Consumers described how their emotional, spiritual, and psychological needs were supported by staff and they are encouraged to stay in contact with family or friends for comfort and emotional support. Consumers are supported to participate in regular religious services which are provided in-house or in the community.

Consumers are supported to keep in contact with people important to them and do the things of interest to them. Care planning documentation reflected information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships. Family and friends of consumers were observed visiting the service during the site audit to spend time with consumers in their rooms or communal or private areas of the service.

Information is communicated with others where responsibility for care is shared and staff are kept informed of the changing condition, needs and preferences of each consumer through daily handover meetings, memoranda, emails, and updates on the online care plan system. Care planning documentation reviewed by the Assessment Team identified adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers described how they are supported by other organisations, support services and providers of other care and services. Care planning documentation reviewed identified referrals to other organisations, services, and allied health providers such as dietitians.

Consumers and representatives expressed satisfaction with the variety and quantity of food provided to consumers and how there is an assortment of choices each day. There is an alternative menu available if consumers choose to have a different meal not offered on the daily menu.

The consumer care planning and dietary requirements documentation listed information about consumer preferences, likes and dislikes, allergies, food texture, food thickness and location preferences for meals.

Consumers and representatives described having access to equipment that is safe, suitable clean and well-maintained, such as mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities.

# 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 three of the three requirements have been assessed as Compliant.

Consumers and representatives described how the service is welcoming, easy to navigate and find their way around. Consumers feel at home and can freely access both indoor and outdoor areas of the service.

Maintenance staff described the preventative and reactive maintenance which are attended to through an online maintenance system. Reactive maintenance is reported and attended to each day and prioritised accordingly. Preventative and essential services maintenance is scheduled and documentation reviewed by the Assessment Team confirmed the preventative maintenance schedule is up to date and there are no current outstanding reactive maintenance requests.

Although the service demonstrated furniture, fittings and equipment are safe, clean, and well maintained, consumers and their representatives provided feedback on the call bell system, with the majority stating the staff don’t seem aware of the activated call bells, and some consumers said the system was broken. Management explained that the service call bell system is currently in the process of being upgraded following feedback from consumers and representatives and audit outcomes in relation to call bell response times.

# 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 four of the four requirements have been assessed as Compliant.

Consumers and their representatives indicated said they are comfortable raising concerns and providing feedback to management and the staff at the service. Consumers felt the staff can address any of their concerns they raise, and if required can discuss actions to resolve issues with management.

Up-to-date information on the mechanisms available to provide feedback was observed to be displayed and accessible throughout the service. The secure lodgement boxes are available on each floor, with one box placed at chair height in the reception area. Feedback forms were available in several languages to meet the diverse language needs of the consumers.

Four consumers and 2 staff members have been appointed to a service-based advocacy group, which represents the consumer cohort in providing feedback. Information on advocacy services including Older Persons Advocacy Network (OPAN), the Aged Care Quality & Safety Commission (the Commission), and interpreter services is displayed throughout the service.

Consumers and their representatives who had raised concerns indicated the service had or was in the progress of responding to their concerns. The service has open disclosure principles incorporated into the service’s complaints and feedback system. One consumer’s concerns regarding noise disrupting their sleep have been resolved and an apology was given with all actions recorded.

Feedback and complaints are logged into the plan of continuous improvement to assist in improving care and services for all consumers. Feedback and complaints are reviewed, escalated to regional management, and discussed at an organisational level as part of the monthly reporting process. Documentation reviewed by the Assessment Team confirmed actions are planned, time frames are set and evaluation for satisfactory resolution is conducted.

# 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. | Non-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 Non-compliant as one of the five requirements has been assessed as Non-compliant.

The Assessment Team found Requirement 7(3)(a) not met based on feedback from consumers and observations whilst they were conducting the site audit. A number of consumers gave negative feedback in relation to the call bell system and wait times for staff to attend to them. One consumer and 2 representatives provided feedback that they seek out staff themselves rather than wait for the call bell to be attended due to the wait times. One representative attends daily to assist the consumer with dinner as they are concerned there is not enough staff to assist with this task.

One consumer’s call bell response report showed they waited over 20 minutes 41 per cent of the time for the period of 27 August to 27 October 2022. One consumer stated they go to seek out staff in order to assist other consumers who are calling out for assistance with no response. One representative stated they observed staff sitting in the nurse’s station when they went to seek help for their consumer after having pressed the call bell. The lights were illuminated to indicate call bells had been pressed including theirs, but the staff were not responding to these calls, according to the representative.

The Assessment Team observed a consumer whose call bell was placed out of reach but required staff assistance for hygiene purposes. When they alerted a staff member of the consumer’s need, the staff member looked for assistance but was told not to make a public announcement to request assistance. A consumer required assistance but staff continued to do other less pressing tasks such as fill water jugs rather than attending to this consumer’s needs.

The Assessment Team also observed that between 1.00 pm and 3.00 pm only 2 care staff were available to assist all consumers with requested and required care, including continence care, repositioning and transporting consumers to communal areas of the service.

Allocation sheets viewed by the Assessment Team, for the dates from 10 to 23 October 2022, indicated an average of one unfilled shift per day. On all days of the visit, shifts were unfilled due to vacancies or unplanned leave.

The approved provider in their response acknowledged that there had been negative feedback prior to the site audit in relation to call bell wait times. They have committed to continuous improvement in this area and have taken the following steps to correct the identified deficits:

* More equipment has been ordered to assist staff to be alerted to call bell requests. Funding for further equipment is also with the Board for approval.
* They have contacted the families of the consumers named in the site audit report and practised open disclosure and conducted care plan consultations with them.
* Education has been provided to staff to ensure consumer care is prioritised over less urgent tasks. Call bell wait times are reviewed each week and those longer than 10 minutes will be investigated.
* Staff recruitment is also being conducted and a review of rosters has occurred with a view to limiting unfilled shifts.

Whilst the approved provider has acknowledged the issues and taken action in relation to ensuring call bells are responded to in a timely manner, I am not yet satisfied the improvements are fully embedded in practice. Some of the improvements are yet to be funded such as the extra annunciator equipment whose funding request is currently before the Board.

I find the service non-compliant with requirement 7(3)(a) as I am not satisfied that there is sufficient staff to provide consumers care and services when they need it.

I am satisfied the remaining requirements in Standard 7 are compliant.

Consumers provided positive feedback on how staff respectfully interacted with them. They feel that staff are adequately trained and have the skills and knowledge to provide for all of their care needs.

Staff feedback and training documentation confirmed that staff have completed education on reporting elder abuse, including SIRS reportable incidents. Fire and emergency training, food safety, manual handling, and clinical areas such as texture-modified diets, management of feeding tubes, and wound dressing selection.

The service demonstrated that each staff member participates in an annual performance appraisal, the new staff members having an initial appraisal when they complete a 6-month probation period.

# 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 five of the five requirements have been assessed as Compliant.

Consumers and their representatives are involved and engaged in determining the care and services provided to consumers residing in the service. Consumers and their representatives are encouraged to participate in a range of opportunities such as meetings, surveys, and feedback systems.

The organisation’s Board supports the service in providing care and services through a range of committees, with a hierarchy of oversight and review process of key performance indicators, including clinical incidents, complaints, and the mandatory quality indicator data.

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

Incident registers, comments and complaints registers and internal audit reports demonstrated to the Assessment Team that the service is identifying, managing, and reporting high impact / high prevalence risks and ensuring actions are implemented to minimise those risks.

The service is supported by a suite of clinical policies and procedures that form a clinical governance framework. Staff were able to describe the importance of minimising antimicrobial use, and how they complete clinical assessments and notify medical practitioners of the results of the clinical assessments when consumers are unwell and are symptomatic of an infection.

The service has an open disclosure policy and examples of documented open disclosure were reflected in the resolution of complaints and the electronic incident reporting system requirements.

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)