Performance

Report

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| Name: | Wintringham McLean Lodge Hostel |
| Commission ID: | 3318 |
| Address: | 1-2 Little Princes Street, FLEMINGTON, Victoria, 3031 |
| Activity type: | Site Audit |
| Activity date: | 23 January 2024 to 25 January 2024 |
| Performance report date: | 29 February 2024 |
| Service included in this assessment: | Provider: 1715 Wintringham  Service: 2076 Wintringham McLean Lodge 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 Wintringham McLean Lodge Hostel (**the service**) has been prepared by Denise McDonald, 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 staff, consumers and representatives and others

# 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 staff treat consumers well, they felt valued and respected. Staff were observed treating consumers with dignity and respect and understood consumer’s individual life experiences and cultural preferences. Care documentation evidenced each consumer’s identity, culture, choices, and preferences, were recorded. Policies and processes outlined consumers’ right to be treated with respect and dignity.

Consumers and representatives said care and services were tailored to consumers’ needs and culture, with care delivered by staff described as valuing consumers’ culture, values, and diversity. Staff were familiar with consumers diverse cultural backgrounds and knew what was important to consumers. Care documentation reviewed reflected consumers’ cultural preferences. Policies and procedures guided staff to provide culturally safe care.

Consumers and representatives said consumers were supported to exercise independence when making, and communicating, their decisions or choices and they were able to maintain relationships with people important to them. Staff gave practical examples of how they help consumers to make informed choices through the care planning process. Care documentation contained the consumers nominated representative or appointed guardian, if they required support to make decisions.

Consumers and representatives said consumers were supported to take risks which enables them to live life the way they choose. Staff gave practical examples of how consumers who chose to smoke were supported to mitigate those risks, including keeping fire extinguishers close by. Care documentation evidenced risk had been discussed with the consumers and representatives to ensure their decision to engage with risk was an informed decision.

Consumers and representatives said the information they received was current, accurate, timely and was easy to understand. Activity calendars and menus were displayed to facilitate consumer choice over their daily life. Staff described and care documentation reflected individualised methods for communication with consumers to support cognitive or sensory barriers.

Consumers and representatives said they were confident consumers’ information was kept confidential, and consumers said their privacy was maintained. Staff gave practical examples of strategies used to ensure privacy including keeping computers locked and using passwords to access consumers’ personal information. Staff were observed awaiting consent prior to entering consumer’s rooms and to close office doors when discussing consumers care needs.

# 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

Care documentation evidenced risks, such as falls and pressure injuries, to consumers were assessed using validated assessment tools, upon them entering care, which informed the development of the care plan. Staff demonstrated knowledge of the assessment and planning processes undertaken and how risks should be considered. Policies and procedures provided guidance to staff on what assessments were required and when they were to be completed to ensure safe and effective care was planned.

Consumers and representatives said the consumers’ needs, goals and preferences including for advance care and end of life were discussed. Care documentation evidenced advance care directives had been discussed with consumers, and their goals of care updated when required. Staff were familiar with the policies and procedures to undertake end of life planning and to document advance care directions.

Consumers and representatives felt involved in assessment and care planning processes saying they are regularly consulted. Staff advised, and care documentation evidenced, consumers, representatives, medical officer and allied health professionals provided input into care planning.

Consumers and representatives said they were regularly updated on the outcomes of assessment and had seen the consumer’s care plan. Staff confirmed discussing assessment outcomes during care consultations and that consumers are offered copies of their care plan. Care plans were observed to be readily accessible via the electronic care management system (ECMS).

Consumers and representatives said care planning information was updated following changes to consumers health or in response to incidents. Staff advised care plans were reviewed monthly and gave examples of review occurring following an incident. Care documentation evidenced care plans had been reviewed as scheduled.

# 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 care which was safe and met their individual needs. Staff understood the personal and clinical needs of individual consumers. Care documentation reflected individualised care that is safe and tailored to their needs. Policies and procedures in place to support the delivery of care provided such as pain management, restrictive practices, and skin integrity and pressure injury prevention.

Consumers and representatives gave positive feedback on the management of high impact or high prevalence risks to consumers. Staff demonstrated knowledge of and care documentation evidenced staff were implementing strategies to manage key risks to consumers and medical officer directives were being followed. Policies and procedures guided staff practice on the management of high impact risks, such as falls and diabetes to ensure potential harm to consumers was minimised.

Staff explained processes in relation to the recognising, assessing and reviewing the changed care needs of consumers nearing end of life. Staff confirmed access to palliative care specialists was available, if needed. Policies and procedures guided staff practice in the provision of end of life care.

Consumers and representatives said staff were quick to identify if a consumer experienced deterioration and responded appropriately. Staff described, and care documentation evidenced, the steps taken following the identification of changes in consumer condition. Policies and procedures guided staff practice in the identification of and management of clinical deterioration.

Consumers and representatives said the communication of changes to consumers’ condition was effectively shared. Staff described how changes in consumers’ care was communicated through verbal handover, meetings and by accessing care plans. Care documentation included adequate, and accurate information to inform others involved in the consumers care of their needs and requirements.

Consumers and representatives said they were referred to external providers for assessment and review when required. Policies and procedures guided staff practice in referral processes. Staff gave practical examples of referring consumers to specialists, with care documentation evidencing these referrals were undertaken quickly.

Staff demonstrated knowledge of the strategies used to reduce the inappropriate prescription of antibiotics. Policies and procedures guided staff practice to prevent infection, manage outbreaks and to promote antimicrobial stewardship. Consumers and representatives provided feedback that staff utilise infection control practices to prevent transmission of contagious infection.

# 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

Consumers and representatives said their daily living needs were met through the services and supports provided. Staff were aware of consumers' interests and demonstrated knowledge of what consumers wished to do independently. Care documentation identified consumer daily living needs and goals and provided information about the services and supports consumers needed to do the things they desired.

Consumers and representatives gave practical examples of how one-to-one conversations with staff supported their well-being. Staff demonstrated knowledge of, and care documentation, evidenced, individual consumers emotional, psychological and spiritual needs were known and implemented, when consumers felt low.

Consumers and representatives felt consumers were supported to participate in activities with the internal and external community and they were given opportunity to express their individual interests. Staff gave practical examples of consumers who were supported to participate in activities as well as those who preferred one-to-one interactions. Care documentation identified the people important to individual consumers and the activities of interest to the consumer.

Consumers said they do not have to repeat their daily living preferences and if you raise something with one staff member, others were informed. Staff advised consumer information was shared internally at handovers and was recorded in care documentation. Care documentation provided adequate information to support staff to understand consumers condition, needs and preferences.

Care documentation evidenced a collaborative arrangement with external service providers was in place to support the diverse needs of consumers. Staff confirmed consumers were quickly referred to library, transport and pet therapy services to assist with their daily living choices. Consumers confirmed referrals were actioned promptly.

Consumers said the meals provided were varied and of suitable quality and quantity. Staff confirmed consumers contribute to the design of menu and provide regular feedback to ensure the quality of the meals. Consumers were observed to be provided with meals consistent with the dietary and texture modified requirements and appeared to enjoy the meal served.

Consumers said the equipment provided for their use was safe and well-maintained. Consumers and staff demonstrated knowledge of the processes to report when equipment was faulty and required repair. Consumer’s mobility aids were observed to be clean, and staff were cleaning shared equipment between use.

# 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 and representatives said they felt welcomed, the opportunity to furnish the consumer’s room, made it feel more homely, and it was easy to navigate around. Staff stated they enjoy assisting consumers in personalising their rooms and were observed greeting visitors. The environment was furnished in a home-like manner and provided various communal lounges and outdoor areas for consumers to utilise.

Consumers and representatives gave positive feedback on how their consumers personal rooms and common areas were cleaned and maintained, confirming any requests for maintenance were attended to promptly. Staff said they assisted consumers to access all areas of the service and were encouraged to accompany consumers on walks outside. Maintenance and cleaning documentation evidenced these tasks were completed as scheduled.

Consumers and representatives said the equipment used by consumers was safe, clean, issued for their independent use and the furniture was comfortable. Staff said furniture, fittings and equipment was routinely inspected to ensure it was safe. Maintenance documentation evidenced repairs were conducted promptly and lifting equipment had been recently serviced.

# 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 said they were supported to provide feedback and make complaints through feedback forms, meetings and directly with staff, who supported them to raise issues, if required. Complaints policies and procedures supported consumers to raise concerns about their care and services. Feedback forms and a collection box were readily accessible to consumers and representatives.

Consumers and representatives said they were made aware of and have access to advocates and other methods for raising and resolving complaints. Staff demonstrated awareness of external advocates and language services and were encouraged to assist consumers in accessing these services when needed. Policies, procedures, consumer handbooks and posters displayed, promoted access to language, advocacy and complaints services.

Consumers and representatives said when feedback was given, the service responded appropriately and promptly, confirming apologies were made when things went wrong. Staff explained how they supported consumers to resolve issues and demonstrated knowledge of open disclosure principles. An open disclosure policy guided staff practice in responding to complaints.

Consumers and representatives said their feedback and complaints were used to improve meal service. Management said feedback from meetings, complaints was registered and improvement actions were noted on the Continuous improvement plan (CIP, which evidenced actions were monitored through to conclusion and were evaluated to ensure improvement had been made.

# 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 felt there were sufficient levels of staff, following recent staffing increases to meet the required care minute target. Staff said there was enough staff, and confirmed there were strategies in place, to cover unplanned leave. Rostering documentation evidenced all shifts were allocated, and call bell documentation evidenced staff were attending to calls for assistance quickly.

Consumers and representatives said staff were kind, respectful and caring. Staff spoke about consumers respectfully and with familiarity, including describing their likes, what was important to them and knew their care needs. Staff were observed greeting consumers using their preferred name.

Consumers and representatives said staff were capable and were knowledgeable on delivering the care and support consumers required. Management said monitoring processes were in place to ensure staff hold the required qualifications, are registered, current security checks were held, and they were suitable to work in aged care. Staff confirmed they participated in an orientation and induction program, which included an assessment of competency.

Staff interviewed confirmed receiving training on commencement and participation in annual mandatory training. Management confirmed and education records evidenced, training completion was monitored, with all staff having achieved their mandatory training requirement. Staff demonstrated an understanding of incident management, antimicrobial stewardship (AMS), infection control and restrictive practices.

Management advised periodic performance reviews were conducted following probation and annually thereafter. Policies and procedures, guide management and staff in workforce performance assessment and monitoring practices, with personnel records evidencing all staff had completed their appraisal as scheduled.

# 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 and representatives said they were supported and encouraged to provide feedback and make suggestions on how care and services were delivered. Management confirmed consumers and representatives evaluated care and services through completing feedback forms or surveys; and participating in meetings, and case conferences. Meeting minutes evidenced consumers were encouraged to provide suggestions and a consumer advisory committee had been established.

Staff confirmed a culture of safe and inclusive care was promoted by the governing body, as they were required to complete training on cultural diversity and the Aged Care Code of Conduct. Meeting minutes evidenced the Board receives reports including clinical indicators, survey and audit results to enable it to monitor the quality and safety of care provided. The Board was supported by various sub-committees, with trends reviewed and analysed to inform if changes to policy or practice was required.

Organisational wide governance systems were effective as staff understood their regulatory obligations, with an exemption being sought for the continuous nursing requirements. Continuous improvement actions were implemented when deficits in the quality of care were identified through feedback and complaints. Staff confirmed they had access to the information they needed, and financial delegations were understood.

An effective risk management system was in place, to monitor and assess high-impact and high prevalence risks associated with the care of consumers, which balanced supporting consumers to live their best lives. Staff understood their roles and responsibilities in identifying incidents, including elder abuse and reporting these through the incident management system. Management confirmed incidents were analysed to identify trends and these were escalated to the Board for awareness and response.

A clinical governance framework to ensure the quality and safety of clinical care and promote AMS, the minimisation of restrictive practices, and the use of an open disclosure process was in place. These policies, procedures and other tools supported and guided staff to offer an apology when adverse clinical events occurred, to use restrictive practice as a last resort, and to implement non-pharmacological strategies to reduce the need for antibiotics.

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)