Performance

Report

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| Name of service: | Performance report date: |
| Woorayl Lodge Hostel | 2 September 2022 |
| Commission ID: | Activity type: |
| 3009 | Site Audit |
| Approved provider: | Activity date: |
| Woorayl Lodge Inc | 18 July 2022 to 20 July 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 Woorayl Lodge Hostel (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* other information and intelligence held by the Commission in relation to the service.

**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 | | Compliant |
| 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 considered they are treated with dignity and respect, and staff are kind when delivering care. Consumers felt supported to make choices, maintain their independence and relationships of choice based on their cultural needs and preferences. Consumers and representatives indicated they receive information that is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice and independence. They are supported to take risks and said their personal privacy is respected.

Staff spoke about consumers in a respectful manner and were able to demonstrate that they are familiar with consumers’ background and preferences. Staff described practical ways they respect and maintain the personal privacy of consumers, such as keeping consumer files secure in the nurse’s office and all computers locked when not in use.

Care planning documentation reflected the diversity of consumers at the service, including personal preferences. The service maintains policies and procedures that support staff to deliver individual and dignified care to each consumer. The service was able to demonstrate consumers communicate their decisions relating to which care and services they wish to access, who their nominated representatives or points of contact are and how they wish to maintain relationships.

The Assessment Team reviewed the diversity and inclusion policy which highlights that the service supports each consumer's identity, culture, and diversity. They observed staff interacting with consumers respectfully and information displayed throughout the service notifying consumers of menu choices, upcoming activities, and other correspondence. The Assessment Team reviewed a suite of dignity and choice policies which outline the ways in which the service will support consumers to exercise choice and independence.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers and representatives said they are involved in the initial assessment and ongoing care planning of consumer’s care. Consumers current needs, goals and preferences, including advance care planning are discussed as per the consumer's wishes, with input from people and other providers and services involved in the consumer's care. Consumers said staff explain relevant information to them about their care and confirmed they had access to their care plan.

Staff described how they use assessment and planning to inform the delivery of safe and effective care. The service has an admission policy to guide assessment and planning which prompts assessment of risks such as skin, falls, wounds and medication.

The service demonstrated that assessment and planning processes include consideration of consumers current needs, goals and preferences, and end of life planning. The service uses checklists to guide staff in assessment and planning for consumers, and reviews occur every three months. A range of assessments are conducted for consumers such as mobility, range of motion, skin, and walking aid assessments.

Care planning documentation demonstrated that outcomes of assessment and planning are effectively documented in a format that the consumer can understand and readily access, and progress notes demonstrate how staff update representatives on care outcomes through phone calls and emails.

Staff could describe how the outcomes of care planning are communicated to consumers and representatives, and other health professionals. The service uses an electronic care planning system to record all care planning and progress notes. This system is accessible to all staff and allied health professionals can access the information from the electronic clinical management system. The Assessment Team observed a variety of documents, including handover sheets, progress not entries and activity alerts available through the electronic management system.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 confirmed that they receive safe and effective care that is best practice and optimises their health and well-being. Care planning documentation evidenced the care and supports provided to consumers is individualised and tailored to meet their needs.

Consumers and representatives confirmed high-impact risks and high-prevalence risks are identified and well managed within the service. The service has policies, procedures, guidelines, and flowcharts for key areas of care including but not limited to restrictive practices, skin integrity and pain management.

Staff described the way care delivery changed for consumers nearing end of life and practical ways in which consumers’ comfort was maximised, palliative care plans for consumers reflected this and these informed staff in their practice.

The service has systems and processes to ensure consumers receive safe and effective personal and clinical care, including monitoring through clinical audits and a restrictive practices minimisation policy and procedure.

Care planning documentation reflects consumers’ individual needs and preferences were reviewed appropriately and demonstrated that the service is responsive to deteriorations of changes to their needs. The service has a documented infection control process, education and training for staff and the ongoing training of a dedicated infection, prevention, and control lead.

Antimicrobial stewardship is addressed and promoted at the service through documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship, staff were observed following these protocols when assisting consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 the service supports involvement in activities that are important to the consumer’s well-being and promote independence, while optimising their quality of life. The service supports the personal needs, goals, and preferences for daily living in a safe and effective way, to enable outside support and services as needed.

Consumers confirmed they were supported to do the things they liked to do both inside and outside the service, care documentation reflected information is shared within and outside the service, as appropriate, to enable a shared understanding of consumers’ needs and preferences

Most consumers and representatives expressed satisfaction with the variety, quality and quantity of food being provided to consumers at the service. Management is aware of consumers’ opinions and feedback of the food at the service and are continuously working with kitchen staff to meet consumer expectations.

Consumers and staff have access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities as well as providing resources and equipment for the leisure and lifestyle activities. The Assessment Team observed consumers with mobility restrictions using equipment to support them to maintain their independence, such as mobility aids. Walking frames and wheelchairs were observed to be in good condition, clean and appeared to be functioning appropriately.

## Standard 5

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| Organisation’s service environment | | Compliant |
| 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 expressed positive feedback regarding the service environment and confirmed they can personalise their rooms to their liking. Consumers felt at home and comfortable at the service and said the service environment and equipment is safe, clean, and well maintained.

The Assessment Team observed the service environment to be well-maintained and observed cleaning staff cleaning the service environment during the site audit, and in accordance with a cleaning schedule. The service environment is safe, with supports in place to assist consumers to navigate the service and move freely both indoors and outdoors.

The service has preventative and reactive maintenance and cleaning procedures, and the Assessment Team reviewed the maintenance schedule which had documented schedules for mobility equipment to undergo quarterly safety checks by the maintenance officer.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 and representatives felt safe, encouraged, and comfortable to provide feedback and raise complaints. Most felt their concerns were heard and promptly responded to, and that the service uses feedback to improve the quality of care and services. Consumers were aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Staff described the complaints process and were aware of what open disclosure means and how it relates to complaints. Care staff said when they receive a complaint from a consumer, they will inform the nurse on duty as soon as possible and explained how they would assist consumers to complete the service's feedback forms and make a complaint if they wish.

The service has written materials providing information on complaints and feedback processes accessible to consumers and representatives, including the use of open disclosure and details for advocates and language services, which outline and support their commitment to ensuring consumer's feedback is encouraged and used to improve their quality of care and services.

Management said verbal feedback is provided informally or through consumer meetings, and meeting minutes provide evidence of actions in response to consumer feedback. Staff could describe the action taken in relation to recent complaints and demonstrated an understanding of how the open disclosure process is used. Management advised that all complaints are documented electronically and recorded and reviewed at the service and organisational level.

Management described recent complaints and the actions taken in response, as well as how feedback and complaints have been used to information continuous improvement across the service, such as changes to the meals in response to consumer feedback. **Standard 7**

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| Human resources | | Compliant |
| 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 said they receive quality care and services, when they need them and from staff who are knowledgeable, capable, and caring. Most consumers and representatives felt that the service would benefit from additional staffing, however had no concerns about their care or the speed at which care needs are responded to. They felt staff are competent and qualified to do their job and did not identify or provide any specific feedback on any areas where staff need more training. Management confirmed they were aware of the feedback regarding staffing from consumers and representatives, and said the service was consistently recruiting and working together to ensure staffing needs are met.

Management described how they ensure staff are competent and capable in their role through ensuring clinical registrations are up to date, and staff have completed appropriate qualifications and competency training. Staff described how training occurred within the service and demonstrated how the service assesses, monitors, and reviews the performance of each member of the workforce.

Consumers and representatives expressed that workforce interactions are kind, caring and respectful of each consumer’s identity, culture and diversity, this feedback was consistent with the Assessment team’s observations. Management outlined how the performance of staff is monitored through formal performance appraisals, informal monitoring and review and annual performance reviews where staff complete a self-assessment based on the service values, then together discuss performance and any training needs and strategies for improvement.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 the service is well-run and provided examples of their involvement in delivery and evaluation of care and services though providing feedback, consumer meetings and surveys.

The service also has established processes such as governance meetings with management and governing bodies, and audit processes which help ensure that the service delivers consistently safe and effective care and services. Management outlined a range of strategies when describing how the governing body promotes a culture of safe, inclusive, and quality care and services.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. With appropriate policies and processes in place to support the workforce and protect consumers.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff are guided by the risk management framework and demonstrated an understanding of risk assessment and reporting when providing care. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities.

The service was able to demonstrate that where clinical care is provided, there is a clinical governance framework including antimicrobial stewardship, minimising the use of restrictive practice and open disclosure. The service has a documented clinical governance framework, and policies for antimicrobial stewardship, minimising the use and risk of restrictive practices, and an open disclosure policy.

1. The preparation of the performance report is in accordance with section 40A the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)