Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Sunhaven Hostel |
| **RACS ID:** | 0346 |
| **Name of approved provider:** | Ashford Ageing Care Facility Inc |
| **Address details:** | 10-14 Kneipp Street ASHFORD NSW 2361 |
| **Date of site audit:** | 17 September 2019 to 19 September 2019 |

**Summary of decision**

|  |  |  |
| --- | --- | --- |
| **Decision made on:** | 21 October 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 03 November 2019 to 03 November 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**



## Site Audit Performance Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Sunhaven Hostel (the Service) conducted from 17 September 2019 to 19 September 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 14 |
| Management | 3 |
| Clinical staff | 1 |
| Care staff | 6 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 1 |
| External contractors | Nil |
| Visiting service providers such as allied health professionals | Nil |
| Other - board members, hairdresser, volunteers | 4 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation met five of the six requirements under this standard.

In the consumer experience report showed 100% of the consumers/representatives interviewed say staff treat consumers with respect and their dignity is preserved/ maintained always or most of the time. However, one consumer expressed they were not happy with their continence care which causes them embarrassment.

The service demonstrated consumers are treated with dignity and respect, and the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could identify consumer’s individual preferences and interests.

The service provides current, accurate and timely information and consumers feel included in life in the service. Consumers are able to make informed choices, to understand their options and to be as independent as possible. staff have been provided with education about the new standards. Communication strategies include regular meetings and updates. Consumers’ privacy is respected and confidentiality regarding personal information is maintained.

#### Requirements:

Standard 1 Requirement 3(a) Not Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation met four of the five requirements under this standard.

Consumers/representatives interviewed in relation to this requirement reported their care and services are well planned to meet their needs. This includes assessment and management of risks associated with consumers’ health and wellbeing.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals and family members) work together to plan and review care.

Case conferences and review of care plans is occurring to provide each consumer and their representative the opportunity to contribute to their care planning. Consumers /representatives sign their care plan when they agree with the content. However not all care plans have current information on the care needs of consumers.

Reassessment of each consumer during clinical deterioration or improvement demonstrated the care plans are not always updated in a timely manner.

#### Requirements:

Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation met two of the seven requirements under this standard.

Although 100% of consumers/representatives interviewed said “they get the care they need” most of the time or always, the service does not demonstrate it effectively applies, understands, monitors and reviews aspects of these requirements.

The service cannot demonstrate each consumer gets safe and effective personal care. The service does not have a system to ensure consumers' medication is managed safely and correctly; consumers are not as free as possible from pain; consumer’s continence management plans are generic and not focused on individualised consumer’s care.

High impact nursing care needs are not always reassessed when a change in consumers’ needs occurs. Wound management is not monitored effectively, and evaluations are not recorded accurately. Advice is not sought from wound care specialists when wounds continue to deteriorate.

The service does not have a monitoring system for when consumers care plans need to be evaluated and to identify the gaps in consumers documentation;

Management was able to explain what steps should be in place should a consumer enter the end of life stage. However, the service does not have effective systems and processes to manage two consumers who require end of life care.

There is no access to a physiotherapist assess consumers who are of high risk of falling, deterioration of mobility or post falls.

The service demonstrated it understands and applies the requirement of minimisation of infection-based risks through implementing standard and transmission-based precautions to prevent and control and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Not Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Not Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation met all seven requirements under this standard.

Consumers interviewed confirmed they are satisfied with the services they receive especially in relation to their physical care and the food at the organisation. All consumers confirmed they are supported to be as independent as possible and they have choice on how they spend their day.

The service is involving consumers/representatives with care plan reviews to ensure services for daily living are provided in line with their preferences and provides meals of a suitable quality, variety, quantity and provides a safe, suitable clean living environment.

The service invites consumers to provide feedback to management by means of regular surveys, individual discussions with management or staff and at the consumer meetings.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation met all three requirements under this standard.

The service was observed to be welcoming with individual rooms decorated as consumers chose. Consumers were observed making use of outdoor areas and there are places within the building for socialising in small groups. The service environment was observed to be organised with attention given to ensure the service is tidy and easy for those with limited mobility to move around. Consumers say, and observations confirm the service environment is clean, well maintained and comfortable. The service's environment reflects the safety and comfort needs of consumer’s including comfortable temperatures, noise and light levels, sufficient and appropriate furniture.

Consumers said:

* They are comfortable living at the service and they have their room how they like it.
* Their rooms are always clean.
* They are very grateful to have Sunhaven Hostel in their town and agree they feel a sense of belonging and family.
* Consumers said they are able to move inside and outside the service as they wish.
* Consumers say the staff know how to look after them and how to safely operate the equipment they use to support their health and well-being.

A preventative maintenance program is in place for all buildings, furniture and equipment to ensure they are well maintained, safe and clean. Management were able to describe the process for replacement of furniture and equipment when necessary. Staff interviewed are able to explain the system for maintenance arrangements.

#### Requirements:

Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation met all four requirements under this standard.

The service provides ways for consumers and their representatives to give feedback and make complaints. This occurs through resident meetings, the service’s complaints forms, surveys and directly to staff and management. A consumer represents consumers on the organisation’s board which provides opportunity for advocacy on behalf of consumers. Staff are able to explain how they support consumers to make known any complaint they may have. The review of the few complaints recorded shows they have resulted in appropriate actions and consumers expressed satisfaction with any issues they have raised.

Consumers said:

* Consumers commented they generally do not have any complaints and if they do they can raise them at resident meetings or talk with the staff/management team.

The service has commenced developing an open disclosure policy and incorporating open disclosure into documentation in relation to the management of incidents.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation met two of the five requirements under this standard.

Consumers say staff are wonderful, very friendly and helpful, lovely, kind and always there for you. They also say staff are kind and caring. Staff interactions with consumers were observed to be kind, caring and respectful. Staff performance is monitored and reviewed annually and opportunities to improve staff training is identified through this process. Annual competency testing is also used to ensure care staff have the skills required for their work. However, the organisation did not demonstrate the other requirements in relation to this standard are met.

Specifically, the organisation failed to demonstrate:

* While consumers provided positive feedback about the care and services they receive the service cannot demonstrate the delivery and management of safe, quality care and services. The service is not able to provide registered nurse services for five of seven days each week. This is impacting on the quality of care being provided to consumers who require palliative care and have high clinical needs.
* There are gaps in supervisory and clinical staff knowledge and skills which has impacted on the provision of safe medication management and various aspects of clinical care including pain management.
* The service is able to demonstrate that staff are recruited, trained and equipped however ongoing training and the development of expertise for the registered nurse and management team has not been occurring. Care staff have not been provided ongoing training with a clinical focus to ensure they develop and maintain their knowledge and skills.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Not Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Standard 7 Requirement 3(d) Not Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation met one of the five of the requirements under this Standard.

The organisation demonstrated how consumers are engaged in the development, delivery and evaluation of the care and services they receive. This occurs through a consumer being a member of the board, board members visiting the consumers regularly and consumers being involved in the development of their care.

The service is working to ensure there is minimal use of restraint with no physical restraint in use and a demonstrated reduction and review process in the use of psychotropic medications.

The organisation is unable to demonstrate there are governance structures, supported by policies and practices to achieve the requirements of this standard. For example:

* Some policies do not adequately address legislative requirements which has led to staff not understanding their responsibilities.
* The service did not provide evidence of auditing or monitoring of clinical systems other than the collection of clinical indicators. The continuous improvement system has not identified the failures to meet the Quality Standards as noted in this report. The continuous improvement process has not been utilised to identify risks to care and the ongoing operation of the service.
* The organisation does not demonstrate good systems of workforce governance. The management team’s performance is not reviewed by the board or management team.
* The management team are not able to demonstrate they ensure they participate in training which assists them to carry out their management responsibilities in the changing aged care environment.

The management of high impact or high prevalence risks associated with the care of consumers is not occurring for example:

* Risks of consumers having unidentified and unmanaged pain have not been managed effectively.
* Risks of medications being poorly managed have not been identified and managed.
* Feedback from management and the board showed they do not have an understanding of clinical governance .
* The service did not provide documented evidence of a clinical governance system.

Board members stated they are reliant on the manager of the service to provide them with guidance as to their responsibilities. The board, management and staff endeavour to provide quality care however the lack of governance structures is impacting on the service’s ability to achieve this outcome.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Not Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that 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.