Performance

Report

**1800 951 822**

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| Name of service: | Beaufort Hostel |
| Service address: | 1-3 Burton Street BEAUFORT VIC 3373 |
| Commission ID: | 3334 |
| Approved provider: | Beaufort & Skipton Health Service |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 2 June 2023 |
| Performance report date: | 6 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Beaufort Hostel (**the service**) has been prepared by M. Nassif, 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 27 June 2023.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said that they are treated with dignity and respect and that they maintain their identity. Staff described how they respect consumers, for example, knowing topics to avoid when talking to consumers. Care planning documents included details on consumers' identity and backgrounds.

Consumers and representatives said the service recognised and respected consumers’ backgrounds and provided care that is consistent with their needs and preferences. Staff identified consumers from diverse backgrounds and described how they tailor care that meets the specific needs and preferences. Care planning documents accurately reflected consumers’ preferences.

Consumers said they are supported to choose who they wish to involve in their care, how they would like their care and services delivered and are encouraged to make connections with others. Staff described details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

Staff were aware of consumers who take risks and said they support their right to make choices that enhance their independence and well-being. Care planning documents demonstrated that risks are adequately identified and assessed and discussed with consumers.

Consumers said they are provided with timely and accurate information, either verbally or by receiving paper-based notifications. Staff described different ways information is communicated to make sure it is easy to understand and accessible to consumers, including strategies to communicate information to consumers with poor cognition or those who need visual aids or hearing assistance.

Consumers said their privacy is respected and that their personal information is kept confidential. Staff said clinical handover is done in a private area behind closed doors and said computers are locked with passcodes.

# 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 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said risks are identified and managed to promote their independence and safe care. Care planning documents evidenced assessment and planning included consideration of risks to consumers’ health and well-being.

Care planning documents addressed consumers’ needs, goals and preferences, including advance care planning and end of life care. Management advised that consumers are provided with advance care directive paperwork at admission and that they are encouraged on entry to the service and at annual care plan reviews to discuss their preferences if they wish to.

Consumers and representatives said assessment and planning is based on partnership with them and included others they choose to involve. Care planning documents evidenced consumers and their representatives are consulted in assessments and care planning, and that these include input from other multidisciplinary team members.

Care planning documents showed they are frequently updated and are relevant to consumer’s needs, goals, and preferences. Representatives said they have been offered a copy of care and services plan.

Representatives said they are notified when circumstances change or when incidents occur. Staff demonstrated familiarity with reporting and recording incidents and updating care plans accordingly. Care planning documents were updated when circumstances change, such as a change in health or when incidents.

# 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 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said they are satisfied that the care delivered is tailored to consumers’ needs and optimised their health and well-being. Staff demonstrated understanding of personal and clinical needs of consumers. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed. Care planning documentation identified effective strategies to manage key risks and staff were aware of these.

Staff provided example of changes to care delivery for consumers palliating such as attending to mouth care, skin care and pain management and involving families. Care planning documents detailed consumers’ advance care planning information, including choices and end of life preferences.

Staff provided examples of when a deterioration or change in a consumer’s condition was recognised and responded to. Care planning documents demonstrated that deterioration in consumers’ health, capacity and function is recognised and responded to.

Staff described how changes in consumers, care and services are communicated through verbal handover, meetings, accessing care plans, consumer task lists or messages/email. Care planning documents identified adequate and accurate information to support effective and safe sharing of consumers’ care.

Staff described the process for referring consumers to health professionals and allied health services. Care planning documents reflected referrals to a range of allied health professionals.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff said they had received training on infection-minimising strategies and demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. The service had policies to guide infection control practices.

# 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 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said services and supports for daily living meet the needs, goals, and preferences of consumers. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documents captured consumers’ life story, lifestyle likes and dislikes, religious needs, and provided information about supports consumers require to do the things they want to do.

Staff described the services and supports in place that promote consumers’ emotional, spiritual, and psychological well-being such as spending one-on-one time with consumers. Consumers and representatives said the service promoted their emotional and spiritual well-being. Care planning documents outlined consumers’ emotional and spiritual needs, with strategies in place to support and promote these needs being met.

Consumers and representatives said they are supported by the service to participate in their community within and outside the service environment. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents identified activities of interest for the consumers, and how they are supported to participate in these activities and in the wider community.

Staff detailed the process for communicating internally at the service and externally to others where responsibility for care is shared. Consumers and representatives said that staff know them, and they don’t have to repeat what their preferences are to multiple staff members. The service had processes and systems in place for identifying and recording consumers’ condition, needs and preferences.

Care planning documents evidenced the service refers consumers to other individuals, organisations, or providers to support the diverse needs of consumers. Staff described how consumers are actively involved in referrals and how consent is obtained.

Consumers and representatives said the food provided is good quality, varied and there is plenty of food provided at mealtimes and in between meals. Staff demonstrated that they were aware of consumers’ nutrition and hydration needs and preferences including meal size, dietary or cultural needs and any support they needed. Staff said that they can provide consumers with food at any time, with food and drink available out of hours.

Consumers and representatives reported having access to equipment to assist them with their daily living activities as well as providing resources and equipment for the leisure and lifestyle activities. Staff said they have access to equipment when they need it and described how equipment is kept safe, clean and well maintained.

# 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 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service is welcoming and consumers said they can furnish their room and surroundings with their personal items to make the service feel like a home. This was consistent with observations. Staff said they respect that the service is the consumers’ home and enjoy assisting consumers in maintaining their surroundings.

Consumers and representatives said the service is clean and well maintained and consumers could move freely in and outside of the service. This was consistent with observations. Maintenance staff provided the preventative maintenance schedule and explained how external contractors were managed and the process for arranging any repairs to the building or equipment.

Furniture, fittings and fixtures were observed to be clean, safe and fit for purpose, and well maintained. This was consistent with feedback from consumers. Staff described the process for reporting maintenance issues.

# 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 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they understand how to give feedback or make a complaint and said they feel comfortable doing so. Management and staff described processes in place to encourage and support feedback and complaints. Complaints forms were observed to be accessible for consumers with feedback boxes for submission of forms.

Consumers and representatives said they are aware of advocacy services that are available to them and that they felt confident using these services if needed. Management reported that they did not currently have any consumers who required advocacy or interpreter services but information on accessing these was available around the service, consistent with observations, and included in the consumer handbook.

Consumers and representatives provided feedback on how their complaints were actioned to their satisfaction. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong.

Management described the review process for the service’s complaints, and incident registers. The service’s quality improvement plan demonstrated how feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there is enough staff and consumers don’t wait long for daily care or for help when they use the call bell. Staff said they are always fully staffed. Management provided feedback of how the master and daily rosters are managed and how all ongoing shifts are covered, and how they also have casual staff to fill in gaps. This was reflected in staff rosters.

Consumers and representatives said the staff are kind, caring and gentle when delivering care and services. This was consistent with observations. The service had documented behaviours expected of staff in the position descriptions and staff handbook.

Management detailed processes for ensuring the workforce is competent and has the qualifications or knowledge to effectively perform their roles. Consumers and representatives felt confident that staff are skilled and have the knowledge they need to provide quality care. Documentation evidenced the service tracks staff qualifications.

Staff said they were well trained, and that the service provided a range of mandatory and non-mandatory training. Training records demonstrated most staff had completed mandatory training.

Management detailed various ways feedback and incidents are taken into consideration when completing regular reviews of staff. Staff files evidenced performance appraisals was undertaken and when performance management is being completed with staff. The organisation had a policy on staff performance management that included guidance for performance and competency review of staff and management of staff whose performance is below standard.

# 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 5 of the 5 Requirements have been assessed as compliant.

Management outlined the process of engaging consumers to partner in the development, delivery, and evaluation of the care and services provided, such as monthly resident meetings, consumer experience surveys and feedback mechanisms. Management said any feedback is noted in meeting minutes, logged and actioned as informal or formal feedback, and is added to the quality improvement plan as required. This was consistent with documentation.

Consumers and representatives felt that the organisation promotes a culture of safe, inclusive, and quality care and is accountable for its delivery. Management provided examples and evidence of how governing body reports are completed and how information that informs the governing body is filtered down to the service, staff and consumers. Management provided feedback on how requests to the governing body are made from the service to support quality care and services.

The service had effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff described key principles of the organisation-wide governance systems such as feedback and complaints and regulatory compliance. The service had policies and procedures that detail processes around each governance system to guide staff practice.

The service had risk management systems implemented, for example, to monitor and assess high impact or high prevalence risks associated with the care of consumers. Staff explained the processes of risk management at the service, including key areas of risk that had been identified and were being mitigated.

The service’s clinical governance framework included policies on antimicrobial stewardship, restrictive practices and open disclosure. Staff described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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)