Performance

Report

**1800 951 822**

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| Name: | Eureka Village Hostel |
| Commission ID: | 3369 |
| Address: | 16-40 Balmoral Drive, BALLARAT EAST, Victoria, 3350 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 August 2024 |
| Performance report date: | 10 September 2024 |
| Service included in this assessment: | Provider: 569 Grampians Health  Service: 2127 Eureka Village 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 Eureka Village Hostel (**the service**) has been prepared by N Chahal, 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 Assessment Contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements were assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all Requirements were assessed** |

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 2

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

Findings

Consumers and representatives were satisfied they are partners in assessment and care planning. Representatives are informed of changes to consumer circumstances including incidents and participate in decisions regarding referrals. Staff described ongoing review involving consumers, representatives, medical and allied health professionals.

Consumers and representatives confirmed they are offered a copy of the consumer’s care plan. There was evidence that care consultations and case conferences occur regularly, under a partnering in care process. Staff explain any changes to care plans. Documentation demonstrated care plans record the outcomes of assessment and planning. These records are accessible to all staff via the service’s electronic care management system.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Consumers and representatives confirmed staff have accurate and current information regarding consumer needs and preferences. The service uses a range of communication tools, including handover sheets, file notes, and a communications book used to ensure catering staff receive timely updates regarding changes to dietary requirements. There was evidence representatives are informed of incidents and changes to consumer needs.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)