Performance

Report

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| Name of service: | Hailey House Hostel |
| Service address: | 703 Norman Street BALLARAT VIC 3350 |
| Commission ID: | 3262 |
| Approved provider: | Grampians Health |
| Activity type: | Site Audit |
| Activity date: | 30 January 2023 to 1 February 2023 |
| Performance report date: | 9 March 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 Hailey House Hostel (**the service**) has been prepared by K. Spurrell, 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.
* 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 | |  |
| 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 they are treated with dignity and respect by staff and their culture and diversity is valued. Staff demonstrated respectful interactions with consumers and showed an understanding of consumers’ care preferences and individuality. Care planning documentation included information on emotional, spiritual, cultural needs and wellbeing. Signage throughout the service identified the service’s intention to treat consumers with dignity and respect and value diversity.

Consumers said staff respect their culture, values, and beliefs and they feel culturally safe in the service. Staff reported they understood and valued consumer’s diverse culture, beliefs and individuality and how this influences their care daily. Care planning documentation included information on procedures in place to assist staff in providing culturally safe and inclusive practice. The service has a policy and procedure in place to inform and support staff to engage in safe and inclusive practice and the assessment team observed different cultural days on the activities calendar.

Consumers and representatives said consumers are supported to make informed decisions, maintain their independence and involve others in their decision making. Consumers reported they are supported to maintain personal relationships with partners, family and friends. Staff said they work together to support consumers to make decisions, support their relationships with other consumers, family, and friends by planning each day with consumers and their families to achieve this outcome. The service has a policy and procedure which supports consumers in their decision making of care, choice and independence and meaningful relationships. Consumers were observed engaging in activities of their choice.

Consumers and representatives described ways in which consumers are supported to continue to live the life they choose and do things are important to them. Staff described areas where consumers want to take risks and how consumers are supported to understand decisions regarding risk taking. Staff were observed supporting consumers to take risks and care planning documentation reflected information relation to risk management including assessments.

Consumers and representatives said they were satisfied with information provided by the service; information was easy to understand and helped them to make informed choices. Staff said consumers and representatives are kept up to date with the latest changes at the service through monthly consumer meetings and newsletter. Staff were familiar with how to communicate with consumes with cognitive or hearing impairments such as writing on a whiteboard or spending time with the consumer to understanding their speech, gestures and facial expressions. Relevant, accessible easy to read information for consumers was observed to be distributed throughout the service.

Consumers and representative said staff respect consumer privacy such as knocking on the door before entering the room. Staff described how they maintain a consumer’s privacy when providing care and how they keep computers locked and use passwords to access consumers’ personal information. Staff were observed respecting consumers’ privacy as per the service’s privacy and dignity policy.

# 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

Consumers and representatives confirmed they are involved in the assessment and care planning processes at the service. Staff said they use assessment, planning and handover information to inform how they deliver safe and effective care which identifies risks to the consumer’s safety, health, and well-being. Care planning documentation evidenced comprehensive assessment and care planning processes when the consumer enters the service. The service has clinical guidelines, policies and procedures to guide staff in their practice.

Consumers and representatives confirmed their involvement in advanced care planning and end of life care preferences. Staff said advanced care planning and end of life planning information is discussed with consumers and representatives upon admission, as part of the assessment review process and as the consumer’s care needs change. Care planning documentation identified advanced care plans and end-of-life care plans including aspects where consumers and families expressed their wishes.

Consumers and representatives reported they were actively involved in assessment and planning on an ongoing basis. Care planning documentation demonstrated consumers and representatives are consulted in assessments and care planning as well as allied health care providers such as medical officers, physiotherapists, pathologists, residential-in-reach and dementia specialist organisations. Staff described how consumers and family members are involved in assessments and planning through telephone conversations, in person when they visit the service and via electronic mail.

Consumers confirmed they know what care and services they receive and can access their care plan if necessary. Representatives advised they could request a copy of care planning documentation if they chose to. Where the consumer is unable to participate, the service involves the representative in the process and establishes a partnership in care. Care planning documentation reflected information relevant to consumer needs including for communication, nutrition and hydration, transfers and positioning, mobility, restrictive practices and behaviour support plan, sleep management, family social history, and end of life care.

Consumers and representatives confirmed that consumers’ care and services are regularly reviewed when the consumer’s circumstances have changed, there is a deterioration of condition or when incidents impact on the needs, goals, or preferences of the consumer. Care planning documentation demonstrated evidence of review on a 3-monthly basis or when circumstances change. Staff were aware of their responsibilities in relation to reporting of incidents in government systems and the process for escalation of serious incidents and the requirement to report any change in the consumer’s condition, needs or preferences.

# 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 and representatives confirmed consumers receive the care they need, and they were satisfied with care provided to the individual consumers risks, including falls, pressure injuries, pain and medication management. Care planning documentation reflected individualised care is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff were familiar with individual consumers’ personal and clinical care needs, and how they meet these. The service has policies, procedures, and tools in place to support the delivery of care provided.

Consumers and representatives said the service manages consumer risks associated with their care and services. Staff were aware of the types of risks for consumers at the service and could explain the strategies used to manage individual consumer risks, including use of frequent repositioning and promoting skin integrity to reduce the risk of pressure injuries. Care planning documentation described the key risks for consumers including for falls, diabetic management, behaviour, and infections. Clinical documentation demonstrated the service has processes related to the effective management of high impact risks, including dignity of risk for consumers.

Consumers said they are confident that when they need end of life care, the service, with the support of their family, will support them to be as free as possible from pain and to have those important to them with them. Advanced care directives were evident in care planning documentation. Clinical staff described the way care delivery changes during palliation including how pain and medications reviews are handled by the medical officer.

Consumers and representatives said the service recognises deterioration in consumers’ health and responds promptly where this occurs. Care planning documentation reflected the identification of, and response to, deterioration or changes in consumers’ condition. Staff knew how to respond to changes such as completing observations, contacting treating medical officers and representatives, transferring to hospital if needed and updating progress notes. Management advised the service has clinical policies and guidelines in place to direct the provision of care by staff if a deterioration occurs.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff and they receive the care they need. Care planning documentation demonstrated progress notes, care plans and handover reports had adequate information to support effective communication of consumer’s information to support care. Staff described how changes in consumers’ care and services are communicated in the progress notes of the service’s electronic database and at handover including identification of consumers whose care needs may have changed or whose condition has deteriorated.

Consumers and representatives said referrals are timely, appropriate and occur when needed, and consumers have access to relevant allied health providers and medical specialists. Care planning documentation indicated the input of other health professionals such as, physiotherapists, medical officers, hospitals, and referrals were made as required. The services’ referrals process to health professionals outside of the service was evident through electronic messages and telephone communications. Staff confirmed the service documents each referral, and each referral is followed up by them to ensure the referral is accepted and responded to in a timely manner.

Consumers and representatives said they are satisfied with infection control practices at the service. The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service has an appointed infection prevention and control lead. The service demonstrated preparedness in the event of an infectious outbreak, including COVID-19 outbreaks. Staff demonstrated an understanding of how to minimise the need for and use of antibiotics to ensure they are used appropriately. The service was observed to be following appropriate infection minimisation practices as per policy.

# 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 the service provides consumers with supports for daily living to meet their needs, goals, and preferences. Staff described how the activities calendar is based on what consumers want as per suggestions raised in bi-monthly consumer and representative meetings. Lifestyle staff said that consumers who wish can request a daily newspaper reading to start the day off every morning and a group walk around the facility which is popular with consumers. Care planning documentation showed a range of lifestyle information is recorded.

Consumers and representatives described how the service supports consumer’s emotional, spiritual, and psychological well-being such as supporting them to attend religious services. Staff gave examples of how the service supports consumers with their emotional, spiritual, and psychological well-being including spending one-on-one time with consumers and tailoring their support as per consumers preferences such as getting them involved group activities. Care planning documentation provided information about consumer’s spiritual and emotional needs and preferences. Consumers were observed being supported emotionally and spiritually.

Consumers and representatives explained how they keep in touch with family and friends and how they are supported to do the things of interest to them. Care planning documentation reflected who is important to each consumer and what activities they enjoy participating in. Staff said they help consumers to stay in contact with their families and friends through phone calls, video calls for family meetings, face-to-face visits, emails and the service’s newsletter. Family and friends were observed being welcomed into the service and enjoying quality time with consumers.

Consumers and representatives said consumers’ care needs are effectively communicated between organisations if the responsibility for their care is shared. Staff said changes with consumers are communicated to them through staff handovers, updated documented in care plans or registered staff inform them directly. Care planning documentation noted evidenced consumers care needs are documented adequately to ensure effective communication.

Consumers and representatives said they are supported by external individuals, such as volunteers and government support. Staff described how the service has a Community Visitors Scheme to encourage volunteers to come to the service which did slow down during COVID-19 times but is now operating again. Care planning documentation showed how consumers are supported with appropriate referrals to external services.

Consumers and representatives said they like the food at the service, it is of good variety, quality and quantity. Staff outlined how they ensure there are a variety of meals on offer to suit consumer preferences. Care planning documentation reflected information such as allergies, dietary requirements, and personal preferences. Management outlined how menus are planned using input from consumers.

Consumers and representatives reported equipment at the service is suitable, safe, clean, and well maintained. Staff confirmed equipment was available to them when they needed it and maintenance staff described maintenance processes. Maintenance documentation evidenced equipment is appropriately 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

Consumers and representatives said they feel at home at the service and the environment and staff are welcoming, consumers were observed moving around the service environment. The service was observed to be welcoming, support interaction and easy to navigate. All areas were well lit with wide hallways and handrails for consumers to navigate with ease. Consumers’ rooms were observed to be decorated with personal items.

Consumers and representatives said the environment was safe, clean, comfortable, and well maintained and they could move freely both indoors and outdoors. Staff explained what they do when they notice a hazard or safety issue and cleaning staff were familiar with the processes for cleaning and laundry services. Documentation including cleaning logs demonstrated cleaning tasks are attended to regularly and the environment was observed to be clean with consumers moving freely around the service.

Consumers and representatives reported feeling safe when staff used equipment and confirmed that equipment and furniture is clean and fixed quickly if broken. Call bells were observed to be working in each consumers’ room. Staff explained how shared equipment is regularly cleaned and equipment used for handling consumers is safe to use. Maintenance staff explained how often preventative maintenance is performed and how to log a maintenance issue. Preventative maintenance and equipment documentation showed that equipment is serviced, and furniture and fittings are clean and well maintained.

# 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 and staff said they felt comfortable in providing feedback to the service, positive or negative, and knew of various ways feedback could be provided. The organisation promotes a range of mechanisms to encourage consumers, representatives, and visitors to provide feedback and make complaints, such as feedback forms, consumer/representatives meetings and case conferencing. Information regarding feedback and complaints were observed displayed in service including posters, complaints brochures in different languages, satisfaction and consumer experience surveys and feedback forms.

Consumers said they are informed about how to access advocacy, interpreter, legal services, through brochures provided at the reception area. Staff knew how to communicate with those consumers who have trouble communicating, or who need interpreter services. Staff were observed supporting consumers to provide feedback if they need additional support of any kind. Information on advocacy and interpreter services was observed on noticeboards throughout the service and feedback forms were available in various languages.

Consumers said the service responds to their complaints appropriately and the service communicates with them to discuss their concerns. Staff were aware of the complaint management and open disclosure process. The service’s feedback and complaint system included the description of complaints, comments or compliments and the action taken in response. The complaints database demonstrated that the service was appropriately recording and responding to complaints and a dashboard was produced to assist management to analyse complaints trends.

Consumers said feedback and complaints are reviewed and used to improve the quality of care and services. Staff described a range of methods used to review and analyse feedback and complaints to ensure due consideration is given to each item raised. Quality action items and improvements are lodged the electronic care management system and monthly reporting is part of regular reporting to management, executive, and the Board. Opportunities for continuous improvement were identified through various sources, including feedback and complaints.

# 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 said there is sufficient staff to respond to their needs and staff respond to call bells within an appropriate timeframe. Management reported that shift vacancies are usually adequately filled. Rosters and planning documentation demonstrated that shifts are adequately filled to deliver safe and quality care and services.

Consumers and representatives said workforce interactions with consumers is kind, caring and respectful. Staff were observed addressing consumers by their preferred name and using respectful language when assisting consumers. Consumers and representatives said staff know what they were doing, and management described how they determine whether staff are competent and capable in their roles. Management described the process to ensure that staff are suitable for, and competent in their role. Staff documentation and the quality activity tracker confirmed that systems and processes are in place to improve the level of mandatory competencies and demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives said staff are adequately trained and equipped to do their jobs. Management said that they train and equip the workforce through their online learning platform and face-to-face training based on their competency and roles matrix. Staff said they receive adequate training to perform their assigned duties. Training records evidenced that the workforce is satisfactorily recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management and all staff described the performance assessment review process and staff records evidenced that staff performance is monitored and reviewed. The service has a performance management policy to guide processes for regular assessment, monitoring and review of staff performance.

# 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 said they contribute to decisions about how the service is run through the consumer/representative meetings and case conferences. Management described how consumers are engaged in the development, delivery and evaluation of care and services, such as through participation at meetings, providing survey and feedback forms and having an open-door policy. Minutes from consumer/representative meetings showed input from consumers, and feedback forms, suggestion boxes were identified in various locations throughout service.

Consumers said that they feel safe and receive the care they need. Senior Management described how the governing body is involved in the delivery of care and services as reflected in its’ organisational chart, strategic plan 2022-2024 and governance policies. The service has a clinical governance framework and committee structure in promoting a culture of safe, inclusive and quality care and services.

The service provided a range of policies and procedures that demonstrated appropriate governance systems are in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself the Quality Standards are met.

The service’s risk management plan establishes the foundations and arrangements for designing, implementing, monitoring risk within the service. Staff described processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Management advised that high-impact incidents in the service relate to falls, pressure injuries and weight loss; clinical data is gathered via the electronic incident management system to monitor and trend clinical risks for the service.

The service has a clinical governance framework in place including policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. The Aged Care Clinical governance framework and procedure describes how the service provides a culture of clinical governance and leadership which supports consumer centric, high quality, holistic and safe care.

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)