Performance

Report

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| Name of service: | Hale Hostel |
| Service address: | 31 Waverley Road COOLBELLUP WA 6163 |
| Commission ID: | 7200 |
| Approved provider: | Amana Living Incorporated |
| Activity type: | Site Audit |
| Activity date: | 10 July 2023 to 12 July 2023 |
| Performance report date: | 11 August 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 Hale Hostel (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff and others; and
* the provider’s response to the Assessment Team’s report received on 8 August 2023 acknowledging the recommendations made by the Assessment Team.

# 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

Staff provide care and services to consumers in a way that is respectful of their dignity, ethnicity, culture, and relationship status. Observations showed staff to be kind and respectful when interacting with consumers, and consumers and representatives said staff are respectful and provide care and services which are culturally safe.

Consumers are supported to exercise choice and independence to decide when care is provided, who is involved in their care, and they are supported to maintain relationships. Consumers and representatives confirmed consumer choices are respected by staff.

Staff are aware of the risks taken by consumers and support consumers who decide to take risks and live the way they choose by discussing the benefits and possible harm of the activity undertaken. Consumers are involved in problem-solving solutions to reduce risk where possible and could describe how the service supports them to take risks.

The service provides information to consumers and their representatives that is current, accurate, and in a timely manner. Consumers said information is available to them to help make choices about their personal and clinical care, food options, and lifestyle activities. Staff described ways they ensure consumer privacy is respected and follow policies and procedures to keep consumers’ personal information confidential. Consumers and representatives said staff respect consumers’ privacy and confidentially is maintained within the service.

Based on the Assessment Team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Risks to consumers’ safety, health, and well-being are identified through assessment and planning process, with strategies to reduce risk documented assisting staff to provide safe and effective care and services. Systems and processes are in place to support consumer-centred assessment and care planning. Consumers are supported and encouraged to share their end of life and palliative care wishes with staff and care planning documentation included consumers’ preferences and current care needs, including the things, and the people important to them to maintain their health and well-being. Consumers and representatives said they are encouraged to be involved in discussions relating to care planning and risk identification.

Assessment and planning of care and services is undertaken in partnership with the consumer, others the consumer wishes to be involved, and where appropriate, other organisations and providers of care. Staff described how they use external providers, such as physiotherapists, occupational therapists, speech pathologist, psychologists and dieticians to assist with care planning. Outcomes of assessments and care planning are communicated to consumers and are regularly reviewed. Staff can access care planning documentation from electronic tablets when required and processes are in place to ensure the care and services provided are up-to-date and meet the consumer’s current needs. Documentation confirmed care plans are updated when there is a decline or change in health status, when incidents have occurred, following a consumers’ discharge from hospital, or when there are changes in a consumer’s preference. Consumers and representatives are satisfied the service keeps them informed of the outcome of any assessments and whenever changes occur in the way care is provided.

Based on the Assessment Team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 receive safe and effective personal and clinical care that is tailored to their needs, optimises their health and well-being, and aligns with best practice. Staff described the care needs for consumers and the information provided aligned with care planning documentation for each consumer. Consumers and representatives are satisfied with the clinical and personal care consumers receive.

Effective management of high impact or high prevalence risks associated with the care of consumers with falls, wound management, weight loss and changed behaviours were demonstrated. Staff follow policies and procedures and apply measures to mitigate the level of risk to consumers, whilst supporting their independence and self determination to make their own choices. Consumers and representatives said staff provide care which is safe and right for consumers.

Care plans included advanced health directives where the needs, goals and preferences of consumers nearing their end of life were documented and reviewed to maintain consumers’ dignity and comfort. Staff are aware of the procedures to care for consumers who demonstrate a deterioration of mental, cognitive, or physical function or condition. Documentation showed referrals to health practitioners and services when a consumer’s health status is changing and deterioration in physical or psychological status is identified.

Processes are in place to ensure information about consumers’ condition, needs and preferences is documented and communicated within the service and with others where responsibility for care is shared. Timely and appropriate referrals to individuals, organisations, and providers of other care and services, were demonstrated. Consumers and representatives said staff know consumers and their care requirements and ensure consumers are supported to access external providers when required.

The service has an effective infection prevention and control program that aligns with the nationally recognised guidelines and applicable governing standards. Two designated infection prevention and control leads have the required training to ensure staff compliance in infection control. Policies and procedures are in place to guide the prescribing of antimicrobials for the appropriate amount of time and the monitoring of infections.

Based on the Assessment Team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# 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

Staff demonstrated ways they support consumers and detailed care plans identified strategies for each consumer to promote emotional, spiritual and psychological well-being. Consumers and representatives are satisfied with the services and supports provided to meet consumers’ needs, goals and preferences and make consumers feel safe.

Documentation showed how the local community has been engaged in activities with consumers, and staff described how consumers were facilitated to do things that were of interest to them. Consumers and representatives advised consumers are supported to access their community both within and outside of the organisation.

Processes are in place to ensure information regarding consumers’ condition, needs and preferences is communicated within the service and with external services where a shared care arrangement exists. Documentation showed timely and appropriate referrals for assessment and intervention as required, and consumers and representatives felt referrals for external services were undertaken when required.

Care and catering staff were able to identify the individual needs and dietary requirements of consumers. Management advised they had worked to address previous complaints expressed by some consumers regarding meals, however, they are still working towards a satisfactory solution. The majority of consumers and representatives advised the food is adequate and varied, and the service is responsive to the feedback provided.

Contracted services are used for the maintenance of equipment and an electrician and maintenance person are onsite to undertake timely repairs. Four wheeled walkers, wheelchairs and hoists were observed to be clean and in good working order. Pressure relieving cushions and air cell mattresses were observed in use and were clean and fit for purpose. Consumers and their representatives were satisfied equipment provided was clean and safe for intended use.

Based on the Assessment Team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# 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’ rooms were observed to be spacious and personalised according to consumers’ wishes, often including familiar furniture, preferred artwork and photographs of their family and friends. Consumers feel safe and like living at the service as it feels homely and the surroundings are both comfortable and relaxing. Consumers and representatives said the service is welcoming and the facilities, gardens, and courtyards are well maintained.

The environment is clean, well maintained, comfortable and consumers were observed to move freely, both indoors and outdoors. Processes ensure there is regular maintenance and cleaning and consumers found the service environment to be clean, safe, and well maintained.

Furniture, fittings, and equipment were observed to be safe, clean, well maintained, and suitable for consumer use. The service has a preventative and reactive maintenance program which covers the service requirements related to all major plant and equipment to support the service’s safe operation. Consumers felt safe when staff used equipment which was appropriate for their needs.

Based on the Assessment Team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# 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

The service encourages consumers, representatives and staff to provide feedback and make complaints. Staff have supported consumers previously to provide feedback, particularly when the consumer has had difficulty with communication. Consumers and representatives advised they would feel comfortable providing feedback to the service should they wish to and were aware of the methods for doing so.

Consumers are made aware of and have access to advocacy services with information regarding services displayed on noticeboards throughout the service. Interpreters are available if required and consumers are aware of the external services available to them.

An open disclosure policy and procedure is in place and management showed how they used open disclosure with family members when an adverse incident occurs. Management demonstrated how the feedback received was acknowledged and consumers were happy with the responses received from feedback provided, and felt issues were resolved in a timely manner.

Feedback and complaints information is recorded, analysed, and revied with the data used to inform improvements in quality of care and services. Management demonstrated improvements implemented as a direct result of feedback received.

Based on the Assessment Team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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

Processes and systems are in place to ensure the number and mix of the workforce is sufficient to deliver and manage safe and quality care and services. Staff confirmed they have enough time to undertake their duties and processes ensure planned and unplanned leave is managed. Consumers and representatives said there were enough staff and consumers do not have to wait a long time for their call bell to be answered.

Workforce interactions with consumers were observed to be kind, caring and respectful of their identity, culture, and diversity. Consumers and representatives said staff treat consumers with respect and are responsive to their needs.

The workforce was observed to be competent with specific knowledge in aged care and services. Staff described the recruitment process, complete mandatory training, and have the required qualifications to effectively perform their roles. Consumers said staff are competent and felt safe when staff provided care and services.

Systems are in place to initiate performance management processes following feedback from consumers, staff, and where incidents have occurred. Regular assessment and monitoring of staff performance is undertaken and staff development is supported with additional training provided if required.

Based on the Assessment Team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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 are encouraged to engage and contribute to the improvement of care and services by completing feedback forms, taking part in consumer satisfaction surveys and attending meetings. Documentation showed consumers are actively engaging with the service and make suggestions about the care and services they receive.

The organisation’s governing body promotes a culture of safe, inclusive, quality care and services, and is accountable for their delivery. The Board is informed of current risks identified from clinical and risk data collected and analysed by the service and can take appropriate action to rectify these in a timely manner if required. Consumers and representatives felt the service was well run.

The organisation has a range of policies and procedures and various sub-committees to ensure effective governance systems and communication. Information management systems are password protected to ensure the confidentially of consumer information. A continuous improvement plan demonstrates areas for improvement with timeframes for competition. Management have a good understanding of their allocated budget and what to do when additional funds are required to support consumers’ changing needs. There is an organisational structure which identifies staff reporting lines and ensures the right mix and match of staff to meet consumer needs and provide quality care and services. Changes to legislation and regulations are monitored and communicated to staff through emails, newsletters and meetings. Feedback and complaints mechanisms support the capture and analysis of feedback data, with reporting lines ensuring communication of any trending complaints or themes to the Board.

Effective risk management systems and practices were demonstrated to manage high impact or high prevalence risks, identify and respond to abuse and neglect, manage and prevent incidents and support the consumer to live the best life they can. The service reviews incidents and implements measures to protect consumers and prevent reoccurrence of similar incidents.

Clinical care is governed by an overarching clinical governance framework, including, but not limited to antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. Staff were knowledgeable in antimicrobial stewardship, the use of restraint, and open disclosure principles. Policies guide staff on antimicrobial stewardship and ensure specimens are collected to prescribe the correct antibiotic for the appropriate amount of time. The service has current restrictive practices register and policy to guide staff in the responsible use and minimisation of restrictive practices and consumers confirmed staff use open disclosure principles in their daily practices.

Based on the Assessment Team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)