Performance

Report

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| Name of service: | Havilah Hostel |
| Service address: | 11 Harkness Street MARYBOROUGH VIC 3465 |
| Commission ID: | 3181 |
| Approved provider: | Havilah Hostel Inc |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 23 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 Havilah Hostel (**the service**) has been prepared by J Howard, 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, conducted from 17 January 2023 to 19 January 2023. 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 Approved Provider’s response to the site audit report, received on 16 February 2023.
* Other information and intelligence held by the Commission in relation to this 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

All consumers advised staff treated them with dignity and respect, and were aware of their identities and cultural backgrounds. Care planning documentation captured consumers’ details regarding their identity, background and cultural practices.

Consumers and representatives confirmed the service provided individualised care that was consistent with their cultural traditions and preferences. Staff delivered care that met consumers’ cultural needs and preferences.

Consumers were supported to exercise choice and independence, make decisions and maintain personal relationships. Staff provided examples of how they supported consumers to exercise choice and independence.

The service supported consumers to take risks to enable them to live the best lives possible. Care planning documentation identified risks through risk assessments, and the service’s documented policies guided staff in taking appropriate measures to ensure consumers were provided with the necessary knowledge and information to make informed decisions in addressing consumers’ chosen risks.

Consumers, representatives and staff were provided with timely and accurate information and were kept informed via activity planners, service newsletter and notifications sent through an electronic message service. The Assessment Team observed a noticeboard with the daily menu displayed in the dining room.

Most consumers advised their privacy was respected, and personal information was kept confidential. The organisation has documented policies and procedures on the collection, disclosure, security, storage and protection of personal information of consumers.

# 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 received the care they required, and risks were identified and managed to promote their independence and safe care. Staff advised assessment outcomes were documented in consumer care plans, which guided the delivery of safe and effective care.

Consumers and representatives were provided with opportunities to discuss their current care needs, goals and preferences, including advance care planning and end-of-life care. Care planning documentation, which was included in the admission pack, reflected the identification of end-of-life care preferences and advance care directives. Consumers were encouraged to discuss their preferences upon entry to the service.

Care planning documentation demonstrated staff consulted consumers and representatives throughout the assessment and care planning process, and whenever required. Staff sought input from health professionals such as medical officers, allied health professionals, physiotherapists, dieticians and podiatry services.

Consumers and representatives confirmed outcomes of assessments and planning were communicated to them and they were able to access their care plans upon request. Staff utilised the service’s electronic care management system to access and communicate outcomes of assessment and planning. Staff involved representatives when explaining information to consumers who had difficulty communicating.

The service was guided by policies and procedures for recording changes to consumer needs, and care plans were updated when consumers’ circumstances changed. Consumers and representatives were notified of changes to consumers’ care.

# 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 said consumers received safe and effective care that was best practice, tailored to their needs, and which optimised their health and well-being. The service had policies and procedures in place to support the delivery of care provided, such as falls prevention, wound management, skin integrity, pressure injury prevention, behavioural risks and restrictive practices.

Care planning documentation noted high impact or high prevalence risks were effectively identified and managed by the service through regular clinical data monitoring, trending, and implementation of suitable risk mitigation strategies for individual consumers. Staff described high impact and high prevalence risks for the consumers at the service and the strategies in place to manage those risks. Care documentation showed evidence of assessment and planning, and identified effective strategies to manage key risks, which were recorded in assessment tools such as the FRAT, as well as care plans, and in progress notes.

Consumers and representatives confirmed staff spoke with consumers about advance care planning and their end-of-life preferences. Management and staff described changes made to the delivery of care for consumers requiring end-of-life care, and involvement of the consumer’s family during palliation.

Staff at the service recognised and responded to deterioration or changes in consumers’ health in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers and representatives stated they were satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions.

The service demonstrated consumers’ care was documented and effectively communicated. A review of care planning documentation showed progress notes and care and service plans provided adequate information to support effective and safe sharing of consumers’ information. Consumers and representatives said consumers’ care needs and preferences were effectively communicated between staff, and they received the care they needed. Staff provided recent examples of when deterioration of, or changes in, a consumer’s condition was recognised, documented, responded to and communicated within the organisation.

Care planning documentation demonstrated timely referrals to medical officers, allied health services and other providers of care and services. Staff were aware of the process for referring consumers to health professionals and allied health services. Consumers’ care planning documentation included input from other services such as medical practitioners, podiatry services, physiotherapists, geriatricians, and dieticians.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship and infection control management. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and 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

Consumers and representatives were satisfied consumers received services and supports that met their needs, goals and preferences, and enabled them to maintain their independence and quality of life. Staff described the needs and preferences of consumers, and this information aligned with care planning documentation.

Consumers advised the service provided support for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Staff advised they supported consumers by facilitating contact between consumers and visiting spiritual leaders at the service, and celebrating and encouraging religious and cultural beliefs.

Consumers and representatives felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. The Assessment Team observed individual and group activities, which were detailed in the monthly activity program displayed in their rooms.

Care planning documentation provided adequate information to support the delivery of effective services and safe care, The service utilises an electronic documentation system to share consumer information when care is provided, or when changes occur. Staff detailed the process for communicating internally at the service, and externally to others where the responsibility for care is shared.

Consumers said they were referred to individuals and other organisations for care and services in an appropriate and timely manner. Care planning documentation identified the involvement of other organisations and providers of care and services, such as medical practitioners, the local library, staff from Dementia Services Australia, and other external service providers.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided. Care planning documentation identified the correct information regarding dietary requirements and preferences of consumers.

Staff advised they had access to equipment that was safe and well maintained, and suitable for use. Consumers and representatives stated the equipment provided was safe, suitable for their needs, 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

Consumers and representatives advised the service environment was welcoming, clean and well-maintained, with shared areas, seating and outdoor garden areas for consumers. The service environment was easy to understand and optimised consumers’ sense of belonging, independence, interaction and function. The Assessment Team observed plenty of space for consumers, with no clutter and with clear signage in each wing and common areas, to aid navigation around the service for consumers and visitors.

Consumers and representatives stated the service was clean, well-maintained and comfortable, and they could move around freely, with easy access to both indoor and outdoor areas.

The Assessment Team reviewed the maintenance register, and identified consumer equipment such as walking frames and wheelchairs were cleaned regularly. Consumers indicated furniture and equipment were suitable, clean, well maintained and safe.

# 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 representatives were encouraged to provide feedback or make complaints, and felt encouraged and understood how to do so. Staff were aware of the avenues available to consumers and representatives to provide feedback, and described the ways they supported consumers to lodge complaints.

Consumers and their representatives were comfortable raising concerns with management and staff. Staff acted as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required. Staff and management were aware of how to access interpreting and advocacy services for consumers.

The service had documented policies regarding consumer feedback and open disclosure processes which guided staff practice in resolving consumer complaints. Staff and management described the process that was followed when feedback or a complaint was received, including escalation to senior clinical personnel or management.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. Management demonstrated that feedback and complaints were trended, analysed, and used to improve the quality of care and services provided to consumers.

# 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 and representatives said there were enough staff at the service, and staff were not rushed when providing care. Call bells were answered within an acceptable timeframe, and staff gave them the care they needed. Care delivery was calm, professional, and planned. The roster demonstrated the organisation has systems and processes in place to ensure there were enough staff to provide continuous safe and quality care. Management provided evidence of strategies in place to address any impacts on staff availability.

Consumers and representatives felt staff were kind, caring, respectful and gentle when delivering care and services, and responsive to their needs. They said staff were respectful of their identities and diversity and understood their backgrounds and cultural preferences. The service had documented policies which set out the behaviours expected of staff.

Management detailed processes which ensured the workforce was competent and had the qualifications or knowledge to effectively perform their roles. Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs.

The service demonstrated staff were trained, equipped and supported to deliver care and services that met consumer’s needs and preferences, in line with the Quality Standards. Staff confirmed they received the training, equipment, and support required to provide care and services consumers required. Consumers and representatives stated staff know what they were doing, and were satisfied with the care they received.

The service regularly undertook assessment, monitoring and review of the performance of each member of the workforce. Management described the performance appraisal process, and also informally reviewed performance through observation and supervision of staff practice, and provided feedback to staff as necessary.

# 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 and representatives said the service was run well, and they were satisfied with their level of engagement in the development, delivery and evaluation of care and services. They said the service encouraged their participation when making decisions. The service had effective systems for engaging and supporting consumers in the development, delivery, and evaluation of care and services.

The organisation’s governing body promoted a culture of safe and inclusive care and was accountable for the delivery of safe, quality care and services. At the time of the site audit, the service was reviewing and implementing systems and processes to monitor the performance of the service, and to ensure the governing body was accountable for the delivery of safe care and services. The governing body received consolidated monthly reports generated by sub-committees, which was comprised of internal audit outcomes, consumer feedback and complaints, continuous improvement initiatives, reported hazards and risks, clinical and incident data analysis, and it used this information to ensure the organisation complied with the Requirements in the Quality Standards.

Management described the processes and mechanisms in place for effective, organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Consumers and representatives provided feedback which was used to improve the quality of care and services provided to them. Staff used referrals to inform other stakeholders of changes in consumers’ condition or preferences. Staff explained the reportable incident system, and their responsibilities based on their position.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers. Risks were reported, escalated, and reviewed by management at the service level, and by the organisation’s executive management, including the governing body. Management demonstrated various components of the risk management system, which included incident reports, audits, and communication with consumers and staff. Feedback was communicated through service and organisation meetings, which resulted in improvements to care and services for consumers.

The organisation’s clinical governance system ensured the delivery of safe and effective clinical care across areas, which included antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure. The service had relevant policies and procedures which were implemented across the service. Staff understood policies, and provided examples to the Assessment Team of its relevance to their work.

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)