Performance

Report

**1800 951 822**

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| Name: | Haydays Retirement Hostel |
| Commission ID: | 0212 |
| Address: | 256-260 Coke Street, HAY, New South Wales, 2711 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 21 August 2024 |
| Performance report date: | 17 September 2024 |
| Service included in this assessment: | Provider: 1089 Hay Senior Citizens Association Incorporated  Service: 228 Haydays Retirement 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 Haydays Retirement Hostel (**the service**) has been prepared by Micheal Cooper, 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 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 3 Personal care and clinical care | Not applicable as not all Requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements have been 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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

Consumers were satisfied the service is effectively managing their care needs. Service documentation demonstrated policies and procedures in place to guide staff in the safe delivery of care and services. Care documentation demonstrated staff are effectively assessing and managing consumers’ care needs including falls management, diabetes management, complex care, changed behaviours, and wound care management.

I have considered the information within the assessment contact report, and I have placed weight on the information including positive feedback provided by consumers and effective processes in place to guide safe delivery of care.

It is my decision Requirement 3(3)(b) is Compliant.

Consumers provided positive feedback in relation to care provided by the service, and explained staff respond timely to clinical deterioration. Service documentation evidenced policies and procedures to guide staff in responding to clinical deterioration. Care documentation evidenced staff are responding to consumers’ who experience clinical deterioration with appropriate clinical interventions implemented to support consumers.

I have considered the information within the assessment contact report, and I have placed weight on the information including positive feedback provided by consumers and evidence of effective processes to guide staff in recognising and responding to consumers who experience clinical deterioration.

It is my decision Requirement 3(3)(d) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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

The organisation demonstrated an effective clinical governance system in place which provides guidance to staff to ensure the delivery of quality care and services to consumers. Service documentation evidenced systems to maintain and improve the safety and quality of care to ensure beneficial outcomes are achieved.

The service evidenced education provided to staff in relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated understanding of the organisation’s policies and procedures, and provided examples of how each element applies to their job role.

I have considered the information within the assessment contact team report, and I have placed weight on the information provided within this and other Requirements, including the evidence of effective implementation of the clinical governance framework.

It is my decision Requirement 8(3)(e) is Compliant.

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-1)