Performance

Report

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| Name of service: | Haydays Retirement Hostel |
| Service address: | 256-260 Coke Street HAY NSW 2711 |
| Commission ID: | 0212 |
| Approved provider: | Hay Senior Citizens Association Incorporated |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 4 January 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 Haydays Retirement 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 and others.
* 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 so as 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 said the service treated them with dignity and respect, and that it accepted and valued them. The Assessment Team’s observations aligned with this feedback and the service’s training records showed the organisation trained staff to treat consumers with respect. Policies and procedures described an inclusive, consumer-centred approach to care that included a commitment to diversity. The service informed consumers of their rights, including their right to dignity and respect. Care and lifestyle plans reflected consumers’ identities and culture.

Consumers reported the service valued their identity, culture and diversity. Staff showed they respected each consumers’ identity and culture, including by using consumers’ preferred names, acknowledging their choices and delivering care respectfully. Staff knew which consumers were from other cultures, and how to tailor care and services appropriately.

Consumers confirmed the service supported them to make and communicate decisions affecting their health and well-being. They said that they could change their care decisions at any time, and that the service included others in their care where consumers chose to have them included. The service assisted consumers to make connections with others and maintain relationships.

The service supported consumers to understand benefits and possible harms when they made decisions about risk. Staff demonstrated how the organisation supported consumers to have choice and control, including concerning risk. The service conducted a risk assessment for consumers who wanted to take risks and decisions regarding risk were documented in the consumers’ care file.

Consumers said the service provided them with clear information about their care. They were involved in meetings, encouraged to ask questions and were offered hard copies of information such as care plans, meeting minutes and calendars. Staff used different methods to communicate information, ensuring it was easy to understand and accessible to consumers. This included using strategies to communicate with consumers who had cognitive decline, or those who needed visual aids or hearing assistance. The service provided consumers with ‘welcome packs’, and noticeboards and brochures displayed a range of relevant information.

The service protected consumers’ privacy and confidentiality and staff respected consumers’ personal space and privacy when their friends, partners or significant others visited. Staff supported consumers to communicate their preferences for how they wanted their privacy maintained. Consumer information was kept in the service’s electronic care planning system, which was password protected. The service’s privacy policy outlined how it maintained and respected consumer’s personal and health information.

# 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 said the service planned their care well and that they felt safe and confident because the workforce understood how to support their well-being. Staff knew the care planning processes and their role in those processes. Consumers’ care plans contained input from relevant practitioners. Training records showed how the service supported its workforce to conduct assessments and develop care plans. The service monitored assessment and planning tools and processes to make sure they identified and addressed the needs of consumers.

Consumers advised that assessment and planning addressed their needs, goals and preferences. Staff knew how consumers wanted their care delivered and care plans were individualised and reflected consumers’ individual needs and preferences. Advance care plans were in place for consumers who wanted them. Care plans were reviewed every three months, and after changes in consumers’ conditions.

Consumers reported they were actively involved in the assessment, planning and review of their care and services and that their care plans helped them to meet their needs and goals. Consumers said assessment and care planning was coordinated and they were satisfied the right people were involved. The service partnered with consumers to assess, plan and review their care and services. The service’s planning process documents showed that the service’s planning involved relevant organisations, individuals and service providers.

Consumers said the clinical team involved them in developing and reviewing their care plans. The service consulted consumers regarding their care and any changes were communicated to, and discussed with them. The care plans were accurate, contained sufficient detail and reflected the outcomes of the most up-to-date assessments and reviews of consumer needs, goals or preferences. Staff were trained to document and communicate assessment and planning results.

Consumers confirmed the service regularly communicated with them about their care and services, including seeking feedback, and making changes to meet their current needs, goals and preferences. When something went wrong, or when things changed, staff communicated with consumers and sought their input to update their care and services plans. The service’s policies and procedures included requirements for regular reviews, assessments and charting.

# 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

The service had policies, procedures and systems for safe and effective care, and delivered care according to consumers’ needs, goals and preferences. The workforce was well trained and supported to deliver personal and clinical care that was consistent with best practice. Care requirements were adequately communicated between those delivering care, and were reviewed to make sure they met best practice guidelines.

Consumers said the care provided was safe and right for them and said the service assessed, explained, and managed risks to their well-being such as falls, pressure sores, weight loss and infection. The service additionally used policies and procedures, medical input and clinical protocols to guide how it managed high impact, high prevalence risks. Its care management systems incorporated standardised assessments, charting and care planning tools featuring automated reminders, and it used a quality reporting system to capture clinical data. The service monitored and reported performance and used these results to inform continuous improvement.

Consumers said that service staff manage symptoms such as pain well. Family members reported they could visit and support their loved ones, that they were involved in palliative care decisions, and that staff were skilled in providing care. All consumer files identified personal choices and preferences, and an advance care plan was in place where a consumer chose to have one. Care and services plans reflected consumers’ end-of-life care needs, goals and preferences. Staff were equipped to provide end of life care, with a registered nurse and a palliative care service available to support them.

Staff knew the service’s consumers and picked up changes in their conditions. They listened and acted on any concerns consumers had about their health, and took appropriate additional action when needed. The service additionally had policies, procedures and clinical protocols to guide staff in its management of consumer deterioration. Care planning documents included consumers’ preferences, advance care plans, baseline observations and clinical care plans, to guide staff responses to deterioration for each consumer. Care planning documents, clinical protocols and observations during the Site Audit showed that the service recognised and responded to deterioration quickly, and that it had proactive plans in place to address changes in consumers’ conditions. The service collected and analysed data to improve care delivery in response to consumer deterioration, such as data pertaining to infections, falls and unexpected transfers to hospital.

Consumers said that care staff were well informed and well trained, and that the service coordinated its care appropriately. All care staff had access to information and clinical systems, as required by their role. Clinical management systems were intuitive and featured functionality for alerts, and reports to facilitate care and handovers. The care and clinical teams exchanged information effectively. Communication within the organisation was effective and the service had privacy policies to protect consumer information.

The service had a network of approved individuals, organisations and providers it could refer consumers to for additional care. Consumers said referrals were prompt, and that the providers were appropriate and met their care needs. Care and services plans confirmed that the organisation had documented its collaboration with other providers. Consumer records showed the organisation made timely referrals to health practitioners, specialised allied health or other services to meet consumers’ care needs.

Consumers reported the service was clean, that they were confident in its ability to manage an infectious outbreak, and that they had been given information on how to minimise the spread of infections. The service had implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management, and for the management of a COVID-19 outbreak. The workforce understood precautions necessary to prevent and control infection, and the steps to minimise the need for antibiotics. The service had a staff and consumer vaccination program and records were maintained for influenza and COVID-19 vaccinations.

# 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 were satisfied with the service’s supports for daily living, stating that the supports met their needs, goals and preferences and optimised their overall health and well-being. The management team described how they partner with consumers and their representatives to understand consumers’ preferences, including leisure likes and dislikes, interests; and social, emotional, cultural and spiritual needs. Staff knew what was important to consumers and how they supported them to optimise their overall health, well-being and quality of life.

Consumers reported they felt engaged in meaningful, satisfying activities. They said they could observe sacred cultural and religious practices as desired, including celebrating cultural or religious days. Staff demonstrated how they supported the emotional, psychological and spiritual well-being of consumers, and gave examples of day to day cultural awareness practices at the service.

Consumers said they had an active social life and could take part in activities that interested them. They said they were supported to maintain personal relationships and take part in community and social activities they chose. Staff worked with other organisations, advocates, community members and groups to help consumers follow their interests and social activities, and maintain their community connections. Records such as consumer files and Resident and Representative Meetings minutes showed that the service designed supports with the consumer, to match the consumer’s changing needs, goals and preferences.

Consumers said staff knew their needs and preferences, and that the service coordinated their supports well. The service had methods for communicating accurate, up-to-date information between care settings, such as between the service itself, and acute care wards. The service’s system for managing information, including consumer care and service plans was effective, showing evidence of updates, reviews and communication alerts, which included information from multiple sources, updates from reassessments and their results.

Consumers’ care plans showed the service collaborated with other individuals, organisations and providers to support the diverse needs of consumers. Staff knew how to make referrals, and knew which providers to refer consumers to. The organisation had a network of other care providers, ensuring consumers had access to a range of services and supports and regularly reviewed the members of its network, to make sure their services were safe and effective.

The service had processes in place to include consumers in the development of the menu and provide feedback on the quality of the food provided. Consumers were offered other options where the daily menu was not to their liking. Staff described how individual consumers’ dietary needs and preferences were recorded and supported.

Consumers confirmed the service adequately maintained its equipment and that they were satisfied with the equipment in operation. Sampled staff said the service had plenty of equipment, that the equipment was well-maintained, and that staff were trained in how to use it. Consumers and staff knew how to report concerns related to equipment maintenance.

# 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

The service environment included a mix of small, comfortable sitting rooms and larger community rooms with access to books, activities, games, tea and coffee. The service had a welcoming environment and consumers moved around the service using mobility assistive equipment, such as wheeled walker frames. Consumers reported they could move easily around the service and that they felt comfortable and at home in the service. Aspects of the environment that assisted consumers included directional signage and room numbers being clearly displayed.

The service environment was safe, clean, well-maintained, comfortable, and enabled consumers to move freely, both indoors and outdoors. Maintenance staff used preventative and reactive maintenance approaches to ensure efficient and thorough cleaning of consumer rooms and communal areas. Consumers were observed enjoying a variety of areas throughout the facility and surrounding area.

A range of furniture and equipment was observed in the service. The service’s furniture, fittings and equipment were well-maintained, clean, and suited consumers’ needs. Staff confirmed they had sufficient access to equipment for consumer care. Furniture and equipment were maintained under a scheduled maintenance plan, with specialist contractors in place where required.

# 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 encouraged consumers, their representatives and others to make complaints and provide feedback. Consumers confirmed they had no concerns talking with staff or management if they wanted to do so. To support consumers, the service published information on noticeboards and in service publications about the available internal and external complaints systems. The service had multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, raising issues at meetings, or speaking directly with the Manager.

Consumers said they were comfortable raising concerns with management and staff, and they could escalate their complaint if it was not resolved to their satisfaction. They also said they were aware of other channels for raising a complaint, such as through advocacy services. Staff demonstrated applied knowledge of the service’s internal and external complaints and feedback systems, and of advocacy and translation services for consumers and their representatives. The service had adequate Feedback, Complaints and Open Disclosure policies in place.

Consumers reported that management sought to resolve their concerns promptly. Staff understood their role in the complaints handling process, and knew the channels through which to raise concerns on behalf of consumers. Staff confirmed the service trained them in the use of open disclosure processes, and demonstrated an understanding of the principles of open disclosure.

The service had systems in place to record complaints, feedback, compliments and suggestions, including multiple ways to raise complaints. Consumers said they had seen the service act on feedback to improve its care, and they provided several examples. All feedback and complaints were reviewed and linked to the service’s continuous improvement plan.

# 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 reported the service had enough staff, that staff respond to call bells promptly, and that the staff gave them the care they needed. The service developed a roster every two weeks, based on consumer need, and the roster contained a mix of staff, including a registered nurse, medication-designated care staff, care staff and hospitality services staff. Allied health staff, including physiotherapists, a dietician, and podiatrists, provide regular planned care for consumers.

Consumers said that staff were kind and caring and that they respected consumers’ identities, culture, heritage, and diversity. Staff interactions with consumers were observed by the Assessment Team to be caring and respectful. Care planning documents contained details about consumers’ stories, their needs and their preferences.

The service’s workforce was competent, and members of the workforce had the qualifications, knowledge, and skills to perform their roles effectively. Consumers said the service’s care and clinical staff were sufficiently skilled, and that they made referrals to specialist services when needed. The service maintained an up-to-date register of staff qualifications, which it reviewed regularly.

The service had appropriate systems and processes to ensure it recruited competent staff, and supported them to deliver quality care and services. The service used a formal recruitment process that included interviews, referee checks and qualification checks. The service provided ongoing training and development for all staff, and staff participation in training programs was logged and recorded. The organisation had a training program and relevant processes for identifying staff training needs. Staff received initial training during their orientation, and additional training regularly throughout the year, and during handover meetings and ‘toolbox talks’. Consumers reported that staff knew what they were doing, and were well trained.

The service conducted regular assessment, monitoring and review of its staff using a performance appraisal process, among other methods. Staff participated in the service’s appraisal process, including in performance development discussions about areas where they wanted to develop their skills and knowledge. The service had a staff performance framework, which include a requirement for mandatory education in addition to performance appraisal and other development processes. Performance appraisals and competency assessments were conducted annually.

# 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 provided ongoing input into how the service delivered its care and services. They said that management sought their input in a variety of ways, such as during resident meetings, through regular surveys and as part of face-to-face discussions. Consumers said they felt included in the discussions around care planning and management. All feedback or suggestions consumers made were included in the service’s continuous improvement register.

The organisation’s governing body promoted a culture of safe and inclusive care. The governance committees used report data to monitor the service’s compliance with the Quality Standards and initiate improvement actions. The organisation drove improvements and innovations using data from internal audits, clinical indicator reports, Serious Incident Reporting Scheme incidents, consumer and staff feedback and visits from the Aged Care Quality and Safety Commission.

The service had multiple governance systems in place to ensure it remained compliant in key domains. The service had a dedicated information management system, including for policies and procedures and the service’s continuous improvement system drew together information from numerous sources, including consumer feedback and complaints, its consumer experience survey results, regular analysis of clinical and incident data, and regular internal and external audits. The service’s financial governance system included oversight of its annual consolidated budget, its capital expenditure budget and its food budget. The service’s workforce governance system included maintaining position descriptions and other records that detailed staff training, and vaccination requirements. Its legislation compliance system involved communicating service legislative updates to employees through email, meetings and by using legislative update folders within the service. The service also had a feedback and complaints management system in place, which it used to ensure continuous improvement for consumers and the organisation more broadly.

The service had a Risk Management Framework that outlined its approach to managing, monitoring, reporting, and reviewing risk. The governing body was supported by the Risk Committee, Clinical Governance Committee, Executive Risk Committee and Quality Improvement Committee. Management analyses incidents and uses the derived data, including quality indicators, to identify risks to consumers and inform improvement actions.

The service had a clinical governance framework in place, and this encompassed anti-microbial stewardship, use of restraint, and open disclosure. Management collected and used data to inform safety and quality measures at the service, and to inform the facility’s approach to clinical audits. Management and staff understood their accountabilities under the service’s clinical governance framework in relation to antimicrobial stewardship, the use of restrictive practices, and the open disclosure process.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)