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 10 October 2023 |
| Performance report date: | 20 November 2023 |
| 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 E Woodley, 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.
* the provider’s response to the assessment team’s report received 7 November 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 3(3)(b) – The approved provider must demonstrate the high impact and high prevalence risks associated with the care of consumers are effectively identified and managed. Interventions to minimise high impact and high prevalence risks are reviewed for effectiveness.

Requirement 3(3)(d) – The approved provider must demonstrate appropriate action is undertaken in response to identified deterioration or change in consumer condition. Clinical observations are responded to appropriately when outside acceptable range.

Requirement 8(3)(e) – The approved provider must demonstrate the clinical governance framework implemented at the service is effective in ensuring safe and quality clinical care for consumers, including compliance with current responsibilities and legislation.

# 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)(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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific requirements have been assessed and found compliant.

The service demonstrated assessment and planning is conducted in consultation with the consumer, representative and other health professionals, and includes consideration of risks associated with the consumer’s health and well-being. The service had recently engaged a registered nurse to conduct assessment and planning for consumers. Documentation reviewed by the Assessment Team confirmed risks including falls, swallowing, mobility, pain, and skin integrity had been assessed to ensure effective care and services for sampled consumers.

Consumers and representatives interviewed by the Assessment Team confirmed they are consulted regarding consumer’s care, services and preferences. The Assessment Team reviewed care documentation for sampled consumers and identified their care plans are generally updated and reviewed following an incident or a deterioration in the consumer’s health and well-being. For consumers sampled, care and services were reviewed following a hospital admission, deterioration in their condition, and the development of a pressure injury.

I find the following Requirements are compliant:

Requirement 2(3)(a)

Requirement 2(3)(e)

# 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. | Not 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. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as two of the seven specific Requirements have been assessed as non-compliant.

The Assessment Team found the service did not demonstrate the high impact and high prevalence risks associated with the care of consumers are always effectively managed. The service did not demonstrate falls are effectively managed to reduce risk of further injury or reoccurrence. Risks associated with unplanned weight loss were not assessed and managed for one consumer.

The service demonstrated deterioration or change in a consumer’s condition is generally identified. The service demonstrated change in one consumer’s mental health was identified and responded to appropriately. However, the service did not demonstrate appropriate action is always taken in response to deterioration including effective monitoring of consumers to prevent further deterioration. For example, appropriate action was not undertaken in response to blood glucose levels and blood pressure readings outside of their acceptable range for two consumers. For consumers sampled, observations and service procedures post-fall were not consistently undertaken in response to identified falls and change in condition.

The provider’s response to the Assessment Contact report identifies some continuous improvement actions undertaken to improve the management of consumer risks and deterioration. This includes improved clinical monitoring and observations of consumers including post-incident, staff education and training, improved clinical oversight, and review of the service’s rostering arrangements.

While the provider has identified some improved processes to manage high impact and high prevalence risks and consumer deterioration, these have not yet been evaluated to ensure these processes are effective and consistently followed.

I find the following Requirements are non-compliant:

Requirement 3(3)(b)

Requirement 3(3)(d)

Consumers and representatives interviewed by the Assessment Team provided positive feedback regarding the personal and clinical care provided at the service, and felt their needs are met. Care documentation reviewed by the Assessment Team demonstrated safe and effective care is provided to consumers. For sampled consumers this included effective management and review of wounds, pain, and medications. The service demonstrated best practice management of environmental restrictive practice and behaviour support planning. Staff interviewed could describe consumer’s personal and clinical care needs and preferences, and how these are delivered in line with their care plans.

I find Requirement 3(3)(a) is 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)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific requirements have been assessed and found compliant.

At the time of the Assessment Contact, the service demonstrated the workforce is planned, and the number and mix of members of the workforce enables the delivery and management of safe and quality care and services. Consumers and representatives interviewed by the Assessment Team considered there is sufficient staff that are knowledge, and staff attend quickly in response to call bells. During the Assessment Contact the service had a registered nurse engaged on a full-time basis and had on-call arrangements for clinical guidance.

The service demonstrated staff have the qualifications and knowledge to effectively perform their roles to provide safe and quality care and services. Consumers and representatives interviewed said staff perform their duties effectively, and they are confident staff are trained appropriately and skilled to meet their needs. The service has position descriptions for roles and effective processes to ensure staff have the required qualifications and registrations relevant for their roles.

I find the following Requirements are compliant:

Requirement 7(3)(a)

Requirement 7(3)(c)

# Standard 8

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| Organisational governance | |  |
| 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. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the five specific Requirements has been assessed as non-compliant.

The Assessment Team found the organisation had a documented clinical governance framework, including policies and procedures for open disclosure, antimicrobial stewardship, and restrictive practices. However, a range of these policies and procedures reviewed by the Assessment Team did not reflect recent legislative changes to required practice. The processes for initial assessment and planning of consumer care were not in line with the organisation’s procedures and did not demonstrate appropriate clinical oversight. The service did not have an infection prevention and control lead in line with legislative requirements. The Board’s arrangements during the Assessment Contact were not consistent with their responsibilities under the clinical governance framework, and was not ensuring effective clinical monitoring and oversight across the service.

The provider’s response identifies that arrangements have been made to review and update organisational policies and procedures to ensure they reflect current legislation, and to ensure appropriate clinical staff are conducting initial assessment and planning. The organisation has plans in place to rectify Board arrangements.

The service has not demonstrated that the organisation and governing body clinical governance arrangements are effective to ensure compliance with current responsibilities and legislation.

I find Requirement 8(3)(e) is non-compliant.

The organisation had documented policies and procedures to guide staff on managing high impact and high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. The organisation’s processes were effective in ensuring incidents reportable to the serious incident response scheme were assessed and reported in accordance with legislative requirements. The service was following organisational processes for assessing, documenting and reviewing consumers who wish to undertake activities that may involve some risk in order to live their best life. However, the service did not demonstrate high impact and high prevalence risks are consistently reported and reviewed by management to ensure effective prevention and management. Management advised the Assessment Team that they had commenced work to ensure incident reports are able to be collated and reported. The provider’s response identifies that access to incident reports has been rectified to allow for review and analysis.

While the service was not effectively managing the high impact or high prevalence risks for all individual consumers, I have considered this in my assessment of Requirement 3(3)(b). I am satisfied the organisation has systems and practices in place to ensure review of risks across the service to inform required improvements to staff practice. Overall, the service demonstrated the organisational risk management systems implemented were effectively identifying and responding to abuse, neglect and serious incidents, and supporting consumers to live their best life.

I find Requirement 8(3)(d) 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)