Performance

Report

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| Name of service: | Hazelholme Hostel |
| Service address: | 3-7 Lord Street YEOVAL NSW 2868 |
| Commission ID: | 0303 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 23 February 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 Hazelholme Hostel (**the service**) has been prepared by Stewart Brumm, 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 other.
* the provider’s response to the assessment team’s report received 15 February 2023.

# 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

The Assessment Team provided information that consumers/representatives said consumers are treated with dignity and respect. Staff were observed to engage with consumers in a dignified and respectful manner. Policies and procedures have an inclusive, consumer centred approach to delivering care and services which affirms the organisation’s commitment to diversity, promoted through their diversity framework.

Consumers/representatives said care and services were delivered in a way that was safe for them. Staff demonstrated knowledge of each consumer’s cultural background. Care documentation identified the cultural needs of consumers and the activities program catered for different cultural and spiritual preferences.

Consumers advised they were encouraged to make decisions about who is involved in their care and have nominated representatives. Consumer/representatives confirmed they were able to exercise choice and make decisions about the delivery of care to the consumer.

Consumers/representatives said consumers were supported to take risks. Care documentation supports those risks have been assessed, discussed and the consumer’s or representative’s acceptance of those risks has been obtained. Consumers/representatives confirmed the information they receive is communicated in a way which is understandable and enables them to make choices.

Consumers/representatives advised staff respect their privacy including when representatives, family or friends are visiting. Staff demonstrated knowledge of who the consumer wished or did not wish to share information with, where this had been expressed.

The Approved Provider provided a response that acknowledged the findings of the Assessment Team.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the positive consumer/representative feedback in determining my findings.

I find the Approved Provider is compliant with all Requirements in this Standard and as such the overall rating for the Standard is 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

The Assessment Team provided information that the Approved Provider undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

Consumers/representatives expressed satisfaction with the assessment and care planning processes at the service. Care documentation reviewed included relevant assessment and risk identification such as falls, changed behaviours, skin integrity, weight loss, infectious conditions, and specialised care needs. Staff were able to describe the care planning process in detail, and how it informs the delivery of care and services.

Consumers/representatives described how the assessment and care planning processes include consideration of the consumer’s current needs, goals and preferences, including advanced care planning and end of life care. Care planning documents reflect the consumer and others are involved in assessment and planning, including Medical Officers, external specialists, allied health professionals and aged care specialist groups.

Consumers/representatives said staff discuss consumer’s care needs and communicate changes in care when incidents or altered health impacts care needs, with some consumers/representatives advising they are offered a copy of the care plan. Staff advised they have access to care plans and receive updated information during shift handover. The Assessment Team observed care planning documents are readily available to staff delivering consumer care and services.

Consumers/representatives said the service advises them if care needs change due to an incident or in response to an alteration in the consumer’s condition. The service has a six-monthly care plan review schedule and weekly consumer review process which are completed by the Registered Nurse.

The Approved Provider provided a response that acknowledged the findings of the Assessment Team.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the positive consumer/representative feedback in determining my findings.

I find the Approved Provider is compliant with all Requirements in this Standard and as such the overall rating for the Standard is 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

The Assessment Team provided information that the Approved Provider delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

Consumers/representatives expressed satisfaction with the management of consumers’ personal and clinical care including pain, wounds, diabetes, behaviours of concern and medications. Consumers/representatives said consumer care is safe and considers the individual consumer’s needs, goals and preferences.

Consumers/representatives advised they are satisfied with care provided by the Approved Provider to manage consumers’ high risks. The Approved Provider demonstrated effective processes to manage high impact or high prevalence risks associated with the care of each consumer including falls, and other complex, chronic medical conditions.

Consumers/representatives advised they have spoken with the service about the consumer’s end of life preferences and are satisfied the service will provide the care they prefer to meet their needs. Care documentation identified consumers receiving end of life care, are comfortable and treated with dignity, according to their needs.

The Approved Provider demonstrated through care documentation, staff interviews and clinical outcome data clinical deterioration or a change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Consumers/representatives sampled said consumer’s care needs and preferences are effectively communicated between staff and they receive the care they need. Care documentation reflects adequate information to support effective and safe sharing of the consumers’ information. Staff confirmed they receive up to date information about consumers at handover.

Consumers/representatives advised they are satisfied consumers have access to a Medical Officer and other health professionals when required. Care documentation demonstrated timely referral of consumers to Medical Officers, allied health providers and district community services and staff could demonstrate how the input of other health professionals informs care and services for individual consumers.

The Approved Provider demonstrated an effective infection control program was in operation at the Service.

The Approved Provider provided a response that acknowledged the findings of the Assessment Team.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the positive consumer/representative feedback in determining my findings.

I find the Approved Provider is compliant with all Requirements in this Standard and as such the overall rating for the Standard is 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

The Assessment Team provided information that the Approved Provider provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

Consumers/representatives said they feel supported to pursue activities of interest to them and optimise their independence and are provided with appropriate supports to do so. Lifestyle staff explained how they partner with the consumer or their representative to conduct a lifestyle assessment which collects the consumer’s individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural or spiritual needs and traditions.

Consumers/representatives said the Approved Provider assist the consumers to interact with people of importance to them and promote activities to support their emotional, spiritual and psychological well-being. Consumers advised there are church services they can attend if they wish and if they feel like talking to their family and friends, the Approved Provider facilitate this.

Consumers/representatives indicated consumers are supported to participate within and outside the service, keep in touch with people who are important to them and do the things of interest to them. Staff described how they support consumers to participate in the community or engage in activities of interest to them and could describe specific consumers who undertake individual activities outside the service.

Consumers/representatives said their services and supports are consistent and the staff are aware of their individual needs and preferences. Staff explained how they are updated on the changing condition, needs or preferences of consumers as they relate to services and supports for daily living.

Consumers/representatives said the service support consumers to access external service providers and the local community if they wish to do so. Staff demonstrated an awareness of individuals and providers of other care and services and specific consumers who utilise these services.

Consumers/representatives said the meals are varied and of suitable quality and quantity. Staff demonstrated an awareness of individual consumer’s nutrition and hydration needs and preferences.

The Approved Provider has appropriate arrangements for purchasing, servicing and maintaining, renewing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

The Approved Provider provided a response that acknowledged the findings of the Assessment Team.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the positive consumer/representative feedback in determining my findings.

I find the Approved Provider is compliant with all Requirements in this Standard and as such the overall rating for the Standard is 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

The Assessment Team provided information that the Approved Provider provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

The service environment is welcoming, and easy to navigate with wide, open corridors, activity rooms, plentiful signage, large dining areas, a library, hairdressing salon and multiple lounge areas where consumers can meet with friends and family to socialise. Consumers can purchase various treat items from a ‘goodie’ area which is open every day. Each consumer is encouraged to decorate and personalise their room to reflect their tastes and styles.

Consumers/representatives said they are happy with the level of cleanliness and maintenance of equipment at the service of the service. The Approved Provider demonstrated the environment is safe, clean and well maintained and consumers are able to move around freely indoors and outdoors. Cleaning staff said cleaning services operate according to a schedule and task lists inform staff of day-to-day cleaning requirements.

The Approved Provider was able to demonstrate furniture, fittings and equipment is safe, clean and well maintained. The Assessment Team observed, and consumers confirmed, the service environment and equipment are clean, safe and well maintained.

The Approved Provider provided a response that acknowledged the findings of the Assessment Team.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the positive consumer/representative feedback in determining my findings.

I find the Approved Provider is compliant with all Requirements in this Standard and as such the overall rating for the Standard is 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 Assessment Team provided information that the Approved Provider regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

Consumers/representatives said they are encouraged and supported to give feedback or make a complaint, and described the various means available to them, which included speaking directly to staff. Consumers/representatives confirmed they were aware of and knew they could access other agencies for support when making a complaint. Written documentation provided to consumers/representatives contained information on how to access external organisation if complaint, advocacy support was required.

Consumers/representatives said if a complaint was lodged, appropriate action would be taken and confirmed staff gave an apology if things went wrong. Management advised set timeframes for complaints handling were detailed in the complaints and open disclosure policies and procedures. Consumers confirmed if they provide a suggestion it is used by management to improve care and services.

The Approved Provider provided a response that acknowledged the findings of the Assessment Team.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the positive consumer/representative feedback in determining my findings.

I find the Approved Provider is compliant with all Requirements in this Standard and as such the overall rating for the Standard 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)(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

The Assessment Team provided information that the Approved Provider has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Consumers/representatives confirmed staff responded promptly to consumers when they called for assistance, staff were available to meet consumer’s needs and care was delivered in accordance with consumer’s preferences. Staff confirmed they support each other as a team to ensure consumers care and service needs were met.

Staff were observed addressing consumers by their preferred names and taking the time to speak to and interact with consumers, in a kind and caring manner. Staff demonstrated knowledge of consumers’ cultural and personal backgrounds and knew what was important to each consumer.

Consumers/representatives said that staff have the knowledge and skills to perform in their roles effectively. Staff are required to complete a competency workbook on commencement to ensure they had the required knowledge prior to providing care or services to consumers.

Consumers/representatives confirmed staff are adequately trained and do their jobs well. Management said the workforce is trained through e-learning and face-to-face training. The training program and annual training calendar included various modules to equip staff with an understanding of the Quality Standards.

Management said the performance of staff was formerly reviewed at least once a year using a formal appraisal process and monitoring documentation confirmed all staff had completed an appraisal, where it was due. The Approved Provider has policies and procedures to guide the performance review processes.

The Approved Provider provided a response that acknowledged the findings of the Assessment Team.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the positive consumer/representative feedback in determining my findings.

I find the Approved Provider is compliant with all Requirements in this Standard and as such the overall rating for the Standard is 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

The Assessment Team provided information that the organisation’s governing body is accountable for the delivery of safe and quality care and services.

Consumers/representatives reported they are engaged in the development, delivery and evaluation of care and services through monthly meetings and regular surveys. Management and staff described the various mechanisms used to engage consumers which included meetings, surveys and case conferences.

Consumers said they feel safe, included and gave positive feedback on the quality of the care and services they received. Management described how the governing body, the Board, is involved in the delivery of care and services as indicated in its organisational chart and outlined in its corporate governance policies. Board members confirmed they are actively involved overseeing and are accountable for the quality of the care and services provided.

Effective governance systems are in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself that the Quality Standards are met. The Approved Provider has a clinical governance framework in operation.

The Approved Provider has a risk management framework in place, that ensures current and emerging risks are identified and their potential consequences understood so that appropriate and effective steps are taken to mitigate and manage the identified risks.

The Approved Provider provided a response that acknowledged the findings of the Assessment Team.

I have considered the information presented by the Assessment Team and I am persuaded by this information and the positive consumer/representative feedback in determining my findings.

I find the Approved Provider is compliant with all Requirements in this Standard and as such the overall rating for the Standard is 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)