Performance

Report

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| Name of service: | Holbrook Hostel |
| Service address: | 47-55 Bowler Street HOLBROOK NSW 2644 |
| Commission ID: | 0310 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 24 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 Holbrook Hostel (**the service**) has been prepared by Denise McDonald, 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

# 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

Consumers said they were treated with dignity and respect and staff knew, respected and valued their identity and cultural background and encouraged their diversity. Staff described how they respect consumers, for example using their preferred names and embracing consumers’ identities. Policies and procedures supporting diversity were available.

Consumers confirmed the service recognised and respected their cultural backgrounds and provided care consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and described how they tailored care to meet their needs. Care documentation recorded care strategies influenced by consumers' cultural preferences.

Consumers and representatives stated consumers oversee the delivery of their care and services and they were included in all decision-making processes. Staff described consumers choice and independence is supported through varied times for getting out of bed and showering, choice of clothing and meals. Care documentation evidenced the service supported consumer choices and preferences.

Staff said they supported and understood consumers wanted to take risks, including eating foods that were unmodified. Consumers stated they could make decisions about risk, and were advised about the potential consequences. Care documentation identified risk assessments, minimisation strategies and waivers had been completed.

Consumers said they were involved in care planning meetings and were encouraged to ask questions. Staff described various ways information was communicated to make sure it was easy to understand and accessible to consumers, including for consumers with poor cognition or sensory deficits. Accurate and timely communication of information was evidenced.

Consumers and representatives confirmed consumers privacy was respected. Staff described practical ways in which to maintain confidentiality and respect the personal privacy of consumers, and were observed knocking on consumers’ doors, waiting for a response before entering rooms, ensuring doors were closed properly, and discretely attending to consumers when in communal areas.

# 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 offered positive feedback about their involvement in care planning. Assessment and care planning, was guided by a schedule within the electronic care management system. Staff demonstrated sound knowledge of the assessment and planning process, including the identification and acknowledgement of key risks to consumers.

Consumers and representatives said the service involved them in the assessment of consumers' needs and the development of care plans, including for advance care. Staff described how assessment informed care plans to ensure consumer’s needs, goals, and preferences were met. Care plans evidenced tailored care and services plans were developed with based on consumer input.

Consumers and representatives advised they were partners in the development of the consumer’s care plan. Staff described including consumers and representatives in the assessment, planning and review care and services. Care documentation reflected integrated and coordinated assessment and planning involving all relevant organisations, individuals and service providers.

Consumers and representatives confirmed staff discuss the consumers care plan with them and how well it was working. Staff advised and consumers/representatives confirmed they were offered a copy of the care plan during case conferences. Care documentation evidenced outcomes of assessment and care planning were communicated in language and a format which was easy to understand.

Staff advised care plans reviews were scheduled and occurred every 3 months and annually at a case conference or when there is a change in the consumer’s care needs. Care documentation evidenced, review following falls occurred with regular review and case conferencing had been completed as scheduled.

# 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 said the care provided meets their needs and optimises their health and well-being. Staff demonstrated knowledge of, the personal and clinical needs, of individual consumers including how to maintain their skin integrity and manage pain. Care documentation supported the delivery of tailored care and restrictive practices were implemented following best practice guidelines.

Consumers said risks such as falls, pressure areas, weight loss, and infection were assessed, explained, and managed. Policies, procedures, and medical input, guided the management of high-impact or high-prevalence risks. Care documentation supported and staff were observed to deliver care to ensure risks to consumers was managed.

Consumers stated they had defined how they wanted to be treated during the end-of-life process. Staff described how they recognised when end of life care was needed and confirmed care was provided in line with consumer’s wishes. Care documentation supported, for a consumer who had recently passed away, they were kept comfortable and their family was involved. Policies and procedures guide staff, with palliative specialists available for interventions and support.

Consumers said they were confident staff would identify a change in their condition and would respond appropriately. Staff described the process of consumer monitoring and the steps taken when deterioration or change is observed. Care documentation evidenced, routine monitoring was used and escalation to medical officers or hospitals occurred when changes were detected.

Consumers said information was communicated to those who delivered care resulting in reliable and coordinated care. Staff reported changes were communicated, via shift handover, updated care plans, progress notes and meetings. Staff and external service providers were observed accessing and uploading information onto the electronic care management system.

Consumers said they were referred to other care and service providers when needed. Care documentation supported referrals to health or other services was timely. Staff demonstrated knowledge of clinical procedures to guide referral to specialists.

Consumers and representatives said COVID-19 outbreaks had been managed and infection control practices, such as isolation, were implemented. An outbreak management plan supported the minimisation of infection-related risks; and policies and procedures promoted antimicrobial stewardship. Staff were observed wearing personal protective equipment and entry screening was being performed for all persons entering the service.

# 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 provided positive feedback about the services and supports for daily living stating their needs, goals, and preferences were met. Care documentation captured the consumers’ life story, likes, dislikes and the supports required to do the things they wanted. Staff were observed to promote the independence of consumers when supporting them in activities of daily living.

Consumers said their emotional and spiritual well-being was supported. Staff gave examples of facilitating contact with family members and coordinating volunteers as strategies which support emotional wellbeing. Care documentation outlined consumers’ emotional and spiritual needs and the strategies in place to support them.

Consumers said they maintain their personal relationships, were in regular contact with family and were supported to participate in their community within and outside the service. Staff said local newspapers were provided to maintain consumer’s community connection during the pandemic. Staff described various activities are held to support to do things of interest to them.

Staff described how information is shared internally and with others external support organisations. Consumers said the communication process was efficient as staff knew their needs and preferences. Care plans were comprehensive, and contained up-to-date, accurate information.

Staff described consumers were referred to spiritual and allied health services with referrals being monitored to ensure acceptance of the referral occurs. Consumers said they were referred to support organisations when necessary. Care documentation confirmed timely and appropriate referrals were undertaken with external providers.

Consumers said staff were aware of their food preferences and the meals provided were varied, of suitable quality and quantity. Staff described how they meet individual consumers dietary needs and preferences and how any dietary changes were communicated. Consumer’s dietary profiles were available to catering staff; alternate meals and snacks were available.

Consumers said they felt safe using the equipment provide, it was suitable, clean and well maintained. Maintenance documentation demonstrated regular maintenance of the equipment occurred. Staff demonstrated knowledge of processes to report broken or faulty equipment.

# 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 said the service environment was easy to navigate, accessible, encourages a sense of belonging and is welcoming to them, their family and friends. The environment was observed to be welcoming, had adequate communal spaces, was clutter free, well lit, and had clear signage to assist with navigation. Staff stated this was the consumers’ home, and they assisted consumers to personalise their room.

Consumers said the service was clean, well-maintained, they could move freely with ease around the service and they were observed accessing indoor and outdoor areas independently. Staff said they all undertake cleaning duties and observations confirmed the service environment was clean and safe. Cleaning spot-checks were initiated in response to negative feedback.

Consumers and representatives said the furniture and personal equipment was safe, clean, and well-maintained, and they were observed using various lounges for sitting, relaxing, participating in activities, and socialising. Staff described the process for logging a maintenance request and maintenance records evidenced repairs were undertaken promptly.

# 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 confirmed they were encouraged and supported to make complaints and provide feedback and were comfortable raising concerns verbally. Staff knew of feedback processes, including when they had a concern. Information encouraging feedback, feedback forms, and lodgement boxes were displayed.

Consumers and representatives said they were aware of external complaints and advocacy services. Staff gave examples of supporting consumers to access these services when needed. Access to advocacy, language and complaints mechanisms was promoted through posters and brochures which were available in different languages.

Consumers who had provided feedback or made complaints felt appropriate action had been taken and complaints documentation supported the response had been timely. Staff understood open disclosure and confirmed policies and procedures provided guidance to them on management of consumer feedback, open disclosure and complaints.

Consumers said their feedback and complaints provided were used to improve the quality of care and services. Management explained how complaints were trended and informed improvement activities. A continuous improvement plan included actions in response to consumer complaints and meeting minutes confirmed evaluation of improvements occurred.

# 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, and observations confirmed, staff were generally available to respond to calls for assistance promptly, however consumers said more care staff were needed. Staff described working as a team to ensure care needs were met. Management confirmed recruitment of staff is difficult and strategies are in place to fill vacant shifts as they arise and mitigate any impact on consumer care.

Consumers gave positive feedback about their interactions with staff. Staff understood consumers backgrounds, needs, preferences, and were aware of their life history. Staff were observed referring to consumers by their preferred names, and engaging with consumers and their visitors in a friendly and familiar manner.

Consumers and representatives said staff were competent, skilled, and knowledgeable. Position descriptions contained the qualifications and skills required for each role. Management described staff knowledge and competence is monitored through observations, audits, buddy shifts and theory and practical competencies. Personnel files contained current police clearances.

Consumers felt staff were well trained and performed their jobs proficiently. An annual training calendar is used, with additional modules added in response to incidents and training records evidenced all staff had completed mandatory topics. Staff confirmed they were supported to undertake training and had access to sufficient training resources.

Management described performance is reviewed annually, with consumer feedback and observations used to assess performance on an ongoing basis. Staff confirmed they complete an annual appraisal and knew when their next review was due. Policies and procedures guide performance review and management processes, where required.

# 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 said they had ongoing input and were encouraged to make decisions on how their care and services were delivered. Consumer meetings and surveys were used to seek feedback from consumers and any planned changes or improvement actions were discussed with consumers. Staff confirmed consumer suggestions were sought for activities scheduled and food served.

The organisation has an established governance structure with the Board accountable for the quality of care and services provided. The Board receives regular reports containing quality and clinical indicators in order to assess performance of the services and implement improvement actions. Policies and procedures promoted a culture of quality, safe and inclusive care.

Effective organisation-wide governance systems were evidenced as staff confirmed they were able to access information when they need it, their roles and responsibilities are documented and they are informed of changes to regulation and practices to ensure compliance. A continuous improvement plan evidenced, funding is available to implement improvements identified through feedback, complaints and audit results.

A risk management system was implemented to monitor, assess, investigate and respond to risks including clinical risks and when potential abuse or neglect is identified. Incidents are trended, analysed and used to drive improvements to prevent reoccurrence. Staff understood incident management and dignity of risk procedures.

A clinical governance framework was used to support staff providing clinical care, to minimise restraint and to practice open disclosure and antimicrobial stewardship. Staff demonstrated knowledge of what these policies meant in practice. Clinical reports demonstrated restrictive practices are applied as a last resort, infections and antibiotic usage is monitored and complaints documentation supported staff apologise when things go wrong.

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)