Performance

Report

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| Name of service: | Hope Vale Aged Hostel |
| Service address: | Corner Thiele & Thuppi Street HOPE VALE QLD 4895 |
| Commission ID: | 5177 |
| Approved provider: | Hope Vale Aboriginal Shire Council |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 22 June 2023 |
| Performance report date: | 14 July 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 Hope Vale Aged Hostel (**the service**) has been prepared by E Blance, 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
* the provider’s response to the assessment team’s report received on 30 June 2023, 12 July 2023 and 13 July 2023.
* Other relevant information known to the Commission

# 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

I find this Standard compliant.

Consumers say they are treated in a dignified and respectful manner. The service considers consumers’ personal characteristics, values and needs to ensure their social, cultural and care needs are upheld. Cultural protocols in providing care and services to community Elders is known by staff. Policies and procedures support staff to deliver culturally respectful care. Staff could demonstrate the awareness of culturally significant care requirements of consumers. Consumers expressed they are supported by the service to make decisions about their care and that staff are aware of who they are. Consumers are supported by the service to take risk and where risk is identified, strategies are developed to reduce risk from occurring so consumers can live the life they choose. Consumers say their preferred method of communication is supported by the service so they can make decisions about their care and service needs. Staff demonstrated information is kept confidential and privacy is afforded to consumers through care delivery.

# 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

I find this Standard compliant.

The service demonstrated processes for assessment and care planning. Assessment and planning is held in consultation with consumers or their representatives and a copy of the care plan is provided for their information. Care documentation demonstrated other providers of care and services are involved in care planning. Policies and procedures guide staff practice for the delivery of assessment and care planning. Advance care planning processes guide staff in delivery of care during end of life and consumer’s preferences are documented. Care documentation is regularly reviewed in line with the services processes and where circumstances change, consumers or their representatives are consulted.

# 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

I find this Standard compliant.

Personal and clinical care is tailored to the needs of the consumer including those consumers with skin integrity concerns, experience pain or who have restrictive practices in place. Care documentation demonstrated the service is delivering care in line with consumers’ care requirements. Consumers reported access to their medical officer, and care documentation evidenced referral to other allied health providers. Psychotropic medications as well as restraints are monitored by the service.

Care documentation demonstrated for consumers with identified high impact or high prevalence risk including for changed behaviours, include interventions and strategies to manage the risks. Staff demonstrated the known risks of consumers as well as the strategies to manage the risk. The service has risk management strategies in place for the assessment of consumers upon entry to the service to ensure cares can be managed.

End of life processes ensure consumers’ needs are addressed, pain is managed, and consumers’ dignity is maintained. The service is supported in the management of end of life cares by the local health clinic when a consumer is assessed as palliative or at end of life, and comfort measures are available to support consumers. Staff demonstrated how they support consumers who are palliative or end of life and care documentation demonstrated care delivery in line with policies and procedures which guide staff practices.

Care documentation demonstrated staff recognise, report and respond to changes in a consumer’s condition and referrals are made where required including for medical officers or allied health providers. Where deterioration has been recognised, care documentation demonstrated consumers can be transferred to the closest hospital by ambulance where required as well as utilise telehealth services to discuss appropriate interventions available until consumers are able to access a referred service. Discussion about care is held in consultation with the consumer or their representative.

Information about the consumer’s condition is documented and shared both within and externally to the service when necessary. Information is shared about consumers through a variety of pathways including meetings, handovers, progress noting, updated care plans and staff informal discussions. Consumers and representatives were satisfied that staff know about consumers’ needs and preferences and communication from and within the service is effective.

Effective processes are in place for infection prevention and control including management of an infectious outbreak and there are practices to promote evidence-based use of antibiotics. The service has an outbreak management plan, policies and procedures to guide staff in infection prevention and control and antibiotic management.

# 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

I find this Standard compliant.

Consumers and their representatives say the service’s lifestyle program was supporting consumers’ lifestyle needs and staff assist consumers to be as independent as possible. Staff demonstrated knowledge of consumers’ needs, goals, and preferences and of the support consumers’ require to participate in activities or pursue individual interests.

Consumers say they feel connected and engaged in meaningful activities that observe and acknowledge sacred, cultural, and religious practices. Consumers say they can celebrate days that are meaningful to their culture, religion and diversity and feel supported to do so. Staff were able to describe how they support the emotional, spiritual, psychological well-being of consumers.

Staff and care documentation identified the people important to individual consumers, those who maintain close relationships with friends and family and those involved in providing care and the activities of interest to the consumer.

Staff demonstrated that consumer information is updated on changing condition, needs or preferences as they relate to services and supports for daily living, including through communication processes and the electronic care management system.

The service demonstrated timely and appropriate referrals to other individuals, organisations or providers and staff demonstrated how they collaborate to meet the needs of consumers. Care documentation demonstrated relevant information around consumers’ mobility needs and physical limitations. Staff demonstrated how the service works in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers.

Consumers say meals are satisfying and of suitable quality and quantity. Staff demonstrated participation in regular consultation with the consumers to design and innovate a menu which is both of suitable quality and quantity. Meals are developed in conjunction with allied health organisations as required including dietitians and speech pathologists.

Equipment at the service was observed by the Assessment Team to be clean, maintained, and safe for consumer use. The service has procedures and processes for purchasing, servicing, and maintaining, renewing, and replacing equipment. Staff demonstrated processes for identifying equipment that is of risk to a consumer.

# 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

I find this Standard compliant.

The service demonstrated the environment is well designed and welcoming for consumers and their visitors and encourages a sense of belonging. Consumers expressed satisfaction with the service environment. Consumers have personalised rooms decorated with personal items that reflect individual tastes and a refrigerator to store personal supplies. Consumers are encouraged to share their home with family and friends and there are a number of private areas they are able sit privately and meet.

The service demonstrated the environment is safe, clean, well maintained, and comfortable with consumers being able to move freely, both indoors and outdoors. Consumers say they can move freely. Staff demonstrated how consumers are able to freely leave the service and return at a time that suits them with the exception of notifying staff of their departure and expected return time to manage risk.

The service demonstrated furniture, fittings and equipment was safe, clean, well-maintained, and suitable for consumers use. Systems and processes for cleaning and maintenance of the service was demonstrated and consumers expressed satisfaction with the cleanliness of the environment. Services records demonstrated compliance with safety equipment.

# 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

I find this Standard compliant.

Consumers and representatives say they feel encouraged, safe, and supported to provide feedback and make complaints, and could describe the various methods available for them to do so including at the yarn circle. Complaint forms are accessible to consumers. The consumer handbook, feedback forms, consumer meeting minutes, brochures and posters displayed throughout the service, provide information regarding internal feedback and complaints processes and contact information for external assistance from the Commission and advocacy services. Consumers expressed confidence that management would address complaints and attempt to resolve any concerns promptly. Management and staff demonstrated a shared understanding of processes to follow when a complaint is received. Documentation evidenced an open disclosure method is applied to resolve complaints. Complaints are documented in the organisation’s feedback and complaints register and monitored to resolution to ensure appropriate action is taken. Consumers expressed confidence the service uses feedback and complaints to improve the quality of care and services. Management demonstrated feedback and complaints and suggestions are used to inform the plan for continuous improvement (PCI).

# 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

I find this Standard compliant.

The service demonstrated the workforce is planned to enable the delivery of safe and quality care and services. Consumers and their representatives considered there are enough staff at the service to meet consumer needs. Processes include contingency plans to manage unplanned leave when required. The service’s workforce demonstrated an understanding of how to provide care to consumers which is kind, caring and respectful and consumers and their representatives considered consumers are treated kindly and with respect. The service has systems in place to recruit and ensure staff are competent and have the necessary qualifications to deliver safe and effective care and services. There are systems in place for monitoring and overseeing the training and development of the workforce. Staff confirmed they’re engaged in their ongoing development and are subject to performance reviews.

The site audit report identifies the service was unable to demonstrate systems in place for monitoring and overseeing the training and development of the workforce to ensure they are able to deliver the outcomes of these standards. The approved provider’s response included that a technical failure had occurred for the automated short message service (SMS) informing staff of training requirements which has now been rectified with the software provider. The approved provider’s response included documentation to support that all training has been completed by 100% of the service’s staff in elder abuse, unexplained absences and the Serious Incident Response Scheme (SIRS). The approved provider’s response also included evidence that where SIRS incidents have been identified for the named consumers within the site report, SIRS reports have now been lodged. The SIRS raining for staff will be increased to six monthly as well as delivered at Quarterly toolbox talks.

I have considered the information within the site audit report and the information provided by the approved provider. I have placed weight on the information within the site audit report including the positive feedback from consumers about the competency and effectiveness of delivery of care by staff as well as information within Requirement 8(3)(d) which demonstrates that incidents are effectively managed by the service. The approved provider has provided information of immediate targeted actions to remediate the deficiencies identified in Requirement 7(3)(d) to strengthen care delivery in relation to training and particularly identifying and reporting SIRS to improve consumer outcomes. These targeted continuous improvements are reflected within the continuous improvement plan and the corrective action plan. I am satisfied the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

# 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

I find this Standard compliant.

Consumers and their representatives say the service is well run and they can provide feedback and suggestions to management, which are considered and actioned. The service conducts monthly resident meetings, regular surveys and provides feedback opportunities to solicit consumer feedback. The service demonstrated its governing body promotes a culture of safe, inclusive, and quality care and services. The service conducts monthly quality audits against various areas of the Quality Standards and uses this information in conjunction with clinical data to identify deficiencies in care, policies, or procedures. Findings are included in the services PCI and reported to the organisation’s Governing Body for review on a regular basis. The service demonstrated established organisational governance frameworks, policies, and procedures to support the management of risk associated with the care of consumers and responding to incidents. The service is effectively capturing and managing incidents.

The site audit report identifies while the service was able to demonstrate it has effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints, the service was unable to demonstrate effective governance in relation to regulatory compliance. The approved provider’s response included documentation to support that all staff have now received training in elder abuse, unexplained absences and SIRS. In addition, the approved provider evidenced that incidents identified within the site audit report for the named consumers have now been reported to the SIRS.

I have considered the information within the site audit report and the information provided by the approved provider. I have placed weight on the positive feedback from consumers about care delivery as well as information within Requirement 8(3)(d) which demonstrates that incidents are effectively managed by the service. The approved provider has provided information of immediate targeted actions to remediate the deficiencies identified in relation to Requirement 7(3)(d) and Requirement 8(3)(c) to strengthen care delivery and improve consumer outcomes. These targeted continuous improvements are reflected within the continuous improvement plan and the corrective action plan. I am satisfied legislative requirements have now been met and improvement measures will support the identification and reporting requirements for the SIRS.

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)