

**Performance Report**

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| Name: | Springhaven Frail Aged Hostel |
| Commission ID: | 7080 |
| Address: | 15 Barracks Place, KOJONUP, Western Australia, 6395 |
| Activity type: | Site Audit |
| Activity date: | 6 November 2024 to 8 November 2024 |
| Performance report date: | 2 December 2024 |
| Service included in this assessment: | Provider: 9509 Fresh Fields Management (NSW) No 2 Pty Ltd  Service: 4608 Springhaven Frail Aged 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 Springhaven Frail Aged Hostel (**the service**) has been prepared by Katherine Richards, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider submitted an email on 27 November 2024 stating they did not wish to submit any response to the report.

# 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

This Quality Standard is assessed as compliant as 6 of the 6 requirements have been found compliant.

Consumers and representatives said staff knew consumers well, valued their identity, and treated them with dignity and respect. Care planning documentation included information on the life history, likes, and values of consumers. Staff demonstrated familiarity with consumers’ preferences and cultural needs.

Staff explained understanding cultural and social backgrounds of consumers formed the basis of meaningful interactions with them. Consumers and representatives reported backgrounds were recognised and used to deliver culturally safe care. Policies and procedures ensured consumer identity was respected and celebrated.

Consumers gave examples of how they were supported to make choices about their daily routine, maintaining relationships, and when they wished others to be involved in decision-making. Care planning documentation captured consumer decisions which aligned with consumer feedback. Staff said whilst consumer preferences were known, they were always supported to change their mind.

Care planning documentation included a dignity of risk assessment for consumers choosing to undertake activities with risks, outlining risks and mitigating strategies. Consumers said where their choices included risks, staff took time to explain concerns and strategies to keep them safe. Staff explained the importance of supporting consumers to live their best lives, even when this involved taking risk.

Consumers and representatives said they received sufficient information to inform decision making. Management outlined methods for sharing information with consumers, including within meetings. Documentation available to consumers included welcome packs, meeting minutes, and activity and meal information.

Staff received regular training in privacy and confidentiality, and explained actions undertaken to maintain consumer privacy. Consumers said staff respect privacy and personal space and expressed confidence that personal information was kept confidential. Relevant policies were reflected in consumer welcome packs, explaining how information as collected, used, and kept confidential.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Staff explained assessment and planning processes for new consumers to understand needs, identify risks, and develop strategies to inform care. Care planning documentation reflected risks, captured through validated assessment tools, with tailored strategies to meet consumer needs. Policies, procedures, and checklists ensured timely undertaking of assessment and planning to develop a care and services plan to inform care delivery.

Consumers verified they were consulted on their needs and preferences and were made comfortable to discuss end of life care when they were ready. Care planning documentation reflected the current needs, goals, and preferences of consumers, with advance care directives and end of life wishes shared by the consumer.

Consumers and representatives described their involvement in assessment and planning. Care planning documentation recorded details of representatives involved in assessment and planning processes. Staff explained how they ensured assessment and planning outcomes of other providers and specialists were incorporated into consumer care and services plans.

Staff described methods of communicating assessment and planning outcomes with consumers and representatives, ensuring clear understanding of care and services. Consumers and representatives explained a copy of the care and services plan is kept in each consumer’s room, which they can access any time, and changes were explained. Care planning documentation included record of care planning consultation with consumers and any nominated representative.

Care planning documentation demonstrated regular review of assessments and strategies to ensure ongoing effectiveness, and changes made following incident or change, including returning from hospital admission. Staff explained care and services were reviewed regularly or following an incident, and monitoring was undertaken for change of condition which would trigger reassessment.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 requirements have been found compliant.

Consumers said their personal and clinical care needs were known by staff and effectively met. Care planning documentation reflected care and service requirements for consumers aligned with feedback, with monitoring for safety and effectiveness undertaken in line with policies and procedures. Management said best practice care is ensured through regular reviews and involvement of specialist providers, and staff said they were kept informed of best practice through training.

Care planning documentation outlined risk identification, escalation, and management. Consumers identified as having high risks were reviewed within regular clinical care meetings. Staff demonstrated awareness of consumer risks and mitigating strategies, including monitoring for effectiveness or change.

Staff described how they worked with a range of providers, including palliative care specialists, to ensure end of life needs and preferences were respected. Care planning documentation for late consumers demonstrated delivery of end of life care in line with directives, with monitoring and management of palliative symptoms.

Staff described how they identified deterioration of consumer health, and actions they would take, including escalation to clinical and medical staff. Care planning documentation demonstrated regular assessment and monitoring of consumer health and well-being, and timely actions undertaken to respond to changes. The clinical deterioration policy supported staff to identify and respond to change in consumer health, including acute deterioration.

Consumers reported staff were aware of their needs and preferences. Processes for staff and providers to share information about consumers included written and verbal handovers and verbal updates.

Care planning documentation reflected timely referrals to relevant providers to meet consumer needs. Staff described referral processes for a range of internal and external specialists.

The Infection prevention and control lead was responsible for training and monitoring of staff use of infection control precautions. Screening processes were used for staff and visitors to reduce risk of outbreaks. Clinical staff explained actions to ensure appropriate antibiotic therapy. The outbreak management plan was regularly reviewed, and included management plans for consumers with long term infections or contagious illness.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 requirements have been found compliant.

Consumers and representatives said services and supports helped consumers maintain their goals, preferences, and independence. Allied health staff explained how assessment and planning had identified consumer need for equipment which was subsequently obtained to optimise independence and well-being.

Consumers and representatives gave positive feedback on supports for emotional and spiritual well-being, with staff recognising and responding to low mood of consumers. Staff said they recognised concerns of consumers and knew how to reassure them when upset. Care planning documentation included details of emotional and spiritual needs of consumers and relevant supports.

Consumers said the service had activities aligned to their interests, and they were supported to participate in events within the community. Staff explained the heightened importance of supporting community connections and relationships for consumers residing in a rural area, with group and individual activities coordinated within the service.

Service and support staff detailed methods for communicating consumer needs or changes, including within care planning documentation, handover processes, meetings, or through updates from clinical staff.

The service had a framework, including policies and procedures within the electronic system, to guide staff in timely referrals for services and supports. Care planning documentation evidenced appropriate referrals for providers to meet needs of consumers.

Most consumers and representatives gave positive feedback on the quality, quantity, and variety of meals. In response to consumer complaints and feedback, management explained improvement actions being implemented, including forming a food focus group and new dining experiences. Staff demonstrated awareness of consumer dietary preferences and modified dietary texture standards.

Consumers said staff ensure provided equipment was suitable for use and responded quickly to any concerns. Staff outlined cleaning and maintenance processes for equipment, and said they had training to ensure safe use.

# 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

This Quality Standard is assessed as compliant as 3 of the 3 requirements have been found compliant.

Consumers and representatives described the service environment as welcoming and home-like. Design principles, such as handrails and natural lighting supported independent of consumers. Consumers were encouraged to personalise their rooms and were observed interacting with visitors in communal areas.

Consumers said the service environment was clean, and they could access indoor and outdoor areas. Management and staff outlined planned improvements for the service environment identified since change of ownership in October 2024, including renovations, painting, and repairs. The environment was observed to be clean and well maintained, with timely responsive action for reported concerns.

Staff demonstrated understanding of maintenance reporting procedures, and said they would remove any hazardous items. Policies and procedures guided preventative and reactive maintenance practices, along with assessment of suitability of furniture and 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

This Quality Standard is assessed as compliant as 4 of the 4 requirements have been found compliant.

Consumers said they felt confident to make complaints and the service was receptive to feedback. Staff gave examples of how they supported consumers provide feedback or escalated concerns. Feedback forms were available within communal areas, and consumer meeting minutes reflected encouragement to communicate issues.

Complaint forms included information on accessing advocates and alternate complaint avenues, and details were displayed on noticeboards. Staff received training on the role of advocates.

Staff demonstrated understanding of the complaint process, including use of open disclosure. Management outlined how they worked with consumers to reach agreeable outcomes. Records included documentation of steps to resolve complaints.

Consumers gave examples of improvements made as a result of feedback or complaints. Management explained feedback and complaints is reviewed within monthly meetings to identify trends or emerging issues and investigate causes to ensure effective solutions.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Consumers, representatives, and staff said there were enough staff to meet consumer needs in a timely manner. Rostering and allocation processes ensured there were enough staff with required skills to provide safe and quality care and services. Whilst the service has exemption for always having a nurse on shift, management explained processes to ensure access to qualified clinical care if needed after hours. The service has ongoing recruitment incentives to attract and retain staff, with use of agency staff if required to meet rostering requirements.

Interactions between staff and consumers were observed to be kind and considerate, and consumers described staff as polite and respectful. Management explained recruitment processes ensured staff were kind and caring, with new staff initially paired with experienced staff who model expected behaviours.

Staff described attending regular training to improve knowledge and ensure ability to perform duties. Management explained every role had a job description and duty statement outlining competencies, responsibilities, and reporting lines. Documentation evidenced monitoring of requirements of employment, including police clearance and professional registrations.

Training records demonstrated staff completion of mandatory training and self-directed learnings relevant to the Quality Standards. Staff identified areas they feel would benefit from additional training, and management acknowledged they were working towards meeting these needs.

Staff explained their participation in regular performance reviews, during which they discuss any additional needs to undertake their duties. Policies and procedures outlined review and monitoring processes for staff, including performance management if 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**

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Consumers and representatives outlined their contribution to evaluations of care and services. Management described methods of engaging consumers through feedback pathways, consumer meetings, and surveys.

The governing body maintained oversight and accountability of the service through data collection and analysis of key performance areas, including quality indicators and consumer satisfaction. The delivery of safe, inclusive, and quality services was informed through policies and procedures.

Organisational governance systems for key areas included provision of policies and procedures with a commitment to ongoing improvements. Financial governance was informed through provision of an annual budget, with provision for non-routine expenditure, and monthly reviews of spending. Workforce management was overseen by a centralised team, including recruitment and training processes and monitoring of staff performance.

The risk management framework enabled identification and management of high impact and high prevalence risks for consumers through assessment and monitoring. Staff received training in recognising and reporting incidents, which were recorded in the electronic system and monitored by management. Some staff said they would appreciate more information in identifying the signs of abuse or neglect of consumers, with management acknowledging care staff would benefit from additional training which will be coordinated. Consumers were supported to live their best life through making choices, with processes to minimise any associated risks.

The provision of clinical care was supported through the clinical governance framework, which incorporated policies, education, reporting, and analysis of care delivery. Staff received training in antimicrobial stewardship, were supported by policies, and reported antibiotic use on the register for evaluation and review within the medication advisory committee. Oversight of restrictive practices, through use of a register and monthly review of use, ensured effective and minimised use. The application of the open disclosure process was evident within staff interviews and documentation.

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)