Performance

Report

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| Name: | Warrina Village Hostel |
| Commission ID: | 0040 |
| Address: | 17 Hilliard Drive, CASTLE HILL, New South Wales, 2154 |
| Activity type: | Site Audit |
| Activity date: | 11 December 2023 to 13 December 2023 |
| Performance report date: | 16 January 2024 |
| Service included in this assessment: | Provider: 585 Anglican Community Services  Service: 56 Warrina Village 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 Warrina Village Hostel (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission in relation to the service.

# 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 assessed as Compliant.

Consumers and representatives felt their diverse identities were values and they were treated with dignity and respect. Staff individual consumer’s backgrounds, preferences and needs and were observed interacting respectfully with consumers. The service had policies and procedures in place to guide staff in working respectfully with consumers of diverse identities and preferences.

Consumers and representatives confirmed the service valued and respected their culture and provided culturally safe care and services. Staff identified specific cultural needs and preferences of consumers and described how they accommodated these preferences. Care planning documents identified the cultural needs, preferences of consumers.

Consumers felt supported to make and communicate decisions about their care, choose who else was involved in their care, and maintain their key relationships. Staff were aware of consumers’ care preferences and decisions, and described how they supported consumers to maintain their relationships.

Consumers said they were supported to maintain their independence and live life as they chose, including when this involved taking risks. Staff described the risk assessment process when a potential risk was identified, which included consulting with consumers and representatives to mitigate the risk in accordance with the consumer’s choice. Records showed staff received ongoing training in applying dignity of risk principles and were guided by written policies supporting consumers’ rights to exercise risk.

Consumers and representatives said they received current and relevant information to make informed decisions at the service. Management recounted various ways consumers were provided information to make informed decisions and exercise choice. Up-to-date information was on display around the service, and staff were observed informing consumers verbally.

Consumers said staff always respected their privacy at the service. Staff described how they ensured consumers’ privacy was respected and how they protect consumer information to maintain confidentiality. Staff were observed knocking and waiting for a response from consumers before entering their rooms and the staff handbook outlined procedures for protecting consumers’ personal information.

# 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 assessed as Compliant.

Consumers and representatives were satisfied with the assessment and care planning process and said the care delivered met their needs. Staff described the assessment and care planning processes, which identified risks to the consumer’s safety, health, and wellbeing. Care planning documents showed the service undertook comprehensive assessment and care planning upon entry to the service to identify consumers’ needs, goals and preferences.

Consumers and representatives confirmed their involvement in care planning discussions around current needs and goals as well as advanced care plans. Staff explained how advance care planning and end of life planning was discussed with consumers and representatives on admission, or when the consumer wished. Care plans recorded whether there was an advanced care plan in place and preferences for end-of-life care.

Consumers and representatives felt they were partners in the assessment and care planning process on an ongoing basis. Consumers’ care planning documents showed consumers, representatives and other health services such as medical officers, and allied health professionals were involved in the assessment and planning processes.

Consumers and representatives considered staff clearly explained all aspects of consumers’ care and services and said they had been provided with a copy of their care plan. Staff described how they communicated with consumers and representatives about outcomes of assessments and any changes to the consumer’s care plan. Staff were observed accessing and updating consumers’ care planning information.

Consumers and representatives confirmed that consumers’ care and services were reviewed every 3 months, or when there was a deterioration or change in circumstances. Care plans showed evidence of a regular 3 monthly review, and review when circumstances changed or incidents occurred, such as falls.

# 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 assessed as Compliant.

Consumers and representatives were satisfied with the clinical and personal care provided, including the management of risks to consumers’ health or well-being. Care planning documents reflected safe, effective care, tailored to the specific needs and preferences of the consumer. Clinical staff demonstrated knowledge of individual consumer’s personal and clinical care needs and how to meet them. The service had written policies, procedures and tools to support staff in the delivery of best practice care.

Consumers and representatives were satisfied with how the service explained and managed risks associated with their health and adjusted their care and services accordingly. Management and staff explained how the service had documented processes and tools in place for the effective identification and management of high impact and high prevalence risks to consumers.

Consumers and representatives confirmed they had discussions in relation to advance care planning and consumers’ end of life wishes and this was reflected in their care plans. Staff described how they supported the comfort, dignity and preferences of consumers receiving palliative and end of life care. Staff were guided by the service’s palliative care procedure and end-of-life care approach.

Consumers and representatives were confident a change or deterioration in their health would be identified and responded to promptly. Clinical staff described ways they identified and responded to a deterioration or a change consumers’ condition such as completing observations, contacting medical officers and representatives, and arranging hospital transfer, if needed. The service had clinical policies and guidelines in place to guide staff in providing care when there was a change or deterioration in condition.

Consumers and representatives felt there was effective communication about consumers’ current care needs between staff and others involved in providing care. Staff described how current information about consumers’ condition was shared within the organisation and with external providers. Care planning documents were updated regularly and contained up to date information to support safe and effective care.

Consumers and representatives said they had access to relevant health professionals and referrals were timely and appropriate. Staff described effective referral processes to appropriate internal and external providers, when necessary. Care plans showed timely input from a range of relevant health professionals, in line with the service’s documented has policies.

Consumers and representatives expressed satisfaction with the infection prevention and control measures in place at the service. Staff described the infection control practices and how they ensured antibiotics were used appropriately and as minimally as possible. The service had documented policies and procedures in relation to minimising the risks of infections and staff were observed following appropriate infection prevention and control practices.

# 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 assessed as Compliant.

Consumers stated they received safe and effective services and supports for daily living that helped them maintain their independence, quality of life and met their needs and preferences. Staff described how they supported consumers to maintain their independence and optimise their quality of life despite cognitive and mobility challenges. Consumers’ care documentation included information about each consumer’s deficits, health restrictions, lifestyle interests and preferences.

Consumers and representatives said their emotional, spiritual, and psychological health was well supported. Staff described various ways they took care of consumers’ emotional and psychological well-being such as various religious and non-religious activities that promote mental and spiritual wellbeing.

Consumers said they could participate in the community both within and outside the service, choose what they wanted to do, and maintain their important relationships. Staff described various ways consumers were supported to maintain key relationships, and participate in activities and events, inside and outside the service. Consumers were observed socialising and participating in activities.

Consumers and representatives considered staff to be well informed about their current needs and preferences for daily living. Staff described how they updated care records and communicated current information about consumers’ condition, needs and preferences to other staff and providers of supports. The shift handover process was observed to be effective in communicating current information about consumers clearly.

Consumers were aware of the lifestyle services and supports they could access from outside organisations and individuals. Staff described how they involved outside organisations and individuals to ensure consumers lifestyle needs and preferences were met. The activities calendar showed multiple activities facilitated by external organisations and individuals.

Consumers and representatives were satisfied with the quality, quantity and variety of food provided by the service. Hospitality staff explained how they prepared quality meals to meet consumers’ documented dietary needs and preferences. The summer menu appeared to have a suitable range of options available. The dining experience appeared to be a pleasant experience for consumers with staff assisting consumers when needed.

Consumers and representatives said the equipment at the service was kept clean and well maintained. Staff said they had access to safe and suitable equipment, and it was well maintained. The equipment around the service appeared to be safe, clean, and in good condition.

# 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 assessed as Compliant.

Consumers said they felt at home in the service, and they could personalise their rooms and their visitors were welcomed. Management and staff explained ways the environment was welcoming and supported consumers’ independence, interaction and function. There were a variety of spaces for socialising, activities and engaging in quieter activities. The service environment appeared clean, tidy, with wide clear hallways, handrails and lifts to support the independence of consumers with varying mobility levels.

Consumers were satisfied with the cleaning and maintenance of the service and said issues were addressed promptly. Consumers said they felt comfortable moving around the service and could do so as they chose. Staff described effective cleaning processes and how they reported hazards and logged maintenance requests, which were rectified promptly. Consumers were observed moving freely around all areas of the service, with the assistance of staff where needed.

Consumers and representatives said the equipment, fittings and furniture was suitable, safe, clean, and well-maintained. Reactive and preventative maintenance records indicated maintenance issues recorded and addressed in a timely manner. The equipment, fittings and furniture appeared safe, clean and well-maintained.

# 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 assessed as Compliant.

Consumers and representatives felt confident and supported to provide feedback and make complaints, if they needed. Staff and management confirmed consumers and representatives were encouraged to provide feedback in a variety of ways such as verbally to staff, in writing, or in regular meetings. Information about feedback and complaint mechanisms was available throughout the service.

Consumers could describe other external options for making complaints including accessing advocacy services. Management and staff described the external resources available to consumers to make complaints and advocate for them. Information about external complaint options and advocacy and language services was displayed around the service.

Consumers and representatives said the service took appropriate action in response to feedback and complaints, including using open disclosure. Staff described the importance of a timely and transparent response to complaints including the use of open disclosure. The service had written policies to guide staff in responding to complaints which were being followed.

Consumers and representatives confirmed the service used feedback and complaints to inform improvements to the care and services provided. Staff interviewed were confident the service takes action in response to feedback and could give examples. Management and staff described the process for responding to feedback and complaints and using them to inform the service’s Continuous Improvement Plan.

# 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 assessed as Compliant.

Consumers and representatives said there were sufficient staff to provide timely, safe and high-quality care that met consumers’ needs. Staff considered there were sufficient staff to meet consumer needs and said vacant shifts were filled. Management described effective workforce planning and how they ensured the service met its staffing obligations. Documents indicated there was an appropriate mix and number of staff and vacant shifts due to unexpected leave were filled.

Consumers said staff treated them kindly and were always respectful of their individual needs and preferences. Staff stated they had never witnessed disrespectful or concerning behaviour from other staff towards consumers or representatives and they felt empowered to report it if they did. Staff and management were observed interacting with consumers and representatives in a kind and respectful manner.

Consumers and representatives said staff knew what they were doing and had the skills and knowledge to perform their roles. Management described how the service ensured staff were qualified and competent to perform their roles. Workforce records showed staff had the appropriate qualifications and knowledge to perform their roles.

Consumers felt staff were trained and supported to do their jobs and meet their needs. Staff described the initial and ongoing training provided, and said they were well supported by management to provide the care required by the Aged Care Quality Standards. Management described the education and training provided to staff and how they tracked completion.

Management and staff described how performance was monitored and reviewed, including through a formal performance appraisal process. Staff described receiving ongoing, informal support around their performance. The service had clear policies in place to guide staff and management in the monitoring and assessment of staff performance.

# 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 assessed as Compliant.

Consumers and representatives said they were encouraged to be engaged in evaluating and developing the way care services were delivered. Management and staff described various ways they supported consumers and representatives to engage with the service delivery. Documents showed the service continually sought input from consumers and representatives.

Consumers said they felt safe and included at the service. Management described how the Board and management work together to promote a culture of safe, inclusive and quality care. Records showed there were regular governance and Board meetings where the Board received performance reports and took responsibility for the performance of the service and ensuring the Quality Standards were met.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The framework included policies and procedures to guide staff practice. The Board received a range of reports which were used to determine if the Quality Standards were being met and look for improvement opportunities.

The organisation had effective risk management systems, documented policies and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood the high-impact and high-prevalence risks present and the management strategies in place.

The service had a documented clinical governance framework which included policies, procedures and mandatory training, covering antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated knowledge of the clinical governance framework and associated policies.

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)