Performance

Report

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| Name: | Wintringham Hostel - Port Melbourne |
| Commission ID: | 3317 |
| Address: | 79 Swallow Street, PORT MELBOURNE, Victoria, 3207 |
| Activity type: | Site Audit |
| Activity date: | 6 December 2023 to 8 December 2023 |
| Performance report date: | 17 January 2024 |
| Service included in this assessment: | Provider: 1715 Wintringham  Service: 2075 Wintringham Hostel - Port Melbourne |

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 Wintringham Hostel - Port Melbourne (**the service**) has been prepared by K. 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.

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 consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Site Audit 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 assessed as compliant.

Consumers considered their identity, culture, and diversity was respected by staff. Care planning documentation contained information about consumers’ identity, culture, and diversity and ways to support this. Staff were observed to interact with consumers in a dignified and respectful manner.

Consumers said the service delivered care and services which supported their culture and respected traditions important to them. Staff said they received training relating to culture, diversity, and inclusivity, which covered ways to respect consumers’ cultural preferences. Staff demonstrated knowledge of consumers’ cultural backgrounds and explained how they tailored care and services accordingly. Policies and procedures were in place to guide staff in supporting consumers’ culture.

Consumers said they were supported to exercise choice and independence when making and communicating decisions about care, including who they would like to involve. In addition, consumers said they were encouraged to connect with and maintain relationships. Management and staff explained how they supported consumers to make informed choices about their care and services, for example, through consultation and assessment processes. Care planning documentation evidenced consumers were supported to make informed choices and decisions, and consumer input was sought in implementing strategies.

Consumers and representatives said they were supported to maintain their independence to live the best life they can, including doing things with an element of risk. Management and staff described how risk assessments were conducted in consultation with consumers and others involved in their care, to inform consumers of the risks associated with their choices, and implementation of risk mitigation strategies.

Consumers said they were provided information in a timely manner that was current, accurate, and communicated in a way which helped them to make decisions. Staff described how they communicated information to consumers to help them make informed decisions, including consumers with communication considerations. For example, staff said they would support consumers living with vision impairments by verbally communicating activities available for the day. Information was observed throughout the service environment to inform consumers of matters relating to care and services.

Consumers described how staff respected their privacy, and considered their personal information was kept confidential. Staff explained how they maintained consumers’ privacy, and kept personal information confidential. Staff were observed following privacy protocols, such as knocking on a consumer’s door before entering, and securely storing 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.

Management and staff described the assessment and planning processes in place to consider risks to consumers, to inform the safe delivery of care and services. Clinical staff said, and care planning documents demonstrated, validated assessment tools were used to identify risks and to inform risk mitigation strategies to guide safe, effective care and services. Procedures are embedded within the electronic care management system to guide staff on completion of assessment and development of care plans for new consumers.

Consumers and representatives said consumers’ current needs, goals, and preferences were identified and addressed during care planning, including advance care and end of life planning. Management and staff said advance care and end of life planning was discussed upon admission to the service if consumers and representatives wished to do so, and during bimonthly care plan reviews or when there was a change in circumstance. Care planning documentation was personalised to consumers’ needs and preferences, including end of life wishes.

Consumers said, and care planning documentation demonstrated assessment and planning was conducted on an ongoing basis with them, staff, external service providers, and others of their choosing. Staff described how they involved consumers and others in ongoing assessment and planning. For example, staff said they would inform consumers and others of circumstances requiring an updated care plan review, engage them within decision making, and involve relevant other health professionals in assessment and planning.

Management said the outcomes of assessments were documented on the consumers’ care plan and communicated with consumers and representatives, and a copy of the care plan was provided at bimonthly care consultations. Documentation evidenced assessment and planning outcomes were communicated, and these records were readily accessible to staff. Consumers and representatives said they received effective communication of assessment outcomes and are always offered a written copy of the care and services plan.

Management and staff advised consumers’ needs, goals, and preferences were reviewed on a bimonthly basis, or when there was a change in consumers’ circumstance to determine if care and services were appropriately supporting consumers. Consumers said care and services were constantly reviewed, and they were kept informed. Procedures were available to support staff in the assessment, planning, and review of care and services, and care planning documentation evidenced care and services were regularly reviewed for effectiveness.

# 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 said consumers received personal and clinical care that was safe, and met their needs and preferences. Staff demonstrated knowledge of consumers’ individual needs and preferences relating to personal and clinical care, which aligned with information in care planning documentation. Care planning documentation evidenced staff were following documented strategies and clinical management policies to deliver individualised care and services. Policies and procedures were available to guide staff in the delivery of personal and clinical care in line with best practice guidelines.

Staff provided practical examples of how they managed and monitored high-impact, high-prevalence risks. Care planning documentation evidenced high-impact, high-prevalence risks were identified and included risk mitigation strategies aligned with staff feedback. Oversight of high-impact, high-prevalence risks was maintained through documented shift handover processes, policies, and procedures to guide staff practice.

Staff described how they supported consumers dignity and comfort during end of life care, such as attending to personal care and pain management. In addition, management said staff were guided by the advice of the medical officer and palliative care team, and staff advised they referred to end of life care planning information to support consumers’ needs and preferences.

Management and staff described how they recognised and responded to deterioration or changes in consumers in a timely manner. For example, management and staff explained deterioration or changes in consumers were identified through monitoring processes such as observations or reviewing progress notes and charting, and referrals were completed for other providers of care to inform the delivery of care and services. Care planning documentation evidenced deterioration or changes in consumers were identified and promptly responded to.

Staff described how they documented and shared information about consumers within the organisation and with others responsible for care, such as through referrals and shift handover processes. Care planning documentation provided adequate information to support the delivery of care and services, and demonstrated information was shared with others. Staff were observed communicating information about consumers during shift handovers.

Consumers said they had access to appropriate health providers and services, including allied health staff. Staff described the processes in place for referring consumers to other providers of care. Documentation evidenced referrals were completed in a timely manner.

Management and staff demonstrated an understanding of precautions to prevent and control infection, and practices to promote appropriate antibiotic prescribing. For example, staff said they wore appropriate personal protective equipment to minimise infection-related risks, and obtained pathology results prior to commencing antibiotics. The service had an infection prevention and control lead, an outbreak management plan, policies, procedure to guide staff in the minimisation of infection-related risks. Staff were observed following infection prevention and control protocols.

# 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 said they received services and supports for daily living which met their needs, goals, and preferences. Staff said activities were tailored to consumers’ needs, and care planning documentation contained strategies of how to support consumers’ goals and preferences. Lifestyle activities were observed to be adapted and suitable for consumers’ different needs.

Consumers advised they had access to services and supports which helped their emotional, spiritual, and psychological well-being. Staff described how consumers’ well-being was supported, consistent with strategies in care planning documentation. Care planning documentation outlined ways to support consumers’ emotional, spiritual, and psychological well-being.

Consumers reflected they were supported to participate in their community within and outside the service environment, social and personal relationships, and do things of interest. Staff described how consumers’ social and personal relationships were supported, such as encouraging consumers to participate in group activities and make friends. Care planning documentation detailed people of importance to consumers and outlined ways to support consumers’ social and community participation and to do things of interest.

Consumers said services and supports were consistent, and did not have to repeat their preferences to staff. Care planning documentation provided adequate information to support staff in the delivery of services. Staff described how they communicated information about consumers within the organisation and with others responsible for care, for example, kitchen staff were updated on dietary needs and preferences weekly, with urgent changes communicated verbally in between.

Staff said they collaborated with other organisations and individuals to supplement lifestyle services and supports offered, such as volunteers, pet therapy, and the local community centre. Care planning documentation evidenced timely and appropriate referrals were completed.

Consumers said provided meals were of suitable quality and portion size, with different options available. Staff said they asked consumers for feedback to provide appropriate meals, and to inform improvements. Care planning documentation reflected consumers dietary requirements, and consumers were observed to be served appropriate meals in line with their requirements.

Consumers said equipment was safe and well maintained. Staff explained the maintenance processes in place, and documentation evidenced preventative and reactive maintenance was undertaken as required. Equipment was observed to be clean and suitable.

# 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 it was easy to get around the service felt a sense of belonging. Staff said consumer feedback was factored into features of the service environment, and described how they supported consumers sense of belonging, such as encouraging consumers to customise rooms to their liking. The service environment was observed to be well lit, with wide hallways and signage to assist consumers.

Consumers said the service environment was safe, clean, well-maintained, and comfortable. Staff described the processes and systems in place to maintain the safety and cleanliness of the service environment, such as conducting preventative maintenance. Consumers said they could and access different areas of the service environment, including outside areas. Consumers were observed to move freely around the service environment.

Staff described infection prevention and control protocols in place to maintain safety and cleanliness, such as cleaning shared equipment between use. Documentation demonstrated preventative and active maintenance was conducted and up to date. Furniture, fittings, and equipment were observed to be clean and in good condition.

# 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, representatives, and staff said they were aware of how to provide verbal and written complaints or feedback, and considered they were safe in doing so. Staff described how they encouraged and supported consumers to give feedback and make complaints. For example, forms were available throughout the service environment to support consumers to provide feedback or lodge a complaint. The feedback and complaints register evidenced staff regularly consulted consumers and assisted them with submitting feedback or complaints.

Consumers said they were aware of how to access advocacy and interpreter services. Staff said they would support consumers in accessing advocacy and interpreter services, and described how they informed consumers of these services, such as providing pamphlets. Information was displayed throughout the service environment to inform consumers of other methods in raising and resolving complaints.

Consumers said appropriate and timely action was taken in response to complaints or when things went wrong, and reflected that an open disclosure process was used. Staff described how they would use an open disclosure process to resolve complaints or address other matters, such as incidents. For example, staff said they would acknowledge concerns, provide an apology, and maintain open and honest communication to resolve matters. The feedback and complaints register demonstrated an open disclosure process was used to resolve feedback and complaints.

Management and staff said feedback and complaints were used to improve the quality of care and services. The feedback and complaints register evidenced these matters were reviewed and resolved in a timely manner, and care planning documentation demonstrated changes made to care and services following feedback and complaints.

# 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 compliant.

Management described the workforce planning and management strategies in place, explaining how they considered emerging needs of the consumer cohort. For example, one of the strategies was to review feedback and clinical indicator data to determine if staffing levels were appropriate for consumers. Consumers considered staff responded to their calls for assistance in a timely manner, as reflected within call bell data. The staff roster evidenced all shifts were filled using a mix of staff.

Consumers and representatives were kind, caring, and respectful, which aligned with observations. Management said, and documentation demonstrated, policies, procedures, and training was in place to guide staff in supporting consumers’ identity, culture, and diversity.

Management explained staff were required to hold relevant qualifications, registrations, and checks for their respective role, and these were checked for compliance, for example, reviewing the Commission’s banning order register. Training and ongoing feedback about staff performance maintained oversight of staff competency.

Staff said, and documentation demonstrated staff received education and ongoing training to deliver outcomes required by these standards. Documentation demonstrated training was provided for various topics relevant to these standards, such as open disclosure. Management described how training was monitored, and training records were observed to be up to date. Procedures were in place to support recruitment.

Management described how they provided ongoing feedback and review of staff performance . Policies and procedures stipulated that were required to undergo a performance review within 6 months of commencement of their role, and on an annual basis thereafter. Overall, documentation demonstrated staff appraisals were up to date, and a schedule was in place to address the remainder of appraisals.

# 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 compliant.

Management and staff described how consumers were engaged in the development, delivery, and evaluation of care and services, such as through bimonthly case conferences, meetings, surveys, and feedback and complaints mechanisms. Consumers said, and documentation demonstrated, consumers were involved in processes to provide input and suggestions about care and services. For example, a psychosocial support officer was employed based on feedback provided by consumers. A consumer advisory body had been formed, with framework and guidance information still being developed at the time of the Site Audit.

Management described the various ways the governing body maintained oversight and accountability for the delivery of safe, quality care and services. For example, the governing body reviewed reports which outlined information relevant to the service, such as clinical indicators, surveys, audits, and incidents to inform improvements. A policy framework was in place to promote a culture of safe, inclusive quality care and services.

Policies, procedures, training, audits, and reporting requirements were in place to support effective organisation wide governance systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, management described how financial governance was supported through business plans, approval processes, and a financial delegation matrix, and accounted for consumers emerging needs such as a contingency fund.

A risk management framework was in place supported by policies, procedures, training, and reporting requirements. Management and staff described how they would identify, manage and respond to high-impact, high-prevalence risks, abuse and neglect, and incidents. The service had an incident management system which demonstrated incidents were referred to the Commission within reportable timeframes, investigations were undertaken, and actions implemented to minimise recurrence. Consumers were supported to live their best life through risk assessment management plans.

Management and staff described how they followed practices to promote antimicrobial stewardship, minimise the use of restraint, and apply open disclosure in clinical settings, and how these practices interrelated to the policies and procedures in place. Management said clinical reports were generated on a monthly basis, and trends were analysed and discussed with improvements implemented, such as further training.

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)