Performance

Report

**1800 951 822**

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| Name: | Wintringham Williamstown Hostel |
| Commission ID: | 3172 |
| Address: | 2 Wintringham Road, WILLIAMSTOWN NORTH, Victoria, 3016 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 August 2024 |
| Performance report date: | 10 September 2024 |
| Service included in this assessment: | Provider: 1715 Wintringham  Service: 1931 Wintringham Williamstown 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 Wintringham Williamstown Hostel (**the service**) has been prepared by Micheal Cooper, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers were satisfied the service is effectively managing their care needs. Staff demonstrated an understanding of organisational processes and explained procedures they use in responding to consumer’s care needs to mitigate risks. Service documentation evidenced organisational processes to monitor consumers with complex clinical care needs including a fortnightly clinical review meeting with strategies implemented to minimise risks to consumers. Care documentation demonstrated consumer’s care and service plans are reviewed monthly and as clinical care needs change with appropriate referrals to allied health and medical professionals when indicated. Service documentation demonstrated staff are effectively assessing and managing consumers’ care needs including falls management, changed behaviours, wound care management, diabetes management, and other complex care management.

I have considered the information within the assessment contact report, and I have placed weight on the information including effective processes in place and staff knowledge of organisational processes and risk mitigation strategies.

It is my decision Requirement 3(3)(b) is Compliant.

# 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 |

Findings

Consumers and representatives provided positive feedback in relation to consumer care and services, and advised their care needs are met. Staff explained there is a sufficient number of staff rostered to support consumers in meeting their care needs.

In relation to the workforce responsibilities (including the 24/7 registered nurse) requirement and mandatory care minutes, the service’s roster and interviews with management evidenced while the service is currently meeting their mandatory care minute obligations, there is not always a RN rostered on site and on duty at the service 24 hours per day, across 7 days of the week.

Service documentation, and interviews with staff and management demonstrated strategies the service has in place to ensure care sufficiency including:

* The service’s roster demonstrated an enrolled endorsed nurse (EEN) is rostered across all 3 shifts. Each shift has access to a remote RN for clinical guidance and support.
* If consumers are identified as palliating or are at the end of their life, measures are in place to base a registered nurse onsite to support their comfort and complex needs.
* Care staff have obtained medication competencies and support clinical staff in administering medications. Schedule 8 medications are only administered by registered staff.
* The service has implemented approximately 25 emotional and social officer shifts per fortnight to support consumers with their emotional and social needs.
* A social worker has been recruited to support provision and guidance to staff in meeting consumer’s complex needs.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and staff interviewed, strategies the service evidenced to ensure care sufficiency and staff knowledge of consumers’ care needs as outlined in Requirement 3(3)(b).

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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

The organisation demonstrated an effective clinical governance system in place outlining responsibilities and providing guidance to all levels of staff within the organisation to ensure the effective delivery of quality care and services to consumers. Service documentation evidenced systems to maintain and improve the safety and quality of care to ensure beneficial outcomes are achieved including a monthly analysis of clinical incidents to inform clinical indicators and required risk mitigations strategies.

Staff were knowledgeable of organisational processes and explained how they identify risk and implement strategies to reduce the risk of harm to consumers. In relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure, staff demonstrated understanding of the organisation’s policies and procedures, and provided examples how each element applies to their job role.

I have considered the information within the assessment contact team report, and I have placed weight on the information including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of a competent and qualified workforce.

It is my decision Requirement 8(3)(e) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)