Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Wintringham Williamstown Hostel |
| Commission ID: | 3172 |
| Address: | 2 Wintringham Road, WILLIAMSTOWN NORTH, Victoria, 3016 |
| Activity type: | Site Audit |
| Activity date: | 31 January 2024 to 2 February 2024 |
| Performance report date: | 29 February 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 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.

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.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 said staff were kind and caring, treated them with dignity and respect, and understood their identity. Staff explained assessment and planning processes were used to identify consumer preferences, identity, cultural needs, and matters of importance, and they received regular training on treating consumers with dignity and respect. Management outlined available policies and training to guide staff, outlining consumer rights to respect, choice, diversity, and dignity.

Consumer and representatives said cultural backgrounds were recognised and respected, and care could be adapted to meet cultural needs. Staff demonstrated understanding of consumer diversity and values and gave examples of supporting cultural celebrations of importance to consumers. Cultural considerations are captured in care planning documentation.

Consumers described how they were supported to exercise choice and make decisions about care and services, including who was involved, and maintaining relationships of importance. Staff said they supported decision making through seeking preferences and were aware relationships and activities of importance. Care planning documentation captured choices in line with consumer feedback.

Staff were aware of risks taken by consumers, and explained how they supported independence and well-being whilst informing them of risks. Management explained risks assessments were conducted, with dignity of risk plans developed and available in care and services plans. Consumers said they were supported to live their best lives, including where this included taking risks.

Consumers and representatives described receipt of information about activities, meals, meetings, and other events through written and verbal communication methods. Staff said they supported consumers to understand available information to enable choice, adapting communication style to meet needs of consumers with language barriers or cognitive changes. Preferences and needs for communication were captured within consumers’ care planning documentation.

Consumers said privacy is respected through staff ensuring doors were closed during care and knocking and seeking consent before entering rooms. Staff explained confidentiality was maintained through securing information in computers or in locked areas and locking nurses’ stations when not in use. Policies and protocols were in place to protect consumer privacy and confidentiality, and management confirmed all staff receive training.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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.

Clinical staff described assessment processes used to identify consumer risks and develop mitigating strategies. Risk assessments were conducted initially and reviewed as needed, with risk management being an integral part of ongoing care planning. Management detailed the range of policies and procedures, available to staff on the intranet, to instruct staff on assessment and documentation to develop care and services plans.

Consumers and representatives said staff consult on needs, preferences, and goals, including end-of-life care, within assessment and planning processes. Staff were aware of current needs, goals, and preferences, and described how they approached discussions on these as well as advance care directives and end-of-life wishes, with review undertaken with changing condition or needs. Staff explained key information, such as advance care directives, is recorded in vital information in the electronic care management system and captured in written handover sheets for quick reference in emergency.

Consumers and representatives confirmed they felt like partners in the planning of their care and services. Staff explained how they partner with consumers and other organisations, particularly for Allied health or after-hours medical care. Care planning documentation identified nominated representatives to be involved in care planning and evaluation, and demonstrated input from other health providers, such as Medical officers, Allied health staff, and specialist practitioners.

Consumers and representatives said they are updated verbally with changes to care and can access care and services plans. Management advised care plans are accessible to all staff through the electronic care management system, and staff were observed accessing information as required. Staff said copies of care plans were offered to consumers and/or representatives following care conferences and if requested.

Staff explained how the service evaluated and reviewed care and services within quarterly care plan reviews and as clinically indicated, such as following incidents. Care planning documentation demonstrated regular review for effectiveness, including following change of circumstance or incident. Consumers and representatives said they receive regular communication of changes following review or update of the care and services plan.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 meets their needs and optimises their health. Staff demonstrated knowledge about consumers' unique needs, preferences, and care requirements, which they delivered in accordance with care plans. Clinical documentation reflected individualised and safe care which met consumers' specific needs and preferences. The service had policies, procedures, and tools in place to guide staff practice and to support the delivery of care provided.

Consumers reported the service managed high-impact or high-prevalence risks pertaining to them effectively, ensuring risks were identified with mitigation strategies put in place. Care documentation demonstrated consistent assessments and planning to address each consumers’ high-impact and high-prevalence risks. Staff described risks and management strategies for individual consumers in line with documentation, as well as monitoring processes for emerging risks.

Staff described how care delivery changed for consumers nearing end-of-life, including ensuring comfort and dignity through pain management, repositioning, hygiene care, and emotional and spiritual support. The service has policies and procedures to guide staff practice in relation to palliative and end-of-life care. Care planning documentation for a late consumer demonstrated involvement of palliative care specialists, monitoring and management of pain, and efforts to honour the consumer’s individual wishes.

Processes such as handover, progress notes, care reviews, incident reports, clinical charting, and feedback from consumers and representatives supported staff identification of deterioration of consumer condition and application of monitoring or management strategies. Staff said they have policies and procedures, including a flow chart, to guide response to deterioration and established escalation pathways for clinical assessment. Consumers and representatives said the service recognised changes in their condition and responded promptly and appropriately.

Consumers said staff shared information through communication channels to ensure changes were known. Staff said they were informed of changes through verbal handover and updates, alert messages, progress notes, and meetings. Documentation demonstrated information from Medical officers, Allied health staff, specialists, and hospitals were communicated in care planning documentation.

Staff explained referral processes for Allied health staff and specialist services, with timeliness of referrals evidenced within care planning documentation. Consumers gave examples of where referrals were made, describing them as timely and appropriate to their needs.

Consumers explained precautions taken by staff to prevent and control infections, and actions to manage outbreaks. Staff were aware of personal actions to minimise infection, prevent spread, and outlined steps to reduce need for antibiotics, with regular training provided. The service has 2 Infection prevention and control leads responsible for staff infection control practice. Management explained processes to monitor infections and antibiotic use. Policies and procedures, including outbreak management plans, were up to date and outlined roles and responsibilities.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 identified how services and supports were available to optimise their health, well-being, and quality of life. Staff said they regularly engage with consumers to ensure services and supports were appropriate to consumer needs, adapting activities to support participation of consumers living with dementia. Care planning documentation demonstrated needs, goals, and preferences are captured.

Consumers said they received sufficient emotional and spiritual supports to meet their needs, with regular religious and mindfulness activities, and volunteer visits. Care plans reflected emotional and spiritual needs and preferences and outlined required supports.

Staff described the development of a consumer-centric activity program, designed to adapt to emerging needs and interests of consumers. Care planning documentation identified important relationships for consumers and activities of interest to them. Consumers said they were supported to participate in activities within and outside the service, maintain social relationships, and gave examples of how they were supported to do things of interest.

Staff explained how information on changes to consumer condition, needs, and preferences was shared through communication channels, such as handover and within meetings. For example, dietary changes were shared in handover and updated in consumer care planning documentation. Consumers said staff were aware of their needs and preferences without having to repeat themselves.

Staff explained available organisations for services and supports to meet consumer needs, such as community visitor scheme, and how they would identify the need and arrange referrals. Consumers said they were satisfied they were referred to suitable organisations in a timely manner.

Overall, consumers gave positive feedback reflecting the variety, quality, and quantity of provided food, with consumers raising concerns saying there were improvements. Consumers were aware they could participate in food focus meetings to contribute to the development of the menu. Staff explained the menu was developed to meet consumer preferences whilst considering dietary and nutritional requirements. Meeting minutes demonstrated feedback was sought and meals tailored to meet individual preferences.

Consumers and representatives said, and observations confirmed, equipment is safe, clean, and well-maintained. Staff explained maintenance and cleaning processes and schedules and said consumers will usually report concerns directly to staff to address and/or escalate. Staff said they have access to sufficient equipment, and processes available to purchase additional items to support consumers, including for activities.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 and representatives explained how the service supported them to feel at home, such as decorating rooms or providing outdoor space for gardening activities. Staff explained how the environment supported independent movement, with available handrails, and how they encourage personalisation of indoor areas.

Consumers and representatives described the environment as clean and well-maintained, and they could access indoor and outdoor areas. Maintenance and cleaning schedules outlined requirements, and records demonstrated all items were completed and up to date. Consumers were observed moving independently through the service, and areas were clean and well maintained.

Consumers and representatives said furniture, fittings, and equipment were suitable, and if any issues, there was prompt response. The preventative and reactive maintenance program ensures furniture, fittings, and equipment are safe, clean, and well-maintained. Staff were familiar with processes to lodge maintenance requests.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 said they felt safe and confident to provide feedback through verbal and written channels. Staff said they encourage consumers to make complaints or give feedback, and ensure action is taken following receipt. The service had implemented policies and processes to manage feedback and complaints, outlining managements’ responsibility to respond.

Consumers and representatives confirmed they were aware of available advocates and language services. Staff and management said they knew how to access interpreters and advocacy and complaint services. Information was available to educate consumers through the consumer handbook and on flyers and printed information throughout the service, and available in several languages to meet consumer needs.

Staff demonstrated familiarity with the open disclosure process used when complaints were received, or things went wrong. Consumers gave examples of appropriate actions taken in response to complaints. Policies and procedures were available to guide staff in management of complaints and application of open disclosure.

Consumers and representatives shared examples where feedback and complaints had been used to make improvements, outlining how they felt involved in finding solutions to issues. Management explained the feedback and complaints process, and how it is utilised to develop improvement actions to benefit all consumers. The complaints and feedback register indicated a commitment to regularly evaluating the organisation's performance in managing complaints and gathering insights to identify potential areas for continuous improvement.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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, representatives, and staff said there were enough staff to meet consumer needs in a timely manner without feeling rushed. Management detailed the systems in place to review sufficiency and suitability of the workforce, including actions developed to manage the exemption for having a Registered nurse on all shifts. Rostering documentation demonstrated most shifts were filled and management explained processes to cover unplanned leave.

Consumers said staff treated them kindly and respectfully, and staff interactions were observed to be attentive and respectful. Organisational documentation showed a culture of kind and respectful care was promoted and monitored by the service. The new aged care Code of Conduct was observed on display in the staff room and management said staff receive training on these expectations.

Management demonstrated how qualifications and checks for staff were verified through the organisation’s people and culture team and reports available to monitor ongoing compliance. Staff said the service’s recruitment and induction processes were comprehensive and they received sufficient information and competency assessments to perform their role in line with their position description.

Consumers and representatives said staff had sufficient training to perform their duties. Staff described mandatory and ongoing training available through online modules and on-site education programs. Mandatory training modules included infection prevention and control measures, incident reporting and obligations under the Serious Incident Response Scheme, and application of open disclosure, ensuring staff are provided sufficient information to deliver outcomes required by the Quality Standards.

Workforce performance was monitored through annual performance reviews, with staff confirming these supported them to improve their professional practice. Management demonstrated performance is monitored in line with policies and procedures, and processes are available to instruct management of issues identified.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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/representatives confirmed they were engaged through resident meetings, feedback forms, surveys, food-focus meetings and directly to service management. Management said the consumer voice was strengthened through the establishment and promotion of the organisational Quality Care Advisory Body, with minutes reflecting the purpose of the meetings was to discuss improvement to services such as staffing, nursing requirements, and call bell response times.

The organisation has implemented systems and processes to monitor the performance of the service and maintain accountability. Management detailed the meetings and reporting lines through organisational management to provide oversight to the Board, who review and provide comment or direction.

Effective organisation-wide governance systems were informed through policies, procedures, training, and monitoring processes, such as audits. Management could describe how the Board maintained effective oversight through a structured organisational reporting and management framework. Regulatory compliance was monitored centrally by the Quality manager, shared through leadership reports, then passed to staff within staff meetings and memoranda, with consumers and representatives also receiving communication.

Risk management systems, consisting of policies, procedures, assessment processes and forms, and oversight through an organisational risk management committee had been implemented to assess high-impact or high-prevalence risks associated with the care of consumers. Management explained how the incident and management system was monitored, and key incidents reviewed by the Clinical governance committee, who also were available to provide support. Management said the service supported consumers to live a life free from abuse and neglect through a value-oriented induction program, the promotion of value-based care, and the monitoring of staff performance and conduct.

The clinical governance framework included policies and procedures, training, reporting processes and monitoring by the Clinical governance committee to ensure best clinical practice and quality care. The clinical governance committee meets quarterly to look at complaints, feedback, and incidents. They discuss outlier issues and key trends which are then sent to the Board for review and comment. Management said clinical risks are included in a quarterly report sent to executive management and the Board. Staff were aware of their obligations and reporting practices in relation to antimicrobial stewardship, minimising the use of restraint, and application of open disclosure.

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)