



Havilah Hostel Inc
11 Harkness Street,
MARYBOROUGH 3465
PHONE: 03 5461 7300

Enforceable Undertaking

Aged Care Quality and Safety Commission Act 2018

Section 74EC

Regulatory Powers (Standard Provisions) Act 2014

Section 114

The commitments in this undertaking are offered to the Aged Care
Quality and Safety Commissioner by:

Havilah Hostel Inc

ABN 88 9826 616 08

RACS 3181

11 Harkness Street, Maryborough, Victoria 3465

Part 1. Definitions

In addition to terms defined elsewhere in this Undertaking and in the associated legislation, the following definitions are used:

Acceptance Date means the date of acceptance by the Commissioner of this Undertaking.

Aged Care Act means the *Aged Care Act 1997*.

Approved Provider means a person approved by the Commissioner under section 63D of the Commission Act as a provider of aged care.

BSP means a behaviour support plan.

Commission Act means the *Aged Care Quality and Safety Commission Act 2018*.

Commission Rules means the *Aged Care Quality and Safety Commission Rules 2018*.

Commission means the Aged Care Quality and Safety Commission established by section 11 of the Commission Act.

Commissioner means the Commissioner of the Commission, or a person who has been delegated the Commissioner's functions or powers.

CIP means a continuous improvement plan.

Havilah Hostel means the aged care service located at 11 Harkness Street, Maryborough, 3465, Victoria.

Havilah on Palmerston means the aged care service located at 36 Raglan Street, Maryborough, 3465, Victoria.

Provider means Havilah Hostel Inc (ABN: 88 9826 616 08), in its capacity as an Approved Provider.

Quality Principles means the *Quality of Care Principles 2014*.

Quality Standards means the Aged Care Quality Standards contained in Schedule 2 of the *Quality of Care Principles 2014*.

Regulatory Powers Act means the *Regulatory Powers (Standard Provisions) Act 2014*.

Service(s) means the age care services through which the Provider provides aged care at Havilah on Harkness and Havilah on Palmerston.

Undertaking means this Enforceable Undertaking.

Part 2. General Information

2.1 The Commissioner's role

The Commissioner has responsibility for the regulatory functions under the Commission Act including the power to accept an enforceable undertaking in accordance with section 114 of the Regulatory Powers Act.

2.2 Purpose

The purpose of this Undertaking is to state the undertakings offered by the Provider and accepted by the Commissioner under section 74EC of the Commission Act and section 114 of the Regulatory Powers Act in relation to the non-compliance described in Part 3 of this Undertaking.

2.3 Commencement

This Undertaking commences on the date that the Commissioner accepts the Undertaking (the Acceptance Date), as effected by the Commissioner signing the Undertaking. Upon acceptance, the Undertaking becomes enforceable under section 115 of the Regulatory Powers Act.

2.4 Term of the Enforceable Undertaking

This Undertaking continues, as varied from time to time with the Commissioner's written consent, from the acceptance date until it is withdrawn by the Provider with the Commissioner's consent under section 114(3) of the Regulatory Powers Act or cancelled by the Commissioner under section 114(5) of the Regulatory Powers Act, whichever is earlier.¹

2.5 Services

The Provider operates the Services and employs 271 staff across two aged care facilities:

- Havilah Hostel is a 109-bed aged care facility, including a 20-bed secure Memory Support Unit. Havilah on Harkness is currently fully occupied. The current overall star rating at this service is 3 as at 17 July 2025. Havilah Hostel is expanding with a new 24-bed facility currently under construction. The new facility is due to be completed in April 2026.
- Havilah on Palmerston is a 54-bed aged care facility. Currently, 51 consumers live within the facility. The current overall star rating at this service is 4 as at 17 July 2025.

2.6 Engagement with the Commission

Since June 2025, The Commission's Compliance Management Group has been engaged with the Provider in response to the issues identified by the onsite and desktop assessments which are outlined in Part 3.

Part 3. History of Non-Compliance

3.1 Commission monitoring activities

3.1.1 Havilah Hostel

- Between 12 to 13 March 2025, the Commission conducted an onsite Assessment Contact (monitoring) visit which identified non-compliance with Standard 2, Standard 3, Standard 7 and Standard 8 of the Quality Standards and sections 15HB and 15HF of the Quality Principles.
- On 4 April 2025, the Commission conducted a desktop monitoring assessment which identified non-compliance with Standard 2, Standard 3, Standard 7 and Standard 8 of the Quality Standards and section 15HB of the Quality Principles.
- On 22 May 2025, the Commission conducted an onsite Assessment Contact (monitoring) visit which identified non-compliance with Standard 2, Standard 3 and Standard 8 of the Quality Standards and sections 15HB and 15HF of the Quality Principles.

3.1.2 Havilah on Palmerston

- On 20 March 2025, the Commission conducted an onsite Assessment Contact (monitoring) visit which identified non-compliance with Standard 2, Standard 3, Standard 7 and Standard 8 of the Quality Standards and sections 15FA, 15HB, 15HC and 15HF of the Quality Principles.
- On 9 April 2025, the Commission conducted a desktop monitoring assessment which confirmed the non-compliance identified on 20 March 2025.

3.2 Responsibilities in the Quality Standards

The Commissioner is satisfied that the Provider has not complied with the Quality Standards, in the following respects:

Havilah Hostel

- Care planning and assessment: The Service could not demonstrate that consumers' assessment and care planning are updated or reviewed post incidents to ensure strategies to manage consumers risks and behaviours are captured within the care plans and implemented by staff.

- Staff competency and training: The Service could not demonstrate that staff are adequately trained to deliver the outcomes required by the Quality Standards and that effective mechanisms exist to monitor the completion of training.
- Risk management: The Service demonstrated a lack of effective management of high-impact or high-prevalence risks, such as medication administration, wound care, skin integrity, behavioural support and pain management.
- Incident management: The Service demonstrated a lack of understanding of Serious Incident Response Scheme (SIRS) reporting obligations. Additionally, incidents were inconsistently identified and recorded, for example there were multiple episodes of behavioural incidents that had been documented on behaviour charts but not recorded in an incident report.
- Organisation wide governance systems: The CIP did not accurately reflect actions taken to address the non-compliance and deadlines stipulated in the CIP were not adhered to. Additionally, behaviour incidents were not included as an discussion item in quality care advisory board meetings which impacts the governing body to have oversight.

Havilah on Palmerston

- Care planning and assessment: The Service could not demonstrate that consumers' assessment and care planning are updated or reviewed post incidents to ensure strategies to manage consumers risks and behaviours are captured within the care plans and implemented by staff. Additionally, inconsistent clinical assessment and monitoring resulting in documentation not being effective in identifying gaps and implementing strategies to reduce risk to consumers.
- Risk management: The Service demonstrated a lack of effective management of high-impact or high-prevalence risks, such as medication administration, falls management, wound care, skin integrity, behavioural support and pain management.
- Workforce: The Service could not demonstrate that they are meeting their targets for registered nursing minutes or the requirement to have a registered nurse 24/7.

3.3 Responsibilities in the Quality Principles (outside of the Quality Standards)

The Commissioner is satisfied that the Provider has not complied with its responsibilities under Chapter 4 of the Aged Care Act at both named Services. In particular, the Commissioner is concerned that the Provider has not complied with paragraph 54-1(1)(f) of the Aged Care Act and Part 4A of the Quality Principles, in the following respects:

- Behaviour support and restrictive practice: The Services could not demonstrate that BSPs included the consideration or use of best practice non-pharmacological alternative strategies or directions for the use of as-needed restrictive practice. BSPs were observed to lack detailed information on changed behaviours or guidance for staff to manage changed behaviours. Additionally, BSPs are inconsistently documented and are not regularly reviewed.
- Person-centred BSP's were inconsistently documented. Some BSP's did not support behavioural strategies, and not all behaviours were charted.

3.4 The Provider's Acknowledgements

The Provider acknowledges the issues identified by the Commission's monitoring activities and acknowledges the Commissioner's concerns that the Provider is non-compliant with the responsibilities of an approved provider under Chapter 4 of the Aged Care Act.

Part 4. Provider Undertakings

In accordance with the operation of section 114 of the Regulatory Powers Act and section 74EC of the Commission Act, the Provider has offered, and the Commissioner has accepted, the following undertakings:

The Provider will undertake the following actions at the Services:

Person-centered BSP

- Review all consumers BSPs by 31 January 2026. This review must ensure the BSPs are compliant with the Quality Principles and be undertaken in consultation with consumers and representatives.
 - The Provider will engage with the Commission's Behaviour Support and Restrictive Practice Team as organised by the Compliance Team.

- Complete a baseline audit to ensure 100% of consumers with restrictive practices have a current BSP. This will be completed by 31 December 2025.
- Ensure that de-escalation training is undertaken by all registered nurses and staff members working within the Memory Support Unit by 30 January 2026.
- Review and update the organisational policy and procedures on behaviour support planning to ensure that restrictive practices is used only as a last resort to prevent harm to the consumer or other persons, and that the policy includes the process for gaining valid informed consent.
- Review and regularly update the Restrictive Practice Register and Psychotropic Register to accurately reflect the changes of consumer needs by 31 December 2025.
- SIRS notifications and incident reporting
 - Undertake a review and update the incident management policy in line with legislative requirements. This will be completed by 31 January 2026.
 - Ensure that all registered nurses report SIRS in accordance with the legislative responsibilities.
 - Undertake a review of the Medication Management policy to define what and where incidents are to be reported in line with the legislative requirements. This will be completed by 31 January 2026.

Clinical care and governance

- Develop and implement a High-Risk Consumer Framework by 31 December 2025, in line with the following specifications:
 - The High Risk Consumer Register (HRCR) will provide evidence of critical incident investigations including their outcome and changes to practice.
 - The establishment of a HRCR will ensure there is a framework for clinical teams to ensure there is effective clinical governance.
 - The Provider will embed the HRCR, monitor and evaluate the implementation of the framework by 31 December 2025.
- Provide wound care training (including pressure injury prevention) to all clinical staff by 31 December 2025.

- Provide skin assessment training to all care staff by 31 January 2026.
- Conduct a baseline audit of wound documentation and management by 31 July 2025 and continue weekly audits until >95% compliance is achieved. Audits will continue monthly for 6 months to ensure ongoing compliance.
- Conduct regular audits to monitor compliance with internal policy guidelines: falls and prevention policy, including.
 - Weekly audits of post fall observations until >95% compliance is achieved.
 - Following the achievement of >95% compliance, monthly audits for 6 months to maintain compliance >95%.
 - Thereafter, ongoing 6 monthly audits to maintain compliance >95%.
- Develop and implement a Quality, Safety and Clinical Risk Framework by 30 November 2025 that sets out the strategy and provides guidance for the gathering, analysis, actioning and monitoring of quality data for the safe delivery of care and services at the Services.
- Develop a monthly clinical incident and analysis report for the Services to ensure there is monthly review of clinical incidents that will include (but are not limited to) falls, unplanned weight loss, pressure injuries, skin integrity incidents (including Incontinence Associated Dermatitis, medication related incidents, and behaviour incidents. The report will be developed and implemented by 30 January 2026.

Registered nurse care minute targets

- Continue to advertise registered nurse (RN) vacancies on Seek/LinkedIn
- Continue to offer full-time, part-time and casual options to attract a broader pool of RNs.

Progress reporting

The Provider will submit a written monthly report that outlines the progress of each undertaking (with evidence – to be informed by the Commission) within the first seven (7) days of each month for the duration of the Undertaking.

The Provider will submit a comprehensive and detailed final self-assessment of the above undertakings to the Commission by 31 January 2026 demonstrating with evidence:

- a. What steps the Provider has taken to give effect to each undertaking.

- b. The impact of those steps in achieving compliance with the Quality Standards and details of any effect the cost of those steps has had on the Provider's financial viability.
- c. A statement explaining how improved compliance will be sustained.

Part 5. Commitment

The Provider commits to co-operating with the Commission throughout the duration of the Undertaking, with regular meetings and submissions of documented evidence as requested

The Provider undertakes that it will pay all costs associated with its compliance with this Undertaking.

Part 6. Acknowledgments and statements

The Provider acknowledges that the Commissioner:

- a. Will publish this Undertaking on the Commission's website.
- b. May make public reference, including by way of media release and/or Commission publications of acceptance of this Undertaking referring to its terms and to the concerns of the Commissioner which led to its acceptance, however the terms of any media release must be consistent with this Undertaking.

The Provider acknowledges that:

- a. This Undertaking has no operative force until accepted by the Commissioner.
- b. The date of the Undertaking is the date on which it is accepted by the Commissioner.
- c. The Undertaking is given voluntarily by the Provider, who has obtained legal advice in relation to its obligations under, and the effect of, this Undertaking.
- d. The Commissioner's acceptance of this Undertaking does not affect any rights, remedies and powers available to the Commission, or the Commonwealth.
- e. The Commission may undertake compliance monitoring activities to verify the evidence submitted as required by Part 4 and the Provider's compliance with the Undertaking.

- f. The Commissioner has the power to enforce the Undertaking under section 115 of the Regulatory Powers Act and may exercise this power if any requirement or condition of the Undertaking is breached.
- g. If any part of this Undertaking is held invalid that part shall be severed from this Undertaking and the remainder of this Undertaking will continue to be valid and enforceable.
- h. While not affecting any saving provisions in existing legislation, the references to provisions of Commonwealth Acts of Parliament and Legislative Instruments in this Undertaking shall include references to those provisions as amended from time to time and in the event of a repeal of any of them, any equivalent provision from time to time.

The Provider confirms it has the operational and financial capacity to comply with the Undertaking.

Part 7. Provision of Documents

The address for providing the Commission with any notice or document which this Undertaking requires to be provided is:

Aged Care Quality and Safety Commission

GPO Box 9819

CANBERRA ACT 2601

Attention: Acting Director: Nasime Johnson

Executed by Havilah Hostel Inc

ABN 88 9826 616 08 in accordance
with its constitution



Signature of president/CEO

Tracey Saunders

Name of president/CEO
(please print)



Signature of Vice President

Gail Price

Name of Vice President
(please print)

Date accepted by the Assistant Commissioner:

ACCEPTED by the **AGED CARE QUALITY AND SAFETY COMMISSIONER** under
section 74E of the Commission Act and Section 114 of the Regulatory Powers
Act on 3 October 2025.



Signature of Delegate of the Aged Care
Quality & Safety Commissioner

Scott Rumbold

Compliance and Enforcement
Assistant Commissioner

Delegate name and position



Witness signature

Alexander Vu

A/g Executive Officer

Witness name and position