Epping Gardens

Performance Report

25 Willandra Drive
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**Commission ID:** 4573

**Provider name:** Heritage Care Pty Ltd

**Assessment Contact - Site date:** 14 January 2021

**Date of Performance Report:** 28 January 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 22 January 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* A consumer said she receives the care she needs, staff understand her health conditions and provide the appropriate care.

The service demonstrated that provision of personal care and clinical care is safe, effective and optimises health and well-being in accordance with consumers needs goals and preferences. High prevalence and/or high impact risks are identified, monitored, reported at local and organisational levels and actions to minimise risk occur. Organisational policies and procedures based on best practice evidence support staff in the provision of personal care and clinical care.

Staff described ways they tailor personal and clinical care to meet consumers’ needs and optimise their health and wellbeing. Staff described the high impact high prevalence risk for consumers and strategies used to minimise these risks.

The service's uses an electronic documentation system for assessment and care planning which are regularly evaluated and reviewed. The system incorporates automatic alerts and notifications to staff for each consumer such as pain charting and visual observation timing.

The Requirements 3(3)(a) and 3(3)(b) are assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The service has revised its management of feedback and complaints since the Assessment Contact conducted on 15 October 2020 and can demonstrate improvements to ensure appropriate and timely action has occurred. Complaints are directly linked to and feed into the continuous improvement process and plan.

Most consumers and representatives interviewed said the service responds when issues are raised and uses an open disclosure approach to mistakes.

Management and staff provided examples that demonstrated an understanding of open disclosure. Further training is scheduled for staff to reinforce and embed the practice.

All complaints made verbally and in writing are documented. Registers evidence descriptions of incidents, responses by the service and an evaluation of the effectiveness of those responses.

The Requirement 6(3)(c) is assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Since the Assessment Contact conducted on 15 October 2020 the service has implemented improvements to governance systems for minimising the use of restraint, open disclosure, response to complaints and managing high impact high prevalence risks.

The service demonstrated an effective risk management framework. Risks are reported, escalated and reviewed by management at service and executive management level. The service demonstrated components of the risk management system which includes incident and clinical governance reporting, incident reports, monthly audits, meetings with consumers, representatives and staff. Feedback is communicated through service and executive meeting cycles and leads to improvements to care and services for consumers.

The service demonstrated use of a clinical governance framework. The framework is based on best practice guidelines from Safer Care Victoria and the Aged Care Quality Standards.

The Requirements 8(3)(d) and 8(3)(e) are assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.