Epping Gardens

Performance Report

25 Willandra Drive
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**Commission ID:** 4573

**Provider name:** Heritage Care Pty Ltd

**Assessment Contact - Site date:** 20 May 2021

**Date of Performance Report:** 15 July 2021

# Publication of report

This Performance Report **will 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 |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | 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 June 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

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

* Consumers expressed satisfaction the care delivered to them is tailored to their needs. Consumers described how they get the care they need.
* Consumers and representatives said staff identify deterioration, respond to feedback or requests for information and keep them informed of changes.

Consumers who may experience high impact and high prevalence risks such as falls and weight loss are identified, assessed and responded to, to reduce and mitigate risks to the consumer and others.

Management demonstrated knowledge and application of wound care in line with best practice. Management described the main high impact and high prevalence risks for consumers and how they are managed. Management discussed how the service categorises and tracks incidents and how these are reviewed and changes to interventions made in practice.

Consumer care documents and staff interviews demonstrated staff recognise and respond to consumer changes or deterioration of mental health, cognitive or physical function in a timely manner. Consumer care documents demonstrated that non-pharmacological interventions are trialled prior to the administration of medication and wounds are regularly reviewed and well documented. Care planning documents reflect the delivery of care in accordance with the individual risks identified. Risk assessments are completed for consumers with an identified falls risk and include falls prevention strategies.

While the Assessment Team identified some deficits in staff knowledge in identifying physical restraint, the approved provider demonstrated the use of pillows for a bedridden consumer were for the purpose of pressure injury care and not intended to restrict the consumers movement. The approved provider has demonstrated a commitment to continuous improvement and delivered training to staff on restrictive practices, pressure area care equipment, risk assessment and management plans.

The service demonstrated the monitoring of antipsychotic medication as a chemical restraint is effective and pain is monitored and evaluated.

The service demonstrated it has policies and procedures in place regarding restraint, wound management and pain management to guide staff practice.

An overall rating for this Quality Standard is not given as only three of the seven specific requirements have been assessed.

### 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.*

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

*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.*

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers said staff know what they are doing and did not identify any training needs.
* A consumer said they do not need to repeat themselves if they need to tell staff what to do. However, another consumer said sometimes new staff do not know as much, and they need to tell them what to do when necessary.
* A consumer described the support the service provided them following an incident involving staff performance, including the actions taken by management. Consumers feel comfortable raising concerns and providing feedback about staff performance and management respond appropriately.

Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers. The monitoring of recruitment, orientation and education is effective. Training records demonstrated all staff have completed mandatory training modules including Serious Incident Reporting Scheme (SIRS).

Staff described what they would do if they noted any staff behaviour that did not meet expectations. Management demonstrated that staff performance is monitored and reviewed with appropriate action taken. Management described how they follow up consumer feedback in relation to staff performance including interviewing relevant staff and speaking to the consumer or representative. Management described how they identify training needs as a result of performance appraisals.

Where staff performance did not meet expectation, documents indicated generally effective recording of performance related issues and discussion. While the Assessment Team identified some inconsistencies in staff performance documents, the approved provider demonstrated performance discussions are held with relevant staff and appropriate action is taken by management in response to performance related issues.

The approved provider demonstrated a commitment to continuous improvement and scheduled toolbox training to staff on clinical handover guidelines to ensure new staff are aware of each consumer’s care needs. The approved provider also demonstrated it has included the reporting of incidents to the agenda of the Resident, Relative and Friends Meeting, issued clear messaging to all staff on the importance of speaking to consumers respectfully and reminded all General Managers and Directors of Nursing of their obligations under the Quality of Care Principles and responsibilities in relation to incident management. The approved provider has demonstrated updated policies and procedures in relation to open disclosure and incident management.

An overall rating for this Quality Standard is not given as only two of the five specific requirements have been assessed.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# 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

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).

Overall consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services for consumers.

The organisation demonstrated effective actions and processes in managing and preventing incidents, including the use of an incident management system. Risks are reported, escalated and reviewed by management at the service level and the organisation's senior management including the board. The organisation demonstrated it has robust risk management systems in place to effectively manage high impact and high prevalence risks to consumer care.

The organisation demonstrated there is a clinical governance framework in place which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff described how the framework influence practice and demonstrated understanding and application of open disclosure.

The service demonstrated that psychotropic medication is monitored and usage minimised.

While the Assessment Team identified gaps in staff knowledge around document requirements of the National Quality Indicator Program and observations in physical restraint, the approved provider demonstrated a commitment to continuous improvement and delivered education to relevant staff on the National Quality Indicator Program – assessment for physical restraints and completing the self-assessment tool for miniming use of restraints.

An overall rating for this Quality Standard is not given as only two of the five specific requirements have been assessed.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.