HammondCare - Cardiff

Performance Report

158 Macquarie Road
CARDIFF NSW 2285
Phone number: 02 8280 8444

**Commission ID:** 0607

**Provider name:** HammondCare

**Assessment Contact - Site date:** 21 October 2021

**Date of Performance Report:** 19 November 2021

# Performance report prepared by

Kirsten Peddie, delegate of the Aged Care Quality and Safety Commissioner.

# 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)(b) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | Compliant |

# Detailed assessment

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 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 12 November 2021
* the Performance Report for the Site Audit conducted 20 – 22 October 2020.

# 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 assessed Requirement (3)(b) in this Standard, all other requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at this Assessment Contact of 21 October 2021.

To understand the consumer’s experience and how the organisation understands and applies Requirement 3(b) 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 Assessment Team also examined relevant documents.

Most sampled consumer representatives who spoke with the Assessment Team considered that consumers receive personal care and clinical care that is safe and right for them. Representatives indicated overall satisfaction with the management of their consumers’ incidents. One representative provided feedback in relation to how their consumers’ behaviour impacted on their falls risk.

The service has processes to identify and manage high impact and high prevalent risk and demonstrated the effectiveness of their processes.

### Assessment of Standard 3 Requirements

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

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

This requirement was found to be Non-compliant following a site audit conducted in 20 – 22 October 2020. It was found although the organisation had systems to ensure effective management of high impact and high prevalence risks associated with the care of each consumer, the service was unable to demonstrate the management of high impact and high prevalence risks had been effectively implemented for some consumers. The Assessment Team found at this Assessment Contact conducted 21 October 2021 actions and improvements to rectify these deficiencies had been implemented.

The Assessment Team found the service has a process of identifying consumers who are deemed high risk based on clinical needs or outcomes such as behaviours of concern and falls. The consumers at high risk are identified by the management team and the quality system and risk manager. Key risks for consumers were observed to be identified in care planning documentation, including strategies to minimise and/or manage the risk. The Assessment Team observed one consumer whose dignity was compromised by their incontinence aid and the consumer’s choice of clothing.

The Assessment Team observed high impact and high prevalence risks are reflected in incident reports, captured in clinical indicators at the service and provided in reports which are trended and analysed monthly, reflecting the current prevalence of consumer risk. Discussions of consumer specific high impact and high prevalence risks occur at the weekly clinical review meetings.

The Approve Provider submitted a response to the Assessment Team report providing further detail on the management of restrictive practices at the service including through the use of behaviour support plans. The Approved Provider also gave evidence of recent training on fitting of incontinence aids and consumer dignity. The consumer observed by the Assessment Team has been reviewed, and a change in continence product and providing other clothing options have been arranged, to support the consumer’s dignity whilst still respecting the consumer’s individual choice.

I have considered the evidence presented by the Assessment Team which demonstrates the service is effectively managing high impact and high prevalence risk associated with the care of each consumer.

For the reasons detailed above I find HammondCare in relation to HammondCare – Cardiff to be Compliant with Requirement 3(b) of Standard 3 Personal care and clinical care.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(b) in this Standard, all other requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at this Assessment Contact of 21 October 2021.

To understand the consumer’s experience and how the organisation understands and applies Requirement 3(b) within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Overall sampled representatives who spoke with the Assessment Team considered that consumers feel they belong in the service and feel safe and comfortable in the service environment. Representatives interviewed confirmed they find the environment to be safe and well maintained. They are happy with the cleaning of the environment and their consumers room. Representative were happy with the new floor coverings.

The Assessment Team observed the service to be clean and well maintained and free of malodour. There was adequate lighting, heating and cooling, a comfortable atmosphere and appropriate noise levels and pathways around the service are level and safe.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

This requirement was found to be Non-compliant following a site audit conducted in 20 – 22 October 2020. It was found some cleaning practices in consumer areas of the service environment had not been effective and those areas were unclean; and some flooring and ceilings were water damaged. The Assessment Team found at this Assessment Contact conducted 21 October 2021 actions and improvements to rectify these deficiencies had been implemented.

The Assessment Team observed the service was clean and free of malodour. The Assessment Team advised the service is currently undergoing new carpet refurbishment. Carpets have been replaced and vinyl flooring laid in dining areas. Representatives who spoke with the Assessment Team said maintenance requests are actioned promptly and they find the service’s environment is safe and well maintained both indoors and outdoors. Consumers were observed by the Assessment Team to have easy access to outdoor garden areas.

I have considered the evidence presented by the Assessment Team which demonstrates the service environment is safe, clean, well maintained and comfortable. Consumers can move freely indoors and outdoors.

For the reasons detailed above I find HammondCare in relation to HammondCare – Cardiff to be Compliant with Requirement 3(b) of Standard 5 Organisation’s service environment.

# 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 assessed Requirement (3)(b) in this Standard, all other requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at this Assessment Contact of 21 October 2021.

To understand the consumer’s experience and how the organisation understands and applies Requirement 3(b) 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.

Overall sampled representatives who spoke with the Assessment Team considered that consumers are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most representatives interviewed know how to access advocacy services and other methods for raising and resolving complaints on behalf of their consumers who are living with dementia. They said any issues raised are resolved in a timely manner.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

This requirement was found to be Non-compliant following a site audit conducted in 20 – 22 October 2020. It was found most consumers (and representatives on their behalf) were not aware of or could not recall having been provided with information about other methods for raising and resolving complaints, including advocacy and language services. Staff did not know how to support them in this regard. The Assessment Team found at this Assessment Contact conducted 21 October 2021 actions and improvements to rectify these deficiencies had been implemented.

Representatives interviewed by the Assessment Team knew how to access advocacy services and other methods for raising and resolving complaints on behalf of their consumers who are living with dementia. They said any issues raised are resolved in a timely manner.

The Assessment Team observed the service has feedback forms and other brochures, including for external complaint information available in different translations, and for advocacy groups, located at reception and in the admission acceptance folder.

I have considered the evidence presented by the Assessment Team which demonstrates the consumers and representatives have been made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

For the reasons detailed above I find HammondCare in relation to HammondCare – Cardiff to be Compliant with Requirement 3(b) of Standard 6 Feedback and complaints.

# 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

The Assessment Team assessed Requirement (3)(a) in this Standard, all other requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at this Assessment Contact of 21 October 2021.

To understand the consumer’s experience and how the organisation understands and applies Requirement 3(a) 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.

Overall sampled representatives considered that the consumer get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Assessment Team found that the workforce at the service is planned to enable the delivery and management of safe and quality care and services. Although some representatives said they felt care staff had too much to do and the service needed more staff, the representatives said there had not been a time where staffing had an impact on their consumer’s care and service.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

This requirement was found to be Non-compliant following a site audit conducted in 20 – 22 October 2020. It was found some consumers (and representatives on their behalf) raised concerns about the adequacy of staffing levels. Staff provided information about mostly having been able to complete their duties but that at times this had been challenging. Some rostered shifts had not been filled, some nurse call alerts had not been responded to in a timely manner, and complaints had been made about staffing. The Assessment Team found at this Assessment Contact conducted 21 October 2021 actions and improvements to rectify these deficiencies had been implemented.

The Assessment Team found the workforce at the service is planned to enable the delivery and management of safe and quality care and services. Representatives who spoke with the Assessment Team said staff were caring and kind, they felt care staff had too much to do and more staff were needed, but there had not been any impact on the care and services provided to consumers. Two representatives expressed concern on the lack of stimulating activities offered to their consumers. One representative provided negative feedback on the type of activities offered.

The Assessment Team spoke with management of the service who advised the service has on ongoing recruitment process and has filled a number of vacancies over the last 6 months. A review of the roster and allocation sheets by the Assessment Team did not identify any unfilled shifts in the month prior to the assessment contact. Staff who spoke with the Assessment Team advised they were able to complete their duties in the allocated time frames.

The Approved Provider in their response advised a full review of engagement opportunities with consumers had commenced prior to the Assessment Contact and an engagement forum was being initiated with consumers, representatives and staff. Questions on consumer engagement have been included in the routine six monthly random survey of consumers, and additional actions will be taken based on the survey outcome. The Approved Provider also clarified the staffing numbers in the Assessment Team report and gave further detail on how staff shifts are replaced and the additional registered nurse coverage across the service above the allocation of the registered nurse/s each shift.

While the Assessment Team were provided some negative feedback on activities and consumer engagement, the Approved Provider had already taken action to address this concern prior to the Assessment Contact. I have considered the evidence presented by the Assessment Team which demonstrates the service’s 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

For the reasons detailed above I find HammondCare in relation to HammondCare – Cardiff to be Compliant with Requirement 3(a) of Standard 7 Human Resources.

# 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 assessed Requirement (3)(a) in this Standard, all other requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at this Assessment Contact of 21 October 2021.

To understand the consumer’s experience and how the organisation understands and applies Requirement 3(a) 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 sampled representatives who spoke with the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Overall representatives interviewed could describe how the organisation supports and encourages them to use the various feedback mechanisms or avenues available to them that enable them to be involved improving care and services.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

This requirement was found to be Non-compliant following a site audit conducted in 20 – 22 October 2020. It was found the organisation did not demonstrate consumers (or representatives on their behalf) had been engaged in the development, delivery and evaluation of care and services for the service as a whole or at organisational level. The Assessment Team found at this Assessment Contact conducted 21 October 2021 actions and improvements to rectify these deficiencies had been implemented.

The Assessment Team advised the service mostly engage with a substitute decision maker on behalf of each consumer. Representatives interviewed by the Assessment Team were familiar with the service’s management team and felt engaged in the evaluation of care and services. Representatives advised the Assessment Team that consumers and representatives are communicated with by the service using a variety of methods these include, newsletters, committee meetings, emails, telephone calls, and face to face case conferencing.

I have considered the evidence presented by the Assessment Team which demonstrates consumers and representatives are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

For the reasons detailed above I find HammondCare in relation to HammondCare – Cardiff to be Compliant with Requirement 3(a) of Standard 8 Organisational governance.

# 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.