HammondCare - The Pines

Performance Report

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**Commission ID:** 0512

**Provider name:** HammondCare

**Assessment Contact - Site date:** 7 January 2021

**Date of Performance Report:** 15 February 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)(g) | 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 3 February 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 and/or their representatives sampled said they are happy about the care provided, and state the care received by the consumer as ‘good’. A review of the consumer’s care documentation also indicate that their care is safe and right for them.

The service also demonstrated minimisation of infection related risks through comprehensive policies and procedures, adequate staff training, an outbreak management plan, and other precautions.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### 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.*

The Assessment Team interviewed consumers and/or their representatives who said they are ‘happy’ with the care services provided to them and describe their clinical and personal care as ‘good’. They state staff are attentive to their needs and have access to the doctor and physiotherapist when they need them. Staff interviewed were also able to describe how they deliver care that is best practice and tailored to a consumer’s needs.

The Assessment Team sighted documentation to assist staff to deliver care that is best practice, such as a clinical governance policy and written materials about restraints, falls management, pain management, wound management and others.

The team reviewed a sample of documents for consumers and identified that most consumers received individualised care that is best practice, safe, effective, and tailored. The team identified one consumer that did not have her wounds and weight management adequately managed. However, the provider has since submitted further information to evidence that care was adequately managed and there was clinical oversight from a medical practitioner, and no harm has resulted to the consumer.

I find this requirement Compliant.

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team interviewed consumers and/or representatives whom stated they observe staff wearing PPE all the time, they have been well informed about COVID-19 from regular updates, and were satisfied with the service’s COVID-19 response. Staff interviewed were able to describe how they minimise infection related risks at the service and their responsibilities in infection control. They were also able to describe their awareness of reducing the use of antibiotics in the service, and how management monitor their use in the service.

However, the team observed some staff to be touching their masks, not wearing it appropriately, and a used mask discarded inappropriately in the office. The service has since responded that all staff had previously completed training regarding the proper use of masks, they will continue to receive this training, and they will continue to be monitored for compliance with proper mask use.

The Assessment Team sighted that the service has comprehensive policies and procedures for infection control related issues. They also sighted an electronic outbreak management plan up to date with relevant information. The team identified a gap in the outbreak management plan regarding the service’s capacity to isolate multiple COVID-19 positive consumers and their care in the event of an outbreak, but the service has since submitted their COVID-19 preparedness plan to demonstrate that the service has a plan in place if this event occurs.

The Assessment Team also noted some observed gaps in infection control, such as inadequate density and doffing/donning signage, no sanitisation wipes available on desks to wipe down equipment, cleaning of high touch points were not observed during the assessment, and checklists to monitor the wiping down of hard surfaces were incomplete. However, the provider has responded that the lack of observable signage and sanitisation wipes were to reduce unfamiliar items and maintain a home-like environment for their consumers with dementia. The service notes that sanitisation wipes are still available in accessible and familiar locations to staff, signage is readily available in outbreaks, and staff have received regular training about donning/doffing and other infection control strategies. The service also notes that they do regularly clean the high points and other surfaces, and the Assessment Team did not identify that there were unclean high points or hard surfaces.

I find this requirement Compliant.

# 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.