Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Hippocrates Aged Care Centre |
| **RACS ID:** | 0883 |
| **Name of approved provider:** | Fronditha Care |
| **Address details:** | 30 Crebert St Mayfield NSW 2304 |
| **Date of site audit:** | 05 November 2019 to 07 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 18 November 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 22 December 2019 to 22 December 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Hippocrates Aged Care Centre (the Service) conducted from 5 November 2019 to 7 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 14 |
| Consumer representatives | 6 |
| Management | 3 |
| Clinical staff | 2 |
| Care staff | 10 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 1 |
| Service Support Manager | 1 |
| Visiting service providers such as allied health professionals | 2 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation met all six of the requirements under this Standard.

Consumers provided evidence of how they are treated with dignity and respect, and live the life they choose; for example, one consumer stated, “Staff are wonderful” and “Staff are very respectful”. One representative said, that she observes staff always treat all the residents with respect. Consumers expressed satisfaction with the care they receive. A consumer stated “(the best thing is) the care and staff. Staff were able to describe how they were familiar with consumers and their lives, and demonstrated an understanding of consumers’ individual preferences, culture and what they liked to do.

Consumers are supported to participate in activities that may be perceived to be of risk to them. Staff are able to describe how they use problem solving solutions, to minimise risk and tailor solutions to help consumers live the life they choose. Staff provided examples of how they supported consumers to have choice and control, including when that choice involves risk. Consumers said the workforce understand what is important to them and aren’t judgemental about choices they make. Consumers stated they felt heard when they tell members of staff what matters to them and what they want.

Consumers said to the assessment team that staff explain things to them, and they have choice of the services they get and when these services are provided. For example, one consumer said, “I often get teary and the staff are wonderful”.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation met all five of the requirements under this Standard.

Of the consumers randomly sampled 100% said they get the care they need most of the time or always. All the consumers and or representatives interviewed said they had been involved in the development of their care, with three consumer representatives saying they had been involved in assessment and care planning process. All consumers and or representatives said they were very satisfied with the care and services provided to them and they felt safe and confident staff listen to them and accommodate their preferences.

The Assessment Team is satisfied that care and service plans are developed in consultation with consumers, and their preferences are adequately recorded or that consumers have ready access to their care and services plan. Staff could describe how consumers, and others who contribute to the consumers care, work together to develop and review a tailored care and services plan. Management said they actively support consumers in maintaining their wellbeing. This approach has identified individual clinical and care staff that take primary responsibility for the consumer allowing for familiarity and continuity of care. This approach involves case conferencing on a regular basis with the consumer and or representative. The care and service plans are regularly reviewed, with consumer’s preferences clearly described.

The Assessment Team is satisfied that allied health services are involved in assessment and planning. There are records of initial or ongoing assessment for physiotherapy managed pain programs, and evaluation of these treatments.

The Assessment Team is satisfied that advance care planning and end of life planning addresses the consumers’ needs, goal and preferences.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### **Standard 2 Requirement 3(c) Met**

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation met all seven of the requirements under this Standard.

All consumers and or representative gave feedback that the consumers interviewed said they felt safe most of the time or always, and all said they get the care they need most of the time or always. One consumer representative said, “the staff are always respectful to his mother”. Another consumer representative stated “Staff are friendly, they really do care hear, they have caring hearts”.

The Assessment Team observed handover as the registered nurse supervised care staff giving clear instructions and explanations as to each individual consumer’s care needs. Review of clinical and personal care information showed documentation in care plans was tailored to each consumer and reflected best practice. Personal hygiene preferences are documented, and staff interviewed were knowledgeable about each consumer’s preference. Consumers nutrition and hydration needs were observed to be monitored and assessed. Special needs and preferences for individual consumers are communicated to catering staff and registered nurses monitor that assistance with meals has been provided.

The service demonstrated that needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. One consumer stated her end of life needs, goals and preferences were known to the staff, documented in her care plan and that she has access to the community palliative care team whenever she needs.

The service demonstrated minimisation of infection related risks. The service has an infection control policy and procedures, which staff said they were familiar with including the principles of infection control. Further, they have access to personal protective equipment and it is always readily available. Staff advised they attend regular education in infection control and were familiar with the service’s handwashing procedures.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for anti-biotics.

#### Requirements:

##### **Standard 3 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that 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 3 Requirement 3(e) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation met all seven of the requirements under this Standard.

The organisation provides services to manage consumers health and wellbeing and enables them to do the things they want to do. The organisation optimises consumers’ health and well-being by respecting their spirituality, provide emotional support when needed, be involved in the community and live the life they choose.

The organisation demonstrated that information about consumers current conditions and needs is communicated within the organisation so that relevant clinical and emotional care is made available and can be provided. The organisation provides consumers with meals and the equipment they require to maintain independence and consumers are satisfied with the way these are provided.

Equipment at the service is safe, suitable, clean and maintained.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service met all three of the requirements under this Standard.

The service environment is designed to be welcoming, easy to understand, optimise consumer’s sense of belonging, independence, interaction and function, and enables consumers to move freely indoors and outdoors. The environment was observed to be clean, well maintained and comfortable. Consumers and representatives interviewed commented that the service is well furnished and generally clean and well maintained.

The service demonstrated that equipment, furniture and fittings are safe, clean, well maintained and suitable for the consumer. Staff identified that they regularly assess and review the suitability of furniture and equipment for consumers and preventatively identify any issues or maintenance required. A review of the preventative and reactive maintenance schedule demonstrated that this was completed in a timely manner.

Policies and procedures described the systems for purchasing of new equipment and furniture, the environment and delivery of care, emergency management and disaster response, and the use of contractors. The service completes regular audits and surveys to ensure compliance against these procedures and assess effectiveness.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

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

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation has met all four requirements under Standard 6.

Consumer experience interviews show that 100% of consumers said staff follow up when they raise things with them always or most of the time. Consumers reported they can provide feedback, are comfortable making complaints and have confidence that appropriate action will be taken.

There are mechanisms to facilitate consumers and interested persons to provide feedback or make a complaint. The organisation has a formal feedback pathway which is readily accessible throughout the service, with secure confidential feedback and suggestion boxes available. Service management display an open-door approach and take immediate action to resolve any issues or concerns which consumers and or representatives may have.

Brochures, posters and booklets are available throughout the service promoting and explaining the internal and external complaint mechanisms available to them.

Consumers have access to advocates, language services if required and other methods for raising and resolving complaints. Information regarding these support services are on display throughout the service and consumers are reminded about the services available to them should they choose to make use of these.

Feedback and complaints are reviewed, and analysed, appropriate solutions are sought, and outcomes are evaluated. The process is undertaken promptly and in consultation with all parties.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation has met all five requirements under Standard 7.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of consumer’s identity, culture and diversity. 100% of consumers and representatives randomly interviewed indicated they felt staff knew what they are doing most of the time or always.

The organisation demonstrates the workforce recruited to different roles, are competent and qualified to undertake these roles and supported to deliver outcomes for the consumers. Staff undertake annual mandatory and additional education to maintain and enhance their skill and knowledge. Management monitor staff practices to identify opportunities to improve individual staff skills and knowledge particularly in areas such as caring for consumers living with dementia.

New staff receive an intensive orientation program which includes buddy shifts with experienced staff. Performance appraisals occur as part probation monitoring and ongoing employment.

Management demonstrated effective monitoring and review of processes.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found that the organisation has met all five requirements under Standard 8.

Consumers experience interviews show that 100% of consumers and representatives say that the service is well run most of the time or always. The organisation demonstrates that consumers have a say in the way the service runs via meetings, forums and a range of feedback mechanisms. The service consults with consumers, and their representatives, on their preferences to inform delivery and evaluation of care and services. Consumers and their representatives are involved in assessment and care planning, including case conferences regarding their care when the need arises.

The organisation demonstrated commitment to an inclusive workplace that embraces and promotes diversity as part of corporate culture. There are supportive and inclusive diversity-related workplace practices to ensure safe and quality care and services are delivered.

There are governance systems to support effective information management across the organisation. Continuous improvement is demonstrated by the service, who maintain an active plan, and at an organisational level.

There is a clinical governance framework in place. Management use a range of monitoring processes such as audits, benchmarking, quality indicators and incident data to monitor consumer outcomes and identify and manage clinical risks. The clinical governance framework addresses anti-microbial stewardship. The organisation reviews safety issues (such as with incidents including mandatory reporting) and these are reported through management and organisational committees.

Risk management systems and practices are in place including managing high-impact and high-prevalence risks associated with the care of consumers. There are systems in place and education provided for staff to identify and respond to abuse and neglect of consumers.

The organisation has a developed governance structure including a board and chief executive, with office holders having relevant skills and experience, defined responsibilities and lines of accountability. The governing body meet regularly and a range of committees and senior executive management support decision-making and reporting requirements. The board sets clear expectations for the organisation to follow and regularly reviews organisational and consumer risks including outcomes.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

##### **Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that 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.