Hunter Nursing Pty Ltd

Performance Report

Suite 3, 52 Pendlebury Road
CARDIFF NSW 2285
Phone number: 02 4959 6711

**Commission ID:** 200945

**Provider name:** Hunter Nursing Pty Ltd

**Quality Audit date:** 21 April 2021

**Date of Performance Report:** 6 August 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Not assessed |
| Requirement 4(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| 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 Quality Audit; the Quality Audit 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 Quality Audit report received 25 May 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### 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.

## Assessment of Standard 1

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose. Consumers confirmed the service provided information to support decision-making about their care and services, including to take risks to enable them to live the life they choose. Consumers said staff knew them as individuals and were respectful, including respecting the consumer’s personal privacy.

Service coordination and care staff said information relating to individual consumers’ preferences, advocates and special relationships is communicated through assessment and care planning documentation and on an ongoing basis through consumer reviews. They said the service matched care staff to individual consumers needs and preferences, for example a consumer had indicated preference to receive care from a male worker and the service supported this. Staff had received training in cultural awareness, and the service had policies and processes to guide staff such as, working with interpreters, code of conduct, and culturally and linguistically diverse and Aboriginal and Torres Strait Islander Sensitivity Guidelines. Service coordination staff demonstrated understanding of how to access interpreters and information in other languages for consumers if required.

Care staff demonstrated understanding of individual consumers’ backgrounds and needs, and provided examples of how this is considered in care and service delivery. For example, assisting with preparing food of cultural significance, use of interpreters or supports consumer’s choice of care staff for personal care. Staff demonstrated awareness of the services cultural and inclusion policies and confirmed they had received training in these areas.

Consumer documentation included detailed assessments and care plans which included information on any risks identified, for example consumers at risk for falling. The service had a “Your right to take a risk” form in place for consumers that documented the identified risk, that risks had been explained and the consumer and representative had understood and accepts the risks.

Consumer files reflected the Charter of Aged Care Rights, service agreements and consents for each level of packaged care. Consumers files evidenced that consumers and their representatives were provided with information about privacy and confidentiality through their service agreement and information pack.

Staff training and induction documentation included training in privacy and confidentiality, and code of conduct.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### 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.

## Assessment of Standard 2

Overall consumers and representatives considered that they feel like partners in the ongoing assessment and planning of consumer’s care and services. They said the consumer’s care planning is based on individual needs, goals and preferences and consumers are supported to make decisions regarding care and services. Consumers said the service discussed the outcome of assessment and planning with them and those they wish to include in their care, including when care and services are reviewed when consumer needs or circumstances change. Consumers and representatives confirmed they had access to the consumer’s care plan in a folder in their home.

Assessment and care planning documentation included assessment of the consumer’s health, functional, cultural, spiritual, psychological, and social needs; information in relation to consumer’s current medications, and a medical summary from the Medical Officer. Information in relation to risks was also evidence, including, but not limited to allergies, medical conditions, infectious conditions, risk of falls, dietary alerts, functional abilities, and a home safety risk assessment. The service also had assessments in relation to end of life planning to be asked during the initial assessment process. Care planning documentation reflected involvement of the consumer and those they wished to include, and service nursing and care staff including subcontracted personnel in the assessment and care planning process.

Care planning documentation identified the service reviewed consumers’ care and services regularly at either three or six month dependent on the level of package provided.

Service coordination staff described how through the initial assessment and care planning process information is gathered on preferences, care needs and goals of consumers. They said advanced care directives and end of life planning is discussed with all consumers and representatives on entry to the service, however not all wished to discuss at that time or advised they already had documentation in place with family. Coordination staff oversee the care plan review schedule for consumers and ensured the needs, goals and preferences of consumers are reviewed regularly by Registered Nurses. Staff were able to describe how they involved consumers and others in assessment and care planning processes.

Care staff considered they received adequate information on the needs of the consumers in care plans and to support delivery of care. They described what was important to individual consumers in terms of how care is delivered, including their needs, goals and preferences. For example, when a consumer requested a change in day and time of services this was accommodated. Care staff said they are told to always deliver care in line with the consumer and representative preferences and to communicate to coordination staff if any ongoing changes are needed.

The service had a Care Management policy to guide coordination staff and registered nurses in the consumer assessment and planning process.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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 COMPLIANTPersonal 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

Consumers and representatives expressed satisfaction with the overall care and services consumers received and said the service supports them in maintaining their health and wellbeing. They said staff understand consumers care needs and take into consideration individual preferences when providing care.

Consumers and representatives said the care staff knew consumers well and were confident they would identify any changes to overall health and wellbeing and report it back appropriately. They said the service had a Registered Nurse available 24 hours per day across 7 days of the week for advice if needed. Consumers said referrals are made as needed to allied health as needed, for example if equipment or home modifications are needed or there is a change in consumer’s condition and/or wellbeing. Consumers and representatives expressed satisfaction with the service’s communication, and said service coordination staff regularly contacted them about care and services. They said staff provide services safely and confirmed the service had processes in place to manage risks in relation to COVID-19.

Service coordination and nursing staff provided examples of where high impact and high prevalence risks were identified for consumers, including mobility, falls, skin integrity, wounds, pain, medication management or weight loss. They said if restrictive practices were identified they would liaise with Medical Officers, other specialists and representatives or guardians to reduce or eliminate and to minimise any harm to the consumer. Any clinical risks identified are discussed through regular clinical team meetings. Care staff said process are in place to manage the risks of a consumer not responding to a scheduled visit and these are documented in the consumers’ care plans.

The service had documented policies and procedures to guide staff in consumer personal and clinical care and service delivery. For example, care management, working with interpreters, wound deterioration escalation policy and recognition and management of a deteriorating consumer.

The service had an incident reporting system, staff reported consumer incidents as they occurred and these were followed-up by coordination and management where required.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been 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.*

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

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

### 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.*

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

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### 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.*

# STANDARD 4 COMPLIANTServices and support for daily living

### 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.

## Assessment of Standard 4

Overall consumers and representatives expressed satisfaction that consumers received services and supports for daily living that are important for health and wellbeing, and enabled consumers to do things of choice.

Consumers and representatives said consumers were supported to live their life the way they wish and had their preferences considered. Consumers said the staff know them as individuals including their personal preferences. Consumers said the service supported them to access the community independently and keep in touch with people who are important to them.

Care planning documentation reflected consumer centred care and service planning, including identification of consumers’ individual interests, needs and preferences, and personal goals. The assessment of any emotional, spiritual or psychological needs were evidenced in consumer documentation including referrals to mental health service as required to support consumers emotional wellbeing. Referrals are made to external providers for services and the provision of equipment when needed.

Management and staff described how they referred consumers to other service providers and how the consumer was actively involved in decisions about referrals and consent was obtained. Management and staff reported that equipment was purchased for consumers through their package funds. They described processes for the purchase of equipment should this occur, including assessment by the service to allied health professionals to ensure the equipment is fit for purpose.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Not assessed

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 6 COMPLIANTFeedback 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

Consumers and representatives said they are supported, felt comfortable and know how to provide feedback or make a complaint. Overall, consumers and representatives said they had no significant issues or complaints, and expressed satisfaction with the action taken by the service to any issues they had raised.

Staff described how they supported consumers to provide feedback by encouraging them to contact the service. If consumers do not wish to do so, staff offer to do it on the consumers’ behalf. Care staff said if consumers provided any negative feedback that is of a concern for the consumer’s health or wellbeing, they will contact the care coordinator immediately to report this.

Information on how to make a complaint is discussed with consumers and representatives, and written is also provided on entry to the service. During discussions and at consumer care and service reviews consumers are encouraged to discuss any issues with or changes to services.

Review of information provided to the Assessment Team identified the service documents feedback in an electronic reporting system, including the actions taken. The Assessment Team reviewed a number of complaints and found appropriate action and followed up had occurred.

The service had a complaint management policy to guide staff in the management of consumer feedback, and included roles and responsibilities, management processes, escalation, analysis and review of complaints. The organisation had a policy on open disclosure and a clinical governance framework which documented open disclosure as an essential element in building a culture of trust and honesty through partnership with consumers and community.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### 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.*

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

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

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman 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

Overall, consumers and representatives considered that consumers receive quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers expressed satisfaction with the number of staff available and said it is very infrequent that staff are late to the consumers home. They said when this did occur, Management telephoned to apologise and inform them when the care staff member should arrive.

Overall, staff said they had enough time to attend to consumers’ personal preference and care needs. The service had processes to manage recruitment and to ensure staff are competent and capable in their roles. Staff received orientation to the service and staff confirmed they receive ongoing education across the Standards.

The service had systems to monitor staff performance, including appraisals and mandatory education. A range of mandatory modules and competency assessment were available to staff including basic life support, first aid, infection control, elder abuse, manual handling and confidentiality and diversity. Additional online modules are available to support their knowledge and skill development.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### 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 COMPLIANTOrganisational 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

Overall consumers and representatives considered that the service is well run and they are involved in the development and evaluation of services.

Management and staff described ways consumers and representatives are engaged in the development, delivery and evaluation of care and services, including through the annual consumer survey, consumer reviews and supporting consumers to provide feedback on the safety and quality of their care and services.

Management said they directly engaged with consumers and representatives in person or by phone and email to address any concerns and implement improvements.

The organisation has implemented effective governance systems, effective systems to manage high impact and high prevalence risks and a clinical governance framework. The organisation’s Clinical Governance Framework policy identified five elements leadership and culture; clinical practice; consumer partnership; workforce; and continuous improvement. The clinical governance framework documents the Board’s commitment to clinical quality as an integral part of overall governance.

The organisation had risk management systems, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; and consumers are supported to live the best life they can. Staff had been educated about these policies and provided examples of their relevance to their work.

There are policies to guide staff practice including in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*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.*

### 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.