Performance

Report

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| Name: | Haddington Nursing Home |
| Commission ID: | 0569 |
| Address: | 126 Duncan Street, TENTERFIELD, New South Wales, 2372 |
| Activity type: | Site Audit |
| Activity date: | 30 April 2024 to 3 May 2024 |
| Performance report date: | 5 June 2024 |
| Service included in this assessment: | Provider: 9208 Apollo Care Operations Pty Ltd  Service: 5390 Haddington Nursing Home |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Haddington Nursing Home (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others.
* Other information held by the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers confirmed staff treated them with dignity and respect and knew them and what was important to them. Staff understood consumers’ personal circumstances and backgrounds and expressed empathy for consumers. Care plans included information about each consumer’s personal background and history, as well as their cultural needs and preferences. Staff were observed treating consumers with dignity and respect throughout the Site Audit.

Consumers said staff respected their background, identity, and culture. Staff described how they provided culturally safe care and services, and how they adapted care delivery to suit consumers’ cultural needs and preferences. Care plans detailed consumers’ background and their cultural needs and preferences. The service had documented policies to guide staff in providing culturally safe care to consumers.

Consumers said they were supported to make informed choices, maintain their independence, maintain their chosen relationships. Staff explained how they assisted consumers to maintain their important personal relationships and make their own choices. Care planning documents demonstrated the service supported consumers to make their own decisions and choices around their care and services, and relationships.

Consumers said they were supported to take risks, do the things they enjoyed, and live the life they chose. Management described how consumers were supported to understand the benefits and possible harms when they made decisions about taking risks. Care planning documents showed the service supported consumers to assess and mitigate risks they chose to take. The service had policies to guide staff in the assessment and management of risks.

Consumers expressed satisfaction with the information provided by the service regarding activities, upcoming events, and meals. Staff explained how they provided clear and up to date information to consumers through meetings, activity calendars, menus and speaking to them. consumers. Documentation and observations showed current information was provided to consumers and their representatives in a variety of ways.

Consumers described how staff always respected consumers’ privacy such as by knocking before entering their rooms and closing doors to provide care. Staff described ways they respected consumers’ privacy and dignity whilst providing care and kept their personal information confidential. The service had a written policies and procedures in place to guide staff in protecting consumers’ privacy and personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were involved in the assessment and care planning processes and were satisfied with the care provided. Care planning documents showed assessment and care planning generally considered individual risks to consumers however, the service did not always assess consumers’ ability to operate the push button door code to exit/enter the service independently. Management provided a continuous improvement plan to address this issue.

Consumers and representatives confirmed the assessment and care planning identified consumers’ current needs and preferences, and their advance care and end of life plans. Management explained how assessment and planning captured consumers’ current needs, goals and preferences, and advance care and end of life plans, if they wished. The service’s palliative approach and end-of-life care policy and procedure described how consumers were consulted in relation to end of life care.

Consumers and representatives reported they were regularly updated about consumers’ health status, and they were offered a copy of their current care plan. Management described the care review process and how nominated representatives were contacted to discuss assessment outcomes and could provide feedback about the care and services provided. Management described the involvement of consumers and representatives in the assessment, review and care planning process and said care plans were provided to consumers and representatives on request.

Consumers and representatives said consumers’ care was reviewed regularly, and reviewed when circumstances changed, or incidents impacted on the needs, goals and preferences of the consumer. Staff confirmed care plans were reviewed 3 monthly, and reviewed when circumstances changed, to ensure they were effective. Care planning documents confirmed they had been reviewed and updated 3 monthly, and when circumstances changed, or incidents impacted on the needs, goals, and preferences of consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the personal and clinical care provided which optimised their health and wellbeing. Clinical staff described how they delivered safe and effective personal and clinical care, tailored to consumers’ documented needs, goals and preferences. Care planning documents reflected consistent delivery of safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer and consistent with best practice. The Assessment Team found the service did not always assess consumers’ ability to operate the push button door code to exit/enter the service independently however, management provided a continuous improvement plan action to address this issue.

Consumers and representatives said consumers received care in line with the complexity of their needs and the service effectively managed risks to’ their health. Management and staff explained how they monitored and managed high impact and high prevalence risks to consumers and detailed the management strategies in place. Care planning documents confirmed high impact and high prevalence risks had been identified and effective mitigation measures were in place. The service had written policies and procedures to guide staff in the identification and management of high prevalence and high impact risks.

Consumers and representatives described how the service had discussed palliative and end-of-life care planning. Staff and management described the way they adjusted care delivery to maximise the comfort and preserve the dignity of consumers nearing the end of life. Care planning documents confirmed discussions around palliative care and end of life care had identified the needs, goals, and preferences of consumers. The service had policies to guide staff practice in providing palliative and end of life care to consumers.

Consumers and representatives said staff recognised and responded to signs of deterioration and change in consumers’ condition in a timely manner. Staff and management explained effective processes in place for identifying and responding to changes or deterioration in consumers’ condition. Care planning documents demonstrated clinical deterioration and changes in a consumer's condition were documented, responded to in a timely manner, and followed up. The service had documented policy and procedures to guide staff in identifying and responding to deterioration in condition.

Consumers and representatives confirmed different staff knew their needs and they were satisfied with the communication between staff and others involved in providing care and services. Staff described how information about consumers’ current needs and condition was comprehensively documented in the electronic care management system and shared effectively within the organisation, and with others involved in their care. Care planning documents showed staff, and others involved in providing care, had access to current information about consumers’ condition, needs and preferences. Staff were observed sharing information about consumers’ current condition, needs and preferences at shift handover held in a private area.

Consumers and representatives said consumers had access to other relevant health professionals and referrals to these services were timely and appropriate. Management and clinical staff described the processes for referring consumers to other health professionals. Care plans confirmed the timely input of other health professionals.

Consumers and representatives expressed confidence in the service’s infection prevention and control measures. Management and clinical staff described how they were trained and prepared in infection prevention and control practices and promoted antimicrobial stewardship. The service had a trained infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the services and supports for daily living met their needs, goals, and preferences, and optimised their independence and quality of life. Staff knew what was important to specific consumers, what they liked to do, and the supports needed to optimise their quality of life. Care planning documents included information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing. Consumers, including those with mobility or sensory impairments, were observed participating in various activities during the Site Audit.

Consumers and representatives said staff supported consumers’ emotional, spiritual, and psychological well-being. Management and staff described the services and supports in place to promote consumers’ emotional, psychological, and spiritual well-being such as providing religious services, pastoral visits, and one on one support. Consumers’ care planning documents contained information about their emotional, spiritual, and psychological well-being and how staff were to support them.

Consumers and representatives said consumers were supported to participate in activities and events inside and outside the service and maintain important relationships. Staff identified consumers’ lifestyle interests and described how they supported them to participate in the wider community and maintain their relationships. Care planning documents detailed how consumers could be supported to maintain their hobbies and interests, participate in their community, and enjoy important relationships.

Consumers and representatives described how current information about consumers’ needs, preferences and condition was effectively communicated within the service, and with others responsible for providing care. Staff explained how they stayed informed about consumers’ changing condition and through the handover process. Care planning documents provided adequate and up to date information to support the delivery of effective and safe care.

Consumers described how they received supports and services from external organisations and individuals. Staff explained the referral process and how the service worked with external providers to meet consumers’ needs. Care planning documents showed timely referrals of consumers to a range of external services and supports for daily living.

Consumers and representatives said they were happy with the quality, quantity, temperature, and variety of the food provided. Consumers confirmed they were always provided with a choice of meals, and they had input into the menu through meetings and feedback processes. Staff knew consumers’ dietary needs and preferences and described the processes in place to keep them informed of any changes. The meal service was observed to be pleasant and respectful, with consumers receiving appropriate assistance from staff, if required.

Consumers said the equipment provided was safe, clean, and suitable for use. Staff described how they kept equipment clean and reported any maintenance issues. The equipment appeared safe, clean, well maintained, and fit for purpose.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was safe, welcoming, easy to navigate and consumers could personalise their rooms. Staff explained how they ensured consumers and visitors felt welcome and how they supported consumers with physical, cognitive, and sensory impairments to navigate the service environment. The service environment was well-lit, with handrails, wide unobstructed hallways and pathways, and clear signage to aid movement. areas which were easy to navigate.

Consumers and representatives stated the service was safe, clean and well-maintained, and consumers could move around easily both indoors and outdoors. Staff described the effective maintenance and cleaning processes and how they ensured the service environment remained safe and clean. Consumers said they were familiar with the door code system and advised it did not impact on their ability to freely exit or enter the service. The service environment appeared safe, clean, and well-maintained, and consumers were observed socialising and moving freely between the indoor and outdoor areas.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well-maintained. Management and staff explained how the furniture, fittings and equipment were checked regularly and kept clean and well maintained. The furniture, fittings and equipment were observed to be safe, clean, and well-maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were comfortable providing feedback and raising concerns by attending meetings, completing feedback forms, or speaking directly to staff or management. Staff and management described how they encouraged feedback and complaints and the processes in place for managing complaints. Suggestion boxes and feedback forms were observed throughout the service. The complaints policy detailed the feedback and complaints processes for consumers and staff.

Consumers were aware of alternative ways to escalate complaints and access external advocacy services however, they said they had not needed to. Management and staff were aware how to access interpreter and advocacy services, and described how they supported consumers to access these services, including through information packs and the consumer handbook. Information regarding advocacy, interpreter, and other services was displayed around the service and in the resident handbook.

Consumers and representatives said the service took appropriate action in response to complaints and practiced open disclosure. Management and staff explained the procedures for responding to complaints, and the use of open disclosure when things went wrong. The complaints register confirmed complaints were documented and acted upon promptly using open disclosure. The service had documented policies for complaints and open disclosure to guide staff in the resolution of complaints.

Consumers said feedback and complaints were reviewed and used to improve the quality of care and services. Management described how feedback and complaints were reviewed and used to identify improvement opportunities on the quality improvement plan. The quality improvement plan and the complaints and feedback register confirmed feedback and complaints were used to improve the quality of care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were sufficient staff to meet their needs, and staff attended promptly when they called for assistance. Staff confirmed there were sufficient other staff and time allocated to enable them to complete their required duties. The service demonstrated established and effective processes for ensuring the number and mix of staff enabled the delivery of safe and quality care and services. Rostered confirmed there were sufficient staff, and the registered nurse and care minute requirements were met. Records showed the average call bell response time was 3 minutes and times above 5 minutes were followed up.

Consumers and representatives said staff were kind, caring and respectful. Staff showed they knew consumers individually and understood their identity, culture, and diverse needs. Staff were observed interacting with consumers and representatives in a kind, caring and respectful manner. The service had written policies, procedures and staff received training in supporting consumers’ identity, culture, and diversity.

Consumers and representatives said staff were competent and had the knowledge to provide the care and support they required. Management described the organisation wide processes for ensuring all staff had the required competencies, qualifications, registrations, and security checks for their roles. Staff confirmed they had to meet the position and competency requirements for their role. Position descriptions specified the duties, requirements, knowledge, and qualifications for each role.

Consumers and representatives considered staff were trained and equipped to perform their roles in line with the Quality Standards. Staff said they had access to online and face-to-face training and could request additional training. Management described how the organisation recruited, trained, equipped, and supported staff to deliver safe and quality care and services. Training records showed staff were current with their mandatory training program.

Management described how the performance of the workforce was regularly monitored, assessed, and reviewed through competencies, feedback and performance appraisals. Staff described how their performance appraisals were conducted and records confirmed they were up to date. Management explained the mechanisms in place to address issues when staff performance was not in line with the service’s policies. The organisation had documented policies to guide the management of staff performance.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were engaged in the development, delivery and evaluation of care and services. Management described various ways they engaged with consumers and representatives such as meetings, surveys, and feedback. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said they felt safe at the service and received the care and services they needed. Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services. The Board received reports on key aspects of the performance of the service and was accountable for the delivery of safe and quality care and services and compliance with the Quality Standards.

The organisation had an effective governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. Management and the Board ensured the policies and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management and staff could describe the policies and processes in place for identifying, documenting, managing, and reporting risks and incidents.

The service had an effective clinical governance framework which included policies covering antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Management and staff were aware of the clinical governance framework and the range of policies, procedures and training including those related to antimicrobial stewardship, restrictive practices, and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)