**Performance**

**Report**

**1800 951 822**

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| Name of service: | Hammond Community Care - Central West |
| Service address: | Unit 1, 98 Bentinck Street BATHURST NSW 2795 |
| Commission ID: | 200280 |
| Home Service Provider: | HammondCare |
| Activity type: | Quality Audit |
| Activity date: | 14 July 2023 to 19 July 2023 |
| Performance report date: | 8 September 2023 |

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 Hammond Community Care - Central West (**the service**) has been prepared by D Horne, 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.

# Services included in this assessment

**Home Care:**

* Hammond Community Care - Central West, 17529, Unit 1, 98 Bentinck Street, BATHURST NSW 2795
* Hammond Community Care Central West - EACH, 17537, Unit 1, 98 Bentinck Street, BATHURST NSW 2795
* Hammond Community Care EACH Dementia Central West, 17538, Unit 1, 98 Bentinck Street, BATHURST NSW 2795

**CHSP:**

* HammondCare - Community and Home Support, 26070, Unit 1, 98 Bentinck Street, BATHURST NSW 2795
* HammondCare - Care Relationships and Carer Support, 26069, Unit 1, 98 Bentinck Street, BATHURST NSW 2795

# Material relied on

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

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a review of documents and interviews with management, staff and consumers/representatives.

The Provider did not submit a response to the Quality Audit report.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Not applicable as not all requirements have been assessed** |
| **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The Provider was able to demonstrate that each consumer is receiving care and services that is supportive of consumer choice and promotes independence, that consumers are treated with dignity and respect and that consumers’ identity and background is respected and valued.

Consumers said they are respected and feel valued by staff when receiving care and services, including in relation to their cultural background, needs and preferences. Through their service agreement and by providing the Charter of Aged Care Rights, consumers are informed of their right to be treated with respect and have their identity, culture and diversity valued. Care planning documentation records consumers’ background, preferences and cultural needs, and this information is utilised in the delivery of care and services. Staff and management could describe principles of cultural safety and provided examples of how they tailor care and services to meet consumers’ cultural needs, such as delivery of care and services from staff of similar cultural backgrounds and/or speak the consumer’s preferred language.

Consumers said they can exercise choice and independence, including making decisions about who is involved in their care. Management said they support consumers to exercise choice and independence by encouraging them to determine who provides services and when they receive them. Staff felt they had sufficient information to understand consumers’ choices and preferences.

Consumers expressed satisfaction with how they are supported to live their best life. Management said risks associated with consumers’ choices are discussed with consumers and/or representatives annually or in response to changes in a consumer’s condition or circumstance. A dignity of risk policy is in place to guide staff in supporting consumers to take risks.

Consumers confirmed they have a copy of their care plan and receive regular statements in relation to the services provided. Consumers said information they receive is current, clear and easy to understand. Staff and management explained how they tailor their communication style to meet consumers’ individual needs. Care planning documentation detailed consumers’ preferred method of communication.

Consumers and representatives said staff respect consumers’ privacy when delivering services, and they were confident personal information is kept confidential. Staff provided examples of how they respect consumers’ privacy when delivering services, including when assisting with payment of bills or attending community outings. The organisation’s electronic records system is password protected to prevent unauthorised access.

Based on this evidence, I find the Provider, in relation to the service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

The Provider was able to demonstrate that it undertakes suitable care planning practices that is individualised and considers consumer risk, identifies consumer needs, goals and preferences, is conducted in partnership with the consumer and involves regular and appropriate review practices when circumstances change.

Consumer documentation shows that risks, such as mobility issues, falls history, cognitive impairment, hearing or visual impairment, medication needs and skin integrity, are identified during assessment/re-assessment processes and appropriate mitigation strategies are developed in partnership with the consumer.

Care planning documents are individualised and identify needs, goals and preferences and include advanced care planning where this is appropriate. Care staff identified that care planning documents guide the delivery of services and that they can rely on information being accurate and up to date at the point of care.

Consumers were able to relay that they are active partners in care planning and risk assessment practices and that this involves any others, including family or friends, that they wish to include. The Assessment Team identified, through the review of consumer progress notes, that others responsible for shared care, for example allied health professionals, are involved in care planning where appropriate.

Copies of care plans are held in consumer folders in the consumer homes and are available to staff providing services via a mobile app to ensure information is accurate and up to date at all times. Care plans reviewed were individualised and set out specific tasks for staff to undertake to assist with achieving consumer goals. The Assessment Team found that advance care planning is offered by the provider in all cases and consumer interviews confirmed that there is general awareness of the availability of this service if required.

The Assessment Team were able to confirm that assessment and care planning is kept up to date, that consumers are reviewed regularly (at a minimum of yearly intervals) and also in the event of changing circumstances including changes to health and wellbeing and changes to package levels.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

The Provider was able to demonstrate that consumers are receiving safe and effective personal and clinical care.

Consumers relayed a high level of satisaftion with personal and clinical care provided and that care is aligned to their personal needs and preferences, including choices around who provides their care. Clinical care is provided by staff with relevant qualifications and skills and the provider ensures that care staff engage in professional development opportunities to maximise best practice outcomes.

The Assessment Team found that the provider maintains appropriate risk management policies and procedures and that effective systems are in place for high prevalence and high impact risks. Through consumer interviews and care plan reviews, the Assessment Team were able to see risk management was also being applied regularly in practice. Care staff reported that consumer risks being identified and reported in the provision of care is being well managed by the provider and leads to the implementation of mitigation strategies for consumers.

The provider has policies and procedures in place in regards to advance care directives and end of life planning. The Assessment Team identified that this was addressed as part of standard assessment procedures and care staff demonstrated understanding of how services may change and how to access information regarding end of life care.

Consumers interviewed are satisfied that care workers identify and report changes in health and wellbeing and that their changing needs are met by the provider. The Assessment Team identified that systems in place for the management of deteriorating mental and physical health, including the use of progress notes, feedback and incident mechanisms and re-assessment processes are effective and fit for purpose.

Care planning documentation guides staff in the delivery of providing care and services and the Assessment Team found this to be up to date, appropriately detailed and effective. Care staff confirmed that have sufficient guidance to provide effective personal and clinical care that meets consumer’s needs and preferences. The Assessment Team reviewed a number of consumer files that showed the provider are undertaking appropriate and timely referrals to others involved in the care of consumers.

The Assessment Team found that the provider is observing appropriate infection control protocols and effectively monitoring the use of antibiotics under their management. Clinical care staff relayed that training has been undertaken at regular intervals for these areas and consumers reported that care staff take all required precautions, including the use of PPE and regular hand washing when providing services.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Provider was able to demonstrate that consumers receive services and supports that enhance the quality of daily living and enable them to live the life they choose.

Consumers and care workers described how care planning is designed to encourage active lifestyles and to encourage and support activities that are meaningful and important to the consumer. Activities such as assistance with meal preparation, supported shopping and physical exercise activities are catered for and delivered in line with consumer wishes.

The Assessment Team reviewed a number of consumer files and identified that there is a strong focus on individual consumer needs and preferences and that appropriate assessments are undertaken to establish consumers’ capability to partake in activities of choice.

Consumer’s relayed that the Provider cares about their happiness and safety and that care staff show genuine interest in their wellbeing and provide support where required.

Care workers displayed a strong understanding of the importance of supporting consumers to do the things they like to do and said the Provider encourages strong relationships with consumers and ensures that sufficient time is allotted to allow for staff to engage in these activities with consumers. Management spoke to the Assessment Team specifically about the importance of consumers remaining connected to community and being involved in social or cultural activities of their choosing.

The Assessment Team reviewed consumer documentation and were satisfied that the Provider is undertaking appropriate and timely referrals to providers of other care and services and are supporting consumers to engage in activities in the community.

The consumer file review also identified that the emotional, spiritual and psychological wellbeing is included in assessment and that this is catered for in individual care plans. Care workers interviewed relayed that where these specific needs are identified and where appropriate, more time will be allocated to allow staff to spend time with consumers to provide support in this way.

Consumers expressed that they are able to access safe and appropriate equipment to assist with their mobility or improve their quality of life. Several consumers spoke of the uncomplicated processes to access equipment and that they were provided with sufficient options and choice to suit their needs.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

The Provider does not undertake care and services in a specified service environment, therefore this Standard is Not Applicable and was not assessed

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The Provider was able to demonstrate it has effective feedback mechanisms and is supporting consumers to provide feedback and complaints through various methods.

Consumers relayed that they are advised how to provide feedback to the service and how to access advocacy services, language services and external feedback pathways as required. The Assessment Team viewed documentation provided to consumers in relation to feedback (including consumer home files) and found this to be straight forward and effective.

Consumers interviewed were generally satisfied that complaints are heard by the Provider and appropriate and timely action is taken to resolve complaints.

Care workers displayed a strong understanding of feedback processes and advised that they regularly escalate feedback to care-co-ordinators and then check back with consumers to ensure that feedback has been acknowledged and actioned.

The Assessment Team reviewed the Provider’s feedback register and found that this is being effectively utilised by the provider and that feedback is being well managed in a timely manner, is followed up and that open disclosure is being practised.

Feedback is being reviewed by the service and is being used to inform the provider of trends or new issues, make improvements, update services and drive continuous improvement. The Assessment Team confirmed that issues raised via consumer feedback is included on the Provider’s continuous improvement plan.

A review of feedback policy and procedure documentation showed that agreed practices are currently being effectively carried out by the Provider.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 Feedback and Complaints.

# Standard 7

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

Findings

The Provider was able to demonstrate that its workforce is well planned to deliver safe and quality care and services, is qualified, competent and knowledgeable and treats consumer’s with kindness, care and respect.

Consumers relayed that staff are reliable and efficient and treat them with kindness and respect. The Assessment Team was able to determine that care and services are provided consistently and that staff absences are covered with minimal disruption to services. Mandatory staff training includes the Aged Care Code of Conduct, inclusion and diversity and professional boundaries training.

Individual staff members are appropriately qualified, skilled and experienced to undertake activities assigned to them. Interviews with staff members demonstrated that staff know their roles well and are confident in delivering safe and effective care and services. The providers onboarding practices includes a thorough check of all staff credentials and qualifications and this extends to subcontracted staff where engaged.

The Provider has evidenced that staff are recruited, trained and equipped to perform their roles to a high standard and that regular performance assessment and monitoring is undertaken for all staff. The Assessment Team reviewed several performance assessments and found that these include individual development plans and identify training needs.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 Human Resources.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

The Provider was able to demonstrate that it has effective organisational governance systems that steer the overall performance of the organisation.

Consumers feel engaged in the development and delivery of services through feedback mechanisms but also in the course of the delivery of services where their personal preferences are recognised, respected and followed. The Assessment Team found that a recent change to the format of consumer statements was driven by feedback of consumers wanting clearer, easier to read statements.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services through oversight of reporting, feedback and complaints, and incidents. Regular board and committee meetings review the day to day operations of the Provider and provide feedback to management and staff and drive change and improvement. This includes a Quality, Safety and Care Committee which is an advisory sub-committee of the board that assists with the development of policy and the monitoring of operational risk.

The Assessment Team found through interviews and documentation review that the Provider has sufficient organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. The Provider maintains an active continuous improvement plan in which feedback from staff and consumers is considered and actively included in forward planning.

There are systems and practices are in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. This includes a vulnerability register where more vulnerable consumers can be quickly identified and managed through more regular reviews and oversight.

The organisation’s clinical governance framework guides staff in relation to education and training, clinical effectiveness, open disclosure, restrictive practices, and risk management and the service maintains a suite of policy and procedural documents to guide staff in all of these matters. Clinical staff present to all staff at regular team meetings in topical or prevalent clinical matters to raise awareness of staff.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)