Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | HammondCare - Bond House |
| Commission ID: | 0083 |
| Address: | Judd Avenue, HAMMONDVILLE, New South Wales, 2170 |
| Activity type: | Site Audit |
| Activity date: | 15 July 2024 to 18 July 2024 |
| Performance report date: | 26 August 2024 |
| Service included in this assessment: | Provider: 749 HammondCare  Service: 99 HammondCare - Bond House |

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 HammondCare - Bond House (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 12 August 2024.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 Compliant, as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives reported consumers of all identities and cultures were treated with dignity and respect. Staff knowledgeable of consumer’s cultures, backgrounds, and identities aligned with care planning documentation. Policies and procedures outlined expectations for staff to treat consumers with dignity and respect at all times, whilst valuing their unique identity.

Consumers gave examples of how staff ensured provision of culturally safe care and services. Staff explained they took time to learn about the diverse cultural backgrounds and needs of consumers to ensure care was tailored to ensure cultural safety. Cultural celebrations were coordinated to meet consumer needs and encourage understanding.

Consumers described how they were supported to make choices and encouraged to make social connections and maintain relationships. Care planning documentation reflected consumer choices within needs, preferences, people of importance, and who to involve in their care. Staff explained how consumer choices form the basis to the delivery of care through capturing preferences.

Staff explained consumers were supported to take informed risks and demonstrated awareness of mitigating strategies. Care planning documentation reflected assessment and discussion of risks and benefits associated with consumer choices and agreed strategies to reduce harm. Consumers said they were supported to take informed risks, and staff discussed potential dangers and agreed management pathways.

Consumers said they received sufficient information to inform choices and changes to menu items, celebratory events, or lifestyle activities were communicated promptly. Staff explained how they ensured communication strategies considered the needs of consumers living with hearing, vision, or cognitive changes. Available methods to share information to inform consumer choice included consumer meetings, newsletters, menus, activity calendars, and through staff discussions.

Consumers described actions taken by staff to ensure privacy and confidentiality were maintained. Staff said they routinely knocked on consumer doors and sought permission to enter, closed doors during care, and adhered to specific privacy requests of consumers. Management explained how confidentiality was maintained through shredding information no longer required, and ensuring consumer information was secured by password access in the electronic care management system.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Staff described how assessment and planning was used to develop care and service plans which identified consumer needs, risks, and management strategies. Care planning documentation reflected risk screening, identification, and management plans, including strategies, monitoring, and responsive actions if risks were escalating.

Consumers and representatives said they were regularly consulted on care needs, including end of life wishes. Care planning documentation included current needs, goals, and preferences of consumers aligning with feedback, including for advance care planning. Staff demonstrated familiarity with consumer’s needs, goals, and preferences, and could describe how this influenced care.

Consumers and representatives outlined their involvement within assessment and planning processes and reviews and were aware of the range of providers involved. Staff explained processes in place to partner with consumers and other providers for assessment and planning. Care planning documentation reflected involvement of the consumer and/or representative and a range of providers, including allied health staff.

Care planning documentation included record of communicating information with consumers and representatives. Consumers and representatives confirmed they had been provided a copy of the care and service plan and were aware they could access it any time. Staff said they could readily access care and services plans and described processes for documenting and communicating the outcome of assessments, referrals, and changes to consumer health with the consumer, their representative, and others involved in their care.

Consumers and representatives were aware of regular reviews undertaken to ensure care and services considered changes or incidents. Staff advised scheduling processes for routine care plan reviews, with monitoring undertaken to identify changes to consumer condition. Care planning documentation demonstrated strategies were assessed and updated to ensure ongoing effectiveness.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives described how personal and clinical care was tailored to consumers and consistent with their needs and preferences. Staff demonstrated understanding of personalised needs and care of consumers in line with care planning documentation, explaining best practice was supported through policies and procedures. Care planning documentation evidenced consumer care was delivered in line with tailored strategies and monitored for effectiveness. Following feedback, the provider’s response reflects they have strengthened auditing of restrictive practices to ensure accuracy in reporting and monitoring.

Care planning documentation identified risks with tailored strategies, and monitoring undertaken to ensure effectiveness. Staff were familiar with the high impact or high prevalence risks for consumers and mitigating strategies to minimise harm.

Staff explained how they adapted care for consumers nearing end of life to focus on comfort and dignity, involving medical officers and palliative care specialists. Care planning documentation for a late consumer reflected delivery of care in line with end of life goals with monitoring and management of palliative symptoms and actions to meet comfort, hygiene, and spiritual needs.

Consumers and representatives gave examples demonstrating identification and management of deterioration in consumer health. Staff described how they monitored for change and deterioration, and outlined actions they would take to manage and escalate concerns. Care documentation demonstrated identification of change in condition and timely management actions.

Consumers said information is communicated well between staff and other providers. Staff said they can access sufficient information about consumers within the electronic care management system and through handover and weekly clinical meetings, and changes were escalated to clinical staff and management throughout the day. Care planning documentation included sufficient information to inform care or communicate incidents or changes.

Care planning documentation verified timely referrals to allied health and external providers to meet consumer needs. Staff explained how they coordinated allied health referrals, and worked with the medical officer for specialist referrals where required. Consumers and representatives were consulted prior to submission of referrals for informed consent.

Consumers said infections were promptly identified and acted upon to prevent outbreaks, including through isolating in rooms and using appropriate antimicrobial medications. Staff outlined precautions to prevent and control infection, including maintaining good hand hygiene, wearing appropriate personal protective equipment, using preventative nutrition and hygiene strategies, and ensuring pathology results are available prior to commencing antibiotics. Infection screening processes were used for all people entering the service, and staff practice was informed through policies, procedures, and Infection prevention and control leads. A vaccination program was available to consumers and staff.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Overall, consumers and representatives discussed how consumers were supported to maintain their independence, well-being, and quality of life. An independent laundry room was available for consumer use, and following negative feedback about missing or incorrect laundry, management commenced investigation and improvement actions, explaining there were new laundry staff who would receive further training. The provider’s response reflects other actions taken, including providing letters of apology to affected consumers. Care planning documentation identified developed services and supports to meet consumer needs and goals, and these were known by staff.

Consumers described the available services and supports to meet emotional, spiritual, and psychological needs, including pastoral care and staff support. Staff gave examples of how they implemented emotional support strategies outlined within care planning documentation.

Staff discussed how the activity calendar was developed and consulted upon to reflect consumer interests. Consumers described how they stayed connected to the local community and maintained social relations within and outside the service. Care planning documentation reflected interests, involvement in social groups and community, activity preferences, and people of importance.

Consumers and representatives gave examples reflecting information about consumers was effectively shared. Staff in various disciplines, including kitchen and lifestyle staff, explained communication pathways to ensure information about consumers was up to date including written and verbal handovers, message boards, and verbal updates.

Staff outlined referral processes for available organisations, services and supports, such as volunteers. Information on other organisations, individuals, and providers was included in the consumer handbook, activity calendar, and on noticeboards. Consumers confirmed referrals met their needs and were undertaken in a timely manner.

Consumers and representatives provided positive feedback on the variety, quality, and quantity of provided meals. Staff explained the season menu was designed to cater for consumer preference with ongoing feedback sought, and special dietary needs could be catered to. Auditing of food safety, temperature, and hygiene were undertaken with current compliance with standards.

Consumers said provided equipment was safe and appropriate for use, with regular cleaning and maintenance. Staff detailed processes for cleaning and maintaining equipment, and knew how to report hazards, and records showed monitoring of safety.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 Compliant, as 3 of the 3 Requirements have been assessed as Compliant.

Consumers described the service environment as inviting, with personalised rooms supporting a sense of belonging. Floor plans and signage were available to support independent wayfinding, and consumers were observed socialising within communal areas. Staff explained how walkways were kept clear of obstructions and hazards, and efforts were made to assist consumers feel at home.

Consumers confirmed the service environment was maintained in a clean and comfortable manner, and they could access indoor and outdoor areas. Staff explained cleaning schedules undertaken for consumer rooms and communal areas. Unless subject to environmental restraint, consumers were supported to exit the service through existing access and security measures.

Consumers and representatives provided positive feedback on the condition and cleanliness of furniture, fittings, and equipment. Staff demonstrated awareness of how to log maintenance requests and demonstrated the effectiveness of the preventative maintenance program to ensure furniture, fittings, and equipment were safe, clean, and well maintained.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 Compliant, as 4 of the 4 Requirements have been assessed as Compliant.

Although some consumers were unaware there were opportunities to provide written feedback, they reported feeling supported and encouraged to verbalise feedback or complaints. The provider’s response verifies they have taken further action, including renaming ‘suggestions’ to ‘feedback and complaints’, placing a reminder of written avenues in the newsletter, and installing a letterbox for anonymous complaints. Staff explained actions they would take to support consumers raise concerns, including escalating the matter or helping them complete forms. Policies reflected the importance of enabling consumers to provide feedback or make complaints.

Consumers and representatives stated they were aware of available options and supports for complaints, including advocates, language services, and external complaint services. Information about external services was available on pamphlets and posters throughout the service and printed in several languages. Documentation reflected attendance of advocacy groups to meet with consumers.

Consumers, representatives, and staff gave examples of how open disclosure was applied in response to complaints or things going wrong, and staff demonstrated understanding of all steps of the open disclosure process. Policies and procedures guided staff on management of feedback and complaints and use of open disclosure, and documentation within the complaint register reflected application and prompt actions.

Consumers said the service listens to feedback and uses it to make improvements. Management explained how they analysed feedback and complaints to identify and improve care and services, with discussion of feedback in staff meetings, and actions formed and captured within continuous improvement planning. The Continuous improvement plan showed how feedback and complaints were captured and used to develop improvement actions and evaluate effectiveness.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Most consumers and representatives provided positive feedback about the number and mix of staff to meet consumer care, however, one consumer reported the need for more staff and described experiencing significant delays. In response, management analysed details and impact and although this did not reflect any trends, actions undertaken included reminding staff of the consumer’s need, increasing support, and coordinating a case conference to discuss concerns. The provider has submitted additional evidence supportive of the investigation outcome and actions. Staff feedback reflected sufficiency of staff to meet consumer needs. Rosters reflected shifts were filled, including for unplanned leave, and the service met legislated care minutes and nursing requirements. Management described how the roster was planned and reviewed to ensure consumer and service needs were met using their model of care.

Staff received training on the Code of conduct and respectful interactions with consumers. Most consumers said staff were kind, respectful, caring, and knew what was important to them, although some reported staff were not gentle during care and caused pain. Management outlined actions taken in response, including undertaking investigations, reminding staff of consumer’s experiencing pain, commencing pain monitoring, and providing staff training on manual handling and pain assessment. Reports were also made under the Serious Incident Report Scheme (SIRS) following consumer feedback. The provider’s response includes further actions, including meeting with named consumers and representatives and providing a letter of apology, reviewing assessment and planning outcomes, and providing training to all staff on manual handling with emphasis on sensitivity to consumers experiencing pain.

Staff explained competency assessments were undertaken from commencement of employment and on an ongoing basis. Management described processes to ensure staff hold required competencies, qualifications, knowledge, and security checks to effectively perform roles. Documented position descriptions outlined responsibilities and duties, and training records indicated staff received onboarding and ongoing training and competency assessments.

Staff explained ongoing training and education to support outcomes required within the Quality Standards. Policies and procedures informed recruitment, onboarding, and learning and development expectations. Education records included monitoring for compliance with mandatory training and ongoing topics to meet consumer needs.

Management described the performance review process, outlining informal monitoring processes of staff performance including feedback, observations, and participation within meetings. Furthermore, direct feedback is provided following incidents, feedback, or complaints rather than waiting until scheduled reviews. Staff verified undertaking probationary and annual development meetings. Documentation reflected performance management was undertaken when staff were not meeting expectations.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers outlined their engagement in the development, delivery, and evaluation of care and services through consumer meetings, feedback mechanisms, and the Consumer advisory body. Management explained other activities to involve consumers including a question and answer forum and seeking suggestions. Meeting minutes reflected consumer engagement.

Documentation outlined the policy framework to maintain the culture of safe and inclusive care. Management explained how service performance, monitored through clinical indicators, incidents, and quality initiatives, was discussed at service and organisation level, including through the subcommittees of the governing body. Meeting minutes reflected review of governance and management reports, compliance reports, audits, and clinical indicators which are benchmarked across the organisation. The Board makeup included executive and non-executive members holding clinical experience.

The organisation wide governance systems were applied and controlled within frameworks for key areas. Information management enabled staff access to consumer information, policies, and procedures, and sharing of information with consumers and representatives. Regulatory compliance was monitored and managed within the subcommittees of the governing body, who review changes, update policies and procedures, and communicate changes, and this was reflective within provision of clinical care.

The risk management systems enabled identification, reporting, escalation, and review of risks by management and clinical governance committees. The incident reporting system was known by staff, and enabled oversight and investigation of causative factors to identify changes or improvements. Policies, systems, training, and monitoring practices ensured staff identified and reported abuse and neglect of consumers. Consumers were supported to live their best life through the risk management framework, identifying risks, reporting incidents, and supporting choices.

The clinical governance framework was informed by policies, procedures, and oversight. Antimicrobial stewardship was monitored through analysis of pharmacy reports, clinical indicators, and benchmarking with oversight within the medication advisory committee meetings. Use of restrictive practices and psychotropic medications was reported within monthly clinical indicators, benchmarked across the organisation, and audited for accuracy. Documentation and feedback reflected the use of an open disclosure process in line with policies and procedures.

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