Performance

Report

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| Name of service: | HammondCare - Bond House |
| Service address: | Judd Avenue HAMMONDVILLE NSW 2170 |
| Commission ID: | 0083 |
| Approved provider: | HammondCare |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 30 September 2022 |
| Performance report date: | 18 November 2022 |

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 T Solomon, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 2 November 2022.

# Assessment summary

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

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 1(3)(a)

* Provide ongoing education and training to staff to ensure all staff including new staff have a complete understanding of how to treat consumers with dignity and respect.
* Provide ongoing education and training to staff on what behaviour and actions are considered as dignified and respectful behaviour.

Requirement 2(3)(a)

* Ensure effective assessment and care planning systems are in place.
* Provide ongoing education and training to staff to ensure assessment and care planning is completed comprehensively and accurately for all consumers with the consideration of risk identified to ensure consumers health and well-being is managed effectively.

Requirement 2(3)(b)

* Ensure each consumer’s current needs, goals and preferences are identified and addressed through a comprehensive assessment and planning process that records accurate and complete information.

Requirement 2(3)(c)

* Ensure assessment and planning is based on ongoing partnership with the consumer and others the consumer wants involved in their care.
* Provide education and training to staff on effective communication to facilitate ongoing partnerships with consumers and/or representatives.

Requirement 2(3)(d)

* Ensure the care and services plan is readily available to consumers and/or representatives to review to ensure agreement with outcomes and directives.

Requirement 2(3)(e)

* Ensure care and services are reviewed both through the service’s routine regular review process of each consumer’s care and services as well as when consumer circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Provide education and training to staff to ensure incidents are reviewed and evaluated to ensure the minimisation of risk has been identified and implement strategies to minimise a reoccurrence.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care and clinical care including in the areas of restrictive practices, pain management, wound management and skin management.
* Provide education and training to ensure staff have a comprehensive understanding of environmental restraint and this understanding aligns with the Quality of Care Principles 2014.
* Implement and maintain processes to assess, determine and document the effect and the purpose of a treatment or intervention on each individual consumer. In particular, for consumers who are living in the secure Harding cottages to understand whether the practice or intervention (secure unit) is or is not a restrictive practice. This must be done on a case-by-case basis as it depends on the consumer and their individual circumstances.

Ensure the evidence of consent includes documentation of the consultation and record of the consumer and/or representative giving informed consent for the use of a restrictive practice. Particularly, for the consumers living in the secure Harding cottages, review and update individualised informed consent as required for those who are subject to environmental restraint. This includes documentation that evidence of shared decision making, the potential benefits/ risks to the individual consumer to enable the consumer and/or their representative make an informed decision.

* Ensure all consumers who require a behaviour support plan as part of their care, that the plan is informed by comprehensive person-centred assessments, including behaviour assessments. This includes information about the consumer to understand them such as life stories, their care needs, and behaviours.

Requirement 3(3)(b)

* Ensure effective management of high-impact or high prevalence risks for consumers.
* Ensure the high-impact or high-prevalence risks for each consumer are identified and staff are aware of each consumer with a high impact or high prevalence risk and how to manage the risk for the individual consumer.
* Ensure that risk assessments are consistently completed and contain accurate detail.

Requirement 3(3)(d)

* Ensure effective processes and procedures are in place to support staff to recognise and respond to deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition,
* Ensure discussion is held with the consumer and/or consumer representative when deterioration or change occurs for a consumer.
* Provide education and training for staff on recognising and responding to deterioration or change of a consumer.

Requirement 3(3)(e)

* Ensure accurate and consistent recording of consumer information.
* Ensure consumer clinical documents are easily retrievable when needed by care staff.
* Review current documentation system and streamline current processes to facilitated effective use by staff to improve outcomes for consumers.

Requirement 3(3)(f)

* Ensure timely and appropriate referrals occur as the need arises.

Requirement 3(3)(g)

* Provide ongoing education and training to all staff on infection control protocols.
* Provide ongoing education and training to staff on infections, especially in reference to the management consumers with MRSA.
* Ensure the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection.

Requirement 5(3)(b)

* Ensure the service environment is safe, clean, well maintained with effective processes to identify maintenance and cleaning needs and ensure these are completed.
* Ensure consumers in all areas of the service including the secure Harding Cottages are able to move freely indoors and outdoors.

Requirement 7(3)(a)

* Ensure the number and mix of members of the workforce enables the delivery of safe and quality care and services to ensure consumers are provided the care they need, consumers are not waiting extended periods for care, consumers are provided care in a manner that does not feel rushed and staff can deliver quality care and services.
* Ensure adequate number of staff are available to provide consumers with care and services in a timely manner, including weekends.
* Ensure adequate number of staff are available to provide care in a consumer-focused manner rather than a task focused manner.

Requirement 7(3)(c)

* Ensure the workforce is competent and members of the workforce have the knowledge to effectively perform their roles including in communicating with consumers and providing care, services and supports in line with consumer needs.
* Implement a monitoring and reviewing process to identify the effectiveness of training and education provided to staff to ensure training provided addresses relevant gaps.

Requirement 8(3)(b)

* Ensure effective systems and processes are in place to deliver safe, inclusive and quality care and services that supports consumer health and well-being.

Requirement 8(3)(c)

* Ensure that organisation wide governance systems for information management, workforce governance, and regulatory compliance are operating effectively in the service.
* The Approved Provider continues to undertake the actions outlined in their response and embed improvements into their usual practice so effective governance improves outcomes for consumers.

Requirement 8(3)(d)

* Ensure effective risk management systems and practices are in place.
* Ensure the service identifies the high-impact or high-prevalence risks associated with the care of consumers to ensure all risks have been identified, assessed and risks removed or reduced.
* Staff education and understanding of identifying and responding to abuse and neglect of consumers must be improved with ongoing monitoring to ensure appropriate protections and safeguards in the delivery of care and services and appropriate response to incidents.
* Ensure staff understand and follow the organisation’s risk management framework and policies and procedures to improve outcomes for consumers.

Requirement 8(3)(e)

* Ensure their clinical governance framework is effective in the management of standard and transmission-based precautions to prevent and control infections.
* Review their approach and clinical governance framework of restrictive practices and behaviour support to ensure they comply with the Quality of Care Principles 2014 and has clinical oversight to support quality of life for consumers.
* Ensure their clinical governance framework is effective in the management of clinical care, ensuring clinical care which is safe, effective, or high quality.

# 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. | Non-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

I assessed this Quality Standard as non-compliant as I am satisfied that requirement 1(3)(a) is non-compliant.

The Assessment Team received mixed feedback from consumers and or/representatives in regard to consumers being treated with dignity and respect. The Assessment Team also observed some undignified treatment and reported it to staff who addressed it immediately.

A review of the consumer and/or representative feedback and complaints data demonstrated consumers are not always treated with dignity and respect.

The Approved Provider responded acknowledging the information provided by the Assessment Team, however felt that randomised surveys conducted biannually by the Quality and Risk Team demonstrated that the majority of consumers felt that staff are kind and caring most of the time and that staff treat them with respect.

The Approved Provider also responded with a detailed Plan for Continuous Improvement highlighting actions taken by the Approved Provider to address concerns raised by the Assessment Team, including but not limited to developing a thorough education plan to address gaps identified during the site audit, deliver education as per education plan over the next six months to consolidate staff knowledge and understanding to ensure delivery of quality services and care.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. I therefore find that requirement 1(3)(a) is non-compliant.

I am satisfied the remaining five requirements of Standard 1 Consumer dignity and choice are compliant.

Consumers and/or representatives interviewed did not raise any concerns about the service meeting their cultural needs. Staff described the different mechanisms they use to communicate with culturally and linguistically diverse consumers. The admission pack includes a lifestyle and social history form related to the consumer’s country of birth, language preference, goals and hopes, cultural background, values and beliefs, interests and sexuality.

The service was able to demonstrate that consumers are supported to exercise choice and maintain their independence by making decisions according to their preferences. Consumers are supported to make their own decisions about the way care and services are delivered.

The service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Risk assessments have been completed to support consumers to undertake risks.

The service was able to demonstrate that information provided to each consumer is generally current, accurate and timely. Communication is clear, and easy to understand and enables consumers to exercise choice.

Care staff described how they communicate information with consumers who have difficulty communicating by using hand gestures, speaking at their level, using cue cards and translator services on their mobile phones.

Meals, activities and resident meetings are written on noticeboards and communicated verbally to consumers, including any last-minute changes to activities. Some consumers indicated that they have received a copy of the activity schedule.

Consumers and/or representatives stated that consumer privacy is respected and felt that personal information was kept confidential. Staff demonstrated and were able to describe how they respected consumers privacy and maintained consumers’ personal information confidentiality. The organisation has policies and procedures guiding consumer privacy.

Staff demonstrated respect for consumers’ privacy by knocking before entering consumers’ rooms, closing doors when providing care, not talking to consumers about other consumers and conducting handovers behind closed doors. They also described how care plan folders are kept secured and locked in nurses’ stations.

# 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. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

I assessed this Quality Standard as non-compliant as I am satisfied that all five requirements in this Quality Standard are non-compliant.

The service is unable to demonstrate an effective assessment and care planning system is in place for consumers. The service was unable to demonstrate that the consideration of risk has been identified and documented to ensure consumer health and well-being is managed effectively and informs the delivery of safe and effective care and services.

A review of consumer assessments and care plans identified the documents are not reflective of consumers current care needs, goals and preferences. However, the services was able to demonstrate that consumer advance care plans and end of life planning documentation was appropriately managed.

The service is unable to demonstrate an ongoing partnership with consumers and/or representatives in relation to assessment and planning. Feedback received by the Assessment Team identified issues with clinical staff not engaging and following up on issues raised by consumers and/or representatives in regard to changes in consumer health status.

The service was able to demonstrate the occurrence of case management reviews in collaboration with consumers and/or their representatives on a regular basis. However, the service was unable to demonstrate that consumer care plans are readily available to consumers and/or their representatives for review to allow consumers and/or their representatives an opportunity to thoroughly read the document and ensure they agree with the outcomes.

A review of consumer care documents identified deficits related to when changes in consumer care occur and the changes not managed effectively. Incident forms are not routinely evaluated to ensure the minimisation of identified risks and allow for strategies in place to minimise a reoccurrence. Although the management team provided information regarding education to staff in relation to incidents at the time, the same incidents continued to occur.

The Approved Provider responded with a detailed Plan for Continuous Improvement detailing actions taken by the Approved Provider to address concerns raised by the Assessment Team, including but not limited to the review of the care plan tracking tool to ensure it is current and up to date, ongoing collaboration with staff in relation to updating care plans when consumer needs change, mentoring and education for staff on how to conduct holistic and thorough assessments and reviews.

The approved provider is still undertaking improvements and it will take time for them to embed these improvements into their usual practice to ensure positive outcomes for consumers.

I am satisfied that requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) are non-compliant.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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. | Non-compliant |

Findings

I assessed this Quality Standard as non-compliant as I am satisfied that six requirements in this Quality Standard are non-compliant.

The service was unable to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, is tailored to their needs and optimises their health and well-being.

The service was unable to demonstrate effective management of wound care, skin care and pain management.

The service was unable to demonstrate effective management including recognition and understanding of restrictive practices for consumers who are subject to environmental restraint.

The service did not demonstrate for the consumers who reside in the secure unit (in particular Harding cottages), that individualised assessment was used which aligns with the Quality of Care Principles definition of environmental restraint to determine when the intervention (secure environment) is or is not a restrictive practice (environmental restraint).

The service reported they do not have environmental restraint in place for Harding cottages. The service reports that consumers and/or their representative sign an environmental restraint consent form as part of their general agreement when entering the Harding cottages.

However, the Assessment Team identified the five Harding cottages are swipe card entry and exit and no consumers have access to a swipe card but are required to ask for staff assistance to leave the cottages. The service has taken a blanket overarching approach regarding environmental restraint by getting consumers and/or their representatives to sign a generic consent form upon admission. This approach does not allow for individualised assessment of consumers or demonstrate that informed consent is given.

I would encourage the Approved Provider to familiarise themselves with The Aged Care Quality of Care Principles 2014 to gain a better understanding of environmental restraint and how to implement effective individualised assessment and monitoring tools for consumers living in the secure Harding cottages.

The Assessment team identified some consumers were receiving opioid medication that was not classified by the service as psychotropic medications. However, the Approved Provider responded providing clarifying documentation confirming the consumers were receiving the medication for pain relief and not to alter their behaviour, therefore the medication does not need to be recorded as a chemical restraint.

The service is unable to demonstrate the effective management of the high impact or high prevalence risks associated with the care of each consumer.

The service was unable to demonstrate 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

A review of consumer hardcopy care and service records showed inconsistent information is recorded and is not easily retrievable when needed. The consumers clinical documents are located in approximately nine different folders which makes it difficult to locate when needed. Throughout the performance assessment staff had difficulty locating documents, and feedback received from staff indicated it is a fragmented system which impacts their ability to share the relevant consumer information when required.

A review of consumers clinical documentation shows that timely and appropriate referrals are not occurring when the need arises

The service was unable to demonstrate an effective system is in place to manage standard and transmission-based precautions to prevent and control infections. In particular in relation to the management of consumers with MRSA.

Practices are in place to promote appropriate prescribing and usage of antibiotics. Staff demonstrated a sound knowledge of infection prevention and control as well as antimicrobial stewardship. However, these practices were not always followed. Staff and visitors were observed breaching infection control protocols during the performance assessment.

The Approved Provider responded with a comprehensive Plan for Continuous Improvement detailing actions taken by the Approved Provider to address concerns raised by the Assessment Team, including but not limited to review of pain and wound management processes, including documentation and assessments to ensure assessments are contemporary and support best practice, education for staff on early identifying of the deteriorating consumer.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers.

I am satisfied that requirements 3(3)(a), 3(3)(b), 3(3)(d) 3(3)(e), 3(3)(f) and 3(3)(g) are non-compliant

I am satisfied the remaining one requirement of Standard 3 Personal care and clinical care is compliant.

The service was able to demonstrate consumers who are nearing the end of life have their dignity preserved and care is provided in accordance with their needs and preferences. Care planning documentation included an end of life care plan and the needs, goals and preferences of the consumer who received end of life care.

A representative of a consumer who recently passed away expressed satisfaction and appreciation about the end of life care. Staff were able to describe how they approach conversations around end of life and how they care for end of life consumers through supporting regular family visits, regular repositioning, hygiene and comfort care, pain relief and pastoral care.

# 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

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

Most consumers and/or representatives expressed satisfaction with the services and supports received for daily living and felt that the services and supports are appropriate. Lifestyle staff demonstrated a good knowledge of consumers’ interests and preferences and that was consistent with consumer and/or representative feedback and consumer care plans.

Lifestyle staff described how consumers complete a Residents Preferred Activities Form at the beginning of each month. The form includes a selection of activities, morning or afternoon preference and a blank field for suggestions for activities not listed. They explained how they tailored activities for consumers with varying functional abilities, such as using a stick for carpet bowls to allow consumers who cannot throw the bowl to push the ball and using different ball sizes for ten pin bowling.

The service demonstrates that it provides services and supports for consumers’ emotional, spiritual and psychological well-being. Care planning documents contain a spiritual assessment that reflects consumers’ preferences and staff interviewed were able to describe how they recognise if a consumer is feeling down and how to support them.

The pastoral care coordinator indicated that most consumers at the service are of Christian faith, however explained how the service looks beyond religious beliefs to connect people of all faiths and aims to equip care staff to provide emotional and spiritual well-being.

Care staff indicated that if they noticed a consumer was feeling down, they would sit down and chat with the consumer, ask about their concerns, try to help them, call their families or talk to the registered nurse or pastoral care coordinator. Care staff stated that for more serious issues or any form of abuse, they would escalate to their manager.

The service demonstrates that it provides services and supports for daily living to enable consumers to do things of interest to them and build social relationships. The pastoral care team offers a free ‘coffee connect’ meeting for consumers, families and their representatives every month providing an opportunity to share experiences, develop social relationships and find friendship through mutual support.

Management shared how they encourage consumers to participate in household activities with available positions for the welcoming team, mail and newspaper delivery, bookkeeping, library work, dining room table setting, gardening, concierge and laundry.

The service demonstrates that they have processes in place to share information about consumers’ condition, needs and preferences. Staff were able to describe ways that information is communicated.

The kitchen manager indicated that any changes in consumers dietary preferences are updated by the consumer, representative or staff using a dietary preferences form. A summary of dietary requirements is then generated and placed in the front of the main dining dietary requirement forms folder.

The service is providing timely and appropriate referrals to individuals, organisations and providers of other care and services to meet the needs and preferences of consumers. Staff described how they can make referrals and the process. The lifestyle coordinator described how the local library brings books and volunteers spend time with consumers playing scrabble.

The pastoral care coordinator described how he has received referrals from the registered nurses and how he has community connections with various faiths including Catholic, Jewish, Hindu, Muslim and Buddhist.

Consumers sampled expressed satisfaction with the meals, however feedback regarding the meals was not consistently positive in relation to quality and variety. The service showed evidence of how consumer feedback and suggestions on food have been used to make changes to the menu.

Overall equipment used to provide support for lifestyle services were observed to be safe, suitable, clean and well maintained.

Care staff indicated they check equipment before use and will wipe equipment clean before use. Staff interviewed stated that there is enough equipment and the service supports the purchasing of equipment. Laundry rooms with equipment to support consumers to do their own laundry appeared in good working order.

Equipment used for lifestyle activities, including board games, puzzles, scrabble, books and bingo cards were observed to be clean.

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I assessed this Quality Standard as non-compliant as I am satisfied that one requirement in this Quality Standard is non-compliant.

The service consists of two separate areas referred to as Bond House comprising three wings and Harding Cottages covering five separate cottages. Bond House is the frail aged arm of the service utilising a residential care model and Harding Cottages are for dementia specific care based on a household care model.

Consumers and/or representatives expressed they felt safe living at the service. During the visit, consumers were observed to be moving freely around inside the service, sitting in lounge areas chatting with other consumers, watching television and participating in various activities.

Bond House features a Chapel, gym, hairdresser, several sitting areas and a large outdoor deck. However, dining rooms are not dedicated to meals and are used for activities and meetings and there are no private quiet areas.

The service grounds were mostly well maintained and included internal and external garden areas. Consumers’ rooms were decorated with their personal belongings reflecting their interests with some rooms having memory boxes containing photos and other memorabilia.

The Service environment was not always safe, clean, well maintained and comfortable. Outdoor areas were identified with potential safety hazards and observed to be dirty. Two consumer sitting areas were reported as unclean, with one full of clutter and poorly maintained.

Consumers living in the Harding cottages are unable to access the front outdoor areas without assistance. The Assessment Team identified the Harding cottages are swipe card entry and exit and no consumers have access to a swipe card but are required to ask for staff assistance to leave the cottages.

The Assessment Team observed some of the garden pathways do not transition seamlessly between the pathway to grass, creating uneven grounding. The outdoor area underneath the ramp leading to the entrance of the service was observed to be dirty with rubbish, wipes, surgical masks and a face shield. The Assessment Team also observed two dirty utility rooms with doors opened and unlocked in Bond House.

The Approved Provider responded with a comprehensive Plan for Continuous Improvement detailing actions taken by the Approved Provider to address concerns raised by the Assessment Team, including but not limited to complete a full review of consumers named in the report to ensure thorough and comprehensive assessment is conducted and actions taken to resolve any identified deficits, provide education to staff on behaviour support planning and identifying individual behaviour and strategies to manage identified behaviours.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. I am satisfied that requirement 5(3)(b) is non-compliant

I am satisfied the remaining two requirements of Standard 5 Organisation’s service environment are compliant.

Consumers and/or representatives as well as staff were able to describe the process for logging maintenance requests and indicated that the request was addressed in a timely manner. The maintenance officer described how the maintenance system features real-time monitoring where he immediately receives notifications on his mobile when a request is logged by staff.

Cleaning staff were observed to be cleaning areas throughout the service according to cleaning schedules that included high touch point areas, ceiling fans and curtains.

Consumers and/or representatives did not raise any concerns in relation to equipment. Visual observations of the furniture, fittings and equipment appeared to be safe, however some indoor and outdoor furniture appeared to be soiled and showed signs of wear and tear.

Care staff provided feedback that there is enough equipment, however there is a lack of storage space in Bond House. Management acknowledged this and indicated that they are allocating space to accommodate equipment storage.

# 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

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

Consumers and/or representatives stated they feel comfortable raising their concerns or providing feedback when needed. This Assessment Team was advised the new management team is approachable, and they encourage feedback and complaints during Resident and Representative meetings or consumer case conferences.

Staff stated they encourage consumers to raise issues or concerns through the complaints system or resident meetings and assist them to do so if necessary. Education on the requirements of the Quality Standards, which includes supporting consumers to provide feedback and/or how to make a complaint is provided to consumers and staff in a range of ways including monthly resident meetings, staff meetings, in new staff orientation, online training and toolbox talks.

The Assessment Team observed signage displayed around the service of an upcoming Resident and Representative meeting. On review of the Resident and Representative meeting minutes, feedback and complaints is a standing agenda item. It was observed, that consumers and representatives take the opportunity to raise concerns that may assist others experiencing the same difficulties. It was also noted that feedback and complaints raised in these meetings directly feed into the service’s continuous improvement plan.

Consumers and/or representatives stated they can raise concerns with the residential manager and believe the service would be responsive to their issues. However, in the event, they choose not to use this method they know they can submit feedback and complaint forms anonymously, or use an advocacy service, and submit a complaint to The Aged Care Quality and Safety Commission.

Staff are aware there is information on advocacy and interpreter/language services available for consumers and/or representatives to access when needed. The management team advised information and documents can be accessed in different languages if required.

The Assessment Team observed in the consumer handbook and in a number of areas around the service information, posters, and brochures on the service’s internal complaint system and the external complaints mechanism including the Charter of Aged Care Rights, Aged Care Quality and Safety Commission, advocacy services and language services available.

The service demonstrated timely and appropriate action is taken in response to complaints. The management team uses a process of open disclosure when things go wrong and advised the organisation has a complaints and resolution team that reviews all complaints entered into the electronic complaints system.

Consumers and/or representatives confirmed they were satisfied with the service’s acknowledgment, responsiveness, management and openness about the complaints they raised. Staff across the service were able to explain the complaints procedure and what open disclosure is and how it is used to resolve complaints, all which was in line with the organisations complaints and disclosure policy and procedures.

The service’s electronic feedback and complaints register was reviewed which showed all of the complaints to be closed off, most within a reasonable timeframe and for the ones that were opened for a longer period of time there were valid explanations documented.

Consumers and/or representatives confirmed the management team have used their feedback and complaints to make improvements to the service environment, consumers’ care and service needs.

On review of the service continuous improvement plan, it demonstrated the feedback and complaints observed in the electronic feedback and complaints register is fed into the plan to inform change of care and services for consumers.

# 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. | Non-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. | Non-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

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

The service was unable to demonstrate that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services

Most consumers and/or representatives interviewed stated staff are generally kind and caring but they work very hard, are rushed and are task focused not consumer focused. A review of the service’s consumer survey from June/ July 2022 indicated that there were a number of complaints about the long call bell wait times and that the service is short-staffed.

Staff stated they felt working in the Harding cottages, there was not enough time. They find it hard to spend quality time with the consumers or to meet their needs and preferences. As a lot of their time is spent completing other duties such as cooking and cleaning. They feel the pressure is due to a lack of staff and with staff feeling extremely fatigued, it is impacting on their abilities to complete all that is required.

The management team advised they had identified a need to review staff numbers and skill mix, and are currently still working on improving the skill mix of staff.

The Assessment Team identified that the service had five Serious Incident Response Scheme incidents reported due to staff using unreasonable use of force, and the way staff member talked to a consumer and ignored them was considered to be physiological and emotional abuse.

The Approved Provider responded with a detailed description of the investigation process completed by the organisation related to the Serious Incident Response Scheme incidents. The organisation’s performance management process was followed with the staff members involved, including having file notes completed and attending performance meetings with the management team and human resource department.

The staff members involved committed to an educational regime as well as a requirement to attend weekly meetings with a member of management. No further incidents have been reported related to the staff members’ performance.

Based on the information provided by the Approved Provider, I feel that the service was able to demonstrate that workforce interactions with consumers are generally kind, caring and respectful of each consumer’s identity, culture and diversity. Therefore, I find Requirement 7(3)(b) compliant.

The service has an effective system to monitor staff completion of competencies, mandatory training and education courses such as Serious Incident Response Scheme, behaviour support plans, restrictive practices, pain management, wounds, and manual handling. However, the service was unable to demonstrate there is a monitoring and reviewing process to identify the effectiveness of the training and education provided to staff, considering the significant gaps that have been identified across the Standards.

Most consumers and/or representatives stated staff know what they are doing and mostly have the knowledge to provide safe quality care. However, concerns were raised around staff knowledge on clinical oversight including not identifying deterioration and manual handling.

Clinical staff interviewed stated they have completed the training set by the organisation. However, when it came to wound management, they were not able to demonstrate an understanding of best practice.

The Approved Provider responded with a comprehensive Plan for Continuous Improvement detailing actions taken by the Approved Provider to address concerns raised by the Assessment Team, including but not limited to review workforce levels and staffing in relation to the Site Audit findings, closely monitor call bell response times and ensure a reduction in wait times for consumers.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. I am satisfied that requirement 7(3)(a) and 7(3)(c) are non-compliant

I am satisfied the remaining three requirements of Standard 7 Human resources are compliant.

The service has a system in place to ensure workforce is recruited, trained, equipped and supported to deliver safe care and service for consumers in line with the Quality Standards. Through a comprehensive orientation program, new staff are supported with a buddy system, ongoing workplace coaching, mentoring, support and professional development. Staff also have access to a range of education and training throughout each calendar year relevant to their role.

The management team demonstrated each staff member’s performance is regularly assessed, monitored, and reviewed on a day-to- day basis, as needed for an identified performance issue or during their annual development meeting.

Staff could describe how the management team supports their professional development. This will include their annual development meeting and regular feedback from the registered nurses, workplace trainers and members of the management team.

The workplace trainers were able to demonstrate new staff work through a probationary period. During this timeframe they are supported with buddy shifts, mentoring and supervisory support, from registered nurses, the management team and workplace trainers.

# 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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant

The governing body does not promote and ensure systems and processes are in place to effectively deliver safe, quality and inclusive care and services. This is demonstrated by deficiencies identified across Standard 1, Standard 2, Standard 3, Standard 5, Standard 7 and Standard 8.

The organisation did not demonstrate that there were effective governance systems in place relating to information management, workforce governance, and regulatory compliance to ensure the delivery of safe quality care and services.

The services’ information systems are not always working to capture the required information for consumers personal care, clinical care and service needs. Assessment and planning, including consideration of risks to the consumer’s health and well-being, is not informing the delivery of safe and effective care and services.

Due to the service’s documentation system related to consumer care, clinical care and service needs being paper based, finding the required information for a consumer is onerous as there is up to nine different document files to search.

It was also identified that there is a difference in the storing of documents between Bond House and Harding. It was reported to the Assessment Team that the difference in the structure of Bond House and Harding and the disconnect between the two causes difficulties in pooling of resources, knowledge, identifying gaps and trends and streamlining processes.

Staff reported they have a variety of ways to get the information they need for their role including staff updates, staff emails, communication books, policies folder, meetings, organisation intranet and training. However, staff started it is sometimes hard to find what you are looking for particularly if in a hurry.

The Assessment Team viewed the service’s continuous improvement register. The service was able to demonstrate opportunities for continuous improvement are being captured and recorded. This includes information gathered from feedback from consumers, representatives and staff, complaints and changes required as a result of critical incident analysis.

In workforce governance the organisation’s staffing numbers and inadequately skilled clinical care staff has meant that consumers personal care and clinical care needs are not being met and the health and well-being of consumers is being placed at risk, as identified in Standard 2, Standard 3 and Standard 7.

The service was unable to demonstrate they are working in line with current legislation in relation to restrictive practice as identified in Standard 3.

The organisation does not have an effective risk management system and practices in place, relating to managing risks to the health, safety and well-being of consumers. Identified risks are not routinely identified, reported, escalated and evaluated to minimise the risk of reoccurring, or remove the risks in a suitable time frame.

The service has a risk management framework and policies and procedures to inform staff practices. However, a review of documentation and feedback from staff show this is not routinely occurring. Education records indicate that training has not been provided to staff regarding managing high risk.

The organisation has a clinical governance framework which includes antimicrobial stewardship, restrictive practices, and open disclosure. The organisation has clinical policies and procedures to guide management and staff to deliver safe and quality clinical care. However, a review of documentation, feedback from staff and observations of staff practices show a lack of standard and transmission-based precautions are in place to prevent and control infections.

Deficiencies identified in Standard 2 and Standard 3 demonstrate that the clinical governance framework has not been effective in ensuring clinical care which is safe, effective or high quality.

The staff have a good understanding of antimicrobial stewardship, and the service has systems in place to monitor and reduce the use of antibiotics. The service records infections, and the data is reported monthly as part of the clinical indicators and antimicrobial stewardship is a standing agenda item at the medication advisory meetings.

The staff have a good understanding of open disclosure and the service provided evidence to support this. Feedback from consumers and representatives confirmed this is occurring.

The Approved Provider responded with a comprehensive Plan for Continuous Improvement detailing actions taken by the Approved Provider to address concerns raised by the Assessment Team, including but not limited to implementation of a digital care program to improve information systems, collaborate with operational management to get consistency in the use of monthly incident data and audits.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. I am satisfied that requirement 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) are non-compliant.

I am satisfied the remaining requirement of Standard 8 Organisational governance is compliant.

The management team was able to provide examples as to how the service supports and encourages consumers to be involved in the development, delivery and evaluation of care and services.

The service has appointed a consumer as a resident ambassador. Their role is to be an advocate for consumers and provide information and feedback on decision or areas of concern that impact consumers. The ambassador also assists with the implementation of consumer led groups and is part of the welcoming committee.

A food focus group has been established due to an organisational continuous improvement action in response to an increase in weight loss across the service.

The aim of the focus group is to discuss food concerns, make recommendations on how to improve the quality of the food and the overall dining experience. It is hoped through this group consumers will begin to enjoy the food and dining experience and it will improve consumers’ food consumption and reduce their weight loss.

The organisation has established partnerships with LGBTIQ groups, as well as Health Australia to ensure there is equality, inclusive quality, and safe care within the service for diverse groups of consumers.

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)