Performance

Report

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| Name: | HammondCare - Cardiff |
| Commission ID: | 0607 |
| Address: | 158 Macquarie Road, CARDIFF, New South Wales, 2285 |
| Activity type: | Site Audit |
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| Performance report date: | 29 August 2024 |
| Service included in this assessment: | Provider: 749 HammondCare  Service: 8075 HammondCare - Cardiff |

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 - Cardiff (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

* the Assessment Team’s report for the site audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers and representatives said staff and management treated them with dignity and respect. Staff were aware of consumer’s identity, culture, and values, and described how they treated them with dignity and respect. Care planning documents included information about consumers’ identity, culture and diversity. Staff confirmed they had received training in privacy, dignity, and choice, and were observed interacting respectfully with consumers.

Consumers and representatives said the service recognised and respected their cultural background and provided culturally safe care. Management and staff understood each consumer’s background and identity, and described how they met consumers’ cultural needs and preferences. Documented policies and procedures guided staff in providing culturally safe care and services.

Consumers and representatives said they were supported to make independent choices about their care, and to maintain relationships of choice. Management and staff described how consumers were supported to make informed choices about their care and services, and to maintain relationships. Care planning documents detailed consumers’ choices around their care delivery, who was involved in their care, and their important relationships.

Consumers and representatives said consumers were supported to take risks, to live the best life they could. Management and staff described how consumers were supported to take risks, and to understand the possible harm when they made decisions about taking risks. Care planning documents showed risks were identified, assessed and mitigation strategies put in place.

Consumers and representatives said they received suitable information to make informed decisions. Management and staff explained how they supported consumers with information to make informed choices about their care and the services. Documentation showed clear and current information was provided to consumers and representatives, in a timely manner. Information such as activity calendars, menus, and other information, was displayed around the service.

Consumers and representatives said staff respected their privacy and kept their personal information confidential. Staff described how they maintained consumers’ privacy during care delivery and kept their personal information confidential on password protected computers. Staff were observed knocking on consumers’ doors and closing doors to provide personal care. Staff were observed to log out of the electronic care management system after use.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

Consumers and representatives confirmed they participated in assessment and care planning which addressed risks to consumers’ health. Management described how the assessment and care planning process informed the delivery of safe and effective care and services, and identified, monitored and managed risks. Care planning documents confirmed individualised assessment and care planning, which included the identification and assessment of risks. The service had a wide range of policies and procedures in place to guide staff on the assessment and planning of care,

Consumers and representatives described how assessment and care planning identified consumers’ current needs, goals, and preferences, and advance care plans had been discussed. Management and staff explained how assessment and care planning reflected consumers’ current needs, goals and preferences, including their preferences for advance care. Care planning documents recorded consumers’ current needs, goals and preferences, and their advance care preferences.

Consumers and representatives confirmed they were partners in the assessment and care planning process, along with others they wished to involve such as health professionals. Management described how they involved consumers, representatives and other providers of care in assessment and care planning. Care planning documentation showed the involvement of consumers, representatives, and a range of other health service providers. The service had policies and procedures to guide staff in assessment and care planning.

Consumers and representatives confirmed they were regularly informed about any changes to care plans and were offered a copy. Management and staff described how they regularly communicated with consumers and representatives about their care plan which was readily accessible on the electronic care management system. Care planning documents confirmed regular communication with consumers and representatives, and a copy of the care plan was offered.

Consumers and representatives said consumers’ care and services were regularly reviewed, and reviewed when circumstances changed, or incidents occurred. Management and staff explained how care plans were reviewed regularly, and if there was a change in circumstances or an incident occurred. Consumers’ care plans showed they had been reviewed regularly, and if there was an incident or change in circumstances. The service had policies and procedures on conducting a care plan review.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

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

Consumers and representatives expressed satisfaction with the personal and clinical care provided, which met consumers’ needs. Management and staff described how they delivered safe and effective personal and clinical care, in accordance with consumers’ care plans and with best practice. Care planning documentation confirmed the personal and clinical care was safe, effective, and tailored to the specific needs and preferences of each consumer. The service had policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives were satisfied with how the service managed high-impact or high-prevalence risks to consumers health. Management and staff described the high prevalence and high impact risks to consumers at the service and the management strategies in place. Care planning documentation showed high impact and high prevalence risks to consumers had been identified and were effectively managed.

Records showed consumers had received suitable end of life care, with their needs and preferences met, and their comfort and dignity maintained. Staff were aware of consumers’ end of life needs, goals, and preferences. Management and staff described the end of life pathway, and how they maximised the comfort and preserved the dignity of consumers nearing the end of life. Care planning documents showed the timely recognition of consumers nearing the end of life, and consumers, representatives and other relevant providers being engaged in the process.

Consumers and representatives said the service was responsive to a deterioration or change in consumers’ condition. Clinical staff described how they recognised and responded to a deterioration or change in consumers’ condition. Consumers’ care planning documents reflected the timely identification of, and response to, a deterioration or change in their condition. The service had a policy and work instruction to guide staff in the management of clinical deterioration.

Consumers and representatives said information about consumers’ condition, needs and preferences, was communicated effectively between staff, and others involved in providing care. Staff confirmed receiving current information about each consumer’s condition and needs through shift handovers, verbal updates and accessing electronic progress notes. Care planning documents recorded current information about consumers’ condition, needs and preferences.

Consumers and representatives advised consumers had access to a range of appropriate other health services, and referrals were timely and with their consent. Management and staff described effective procedures for referring consumers to other health professionals and explained how this informed the care and services provided. Consumers’ care plans confirmed timely referrals to other health professionals, as needed.

Consumers and representatives confirmed staff took appropriate infection prevention and control precautions and managed outbreaks effectively. Management and staff were knowledgeable in infection prevention and control practices and antimicrobial stewardship, and described steps they took to minimise the use of antibiotics. The service had an infection prevention and control lead on-site, and documented policies and procedures to guide staff in relation to infection prevention and control and antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

Consumers and representatives confirmed consumers had access to safe and effective services and supports for daily living that met their needs, goals and preferences, and optimised their well-being and independence. Management and staff explained how they consulted consumers to establish their lifestyle needs, goals and preferences, and identify the services and supports they needed to do the things they liked. Care planning documents detailed consumers’ background, relationships and lifestyle interests, and the supports they needed.

Consumers and representatives confirmed the service promoted consumers’ emotional, spiritual and psychological well-being. Staff described how they supported consumers’ emotional, social and psychological needs such as by providing religious services, external activities, or spending one-on-one time with consumers. Care planning documents detailed consumers’ emotional, spiritual and psychological needs and preferences, and strategies to support them.

Consumers and representatives confirmed consumers were supported to participate in their community, inside and outside the service, to stay connected with family and friends, and do things which interest them. Staff described how they supported consumers to do things of interest to them, participate in their community, and enjoy social relationships. Care planning documents contained information about consumers’ interests and important relationships.

Consumers and representatives said current information about their condition, needs and preferences was effectively communicated between those involved in providing services and supports for daily living. Staff described how changes in consumers’ care and services were communicated through handover processes, speaking to other staff, and via the electronic care management system. Care planning documents detailed current information to support consumers’ lifestyle needs and preferences.

Consumers and representatives said the service provided timely referrals to appropriate other individuals and organisations providing services and supports. Management and staff said the service had established connections with other individuals and organisations to provide consumers with additional services and supports for daily living. Care planning documents showed the organisation collaborated with other individuals, organisations, and providers to support the diverse needs of all consumers.

Consumers and representatives expressed satisfaction with the variety, quality, quantity and temperature of the meals provided. Consumers said they could ask for an alternative meal, salad or sandwich, if they preferred. Staff knew consumers’ dietary needs and preferences. Consumers’ care plans detailed their dietary needs and preferences, and there were several ways consumers could provide feedback about the meals. Records showed food safety requirements were met and there were no recent complaints about the food.

Consumer and representatives said the equipment was suitable and clean, and they knew the process for reporting any issues. Staff said there was sufficient equipment and could describe the processes for keeping equipment clean and well maintained. Equipment was observed to be safe, clean, and in good condition.

# Standard 5

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

Findings

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

Consumers and representatives said the service environment was welcoming, easy to navigate, and they could personalise their rooms to feel at home. Management and staff described how they made consumers and visitors feel welcome and at home. The service environment appeared welcoming, with consumers moving freely between different areas, socialising, and participating in activities.

Consumers and representatives said the service environment was safe, clean, and well-maintained and they could move freely and independently, indoors and outdoors. Consumers subject to environmental restrictive practice were correctly documented. Maintenance and cleaning staff explained effective systems in place for identifying hazards, and cleaning and maintaining the service. The service was observed to be safe, clean, well maintained, and consumers were observed moving around freely, both indoors and outdoors.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for assessing, cleaning and maintaining the equipment, furniture, and fittings in the service. The furniture, fittings and equipment appeared clean, well maintained, and suitable for consumer’s needs.

# Standard 6

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

Findings

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

Consumers and representatives felt supported to provide feedback and make complaints, and said they preferred to speak to staff or management directly, and felt comfortable doing this. Management and staff described how they encouraged and supported consumers and representatives to provide feedback and make complaints through various channels. The resident handbook and complaints policy detailed the processes for providing feedback and making complaints. Feedback forms, related information and lodgement boxes were available around the service.

Consumers and representatives said they knew about other avenues for raising and resolving complaints, and for accessing advocacy and language services. Management and staff explained how consumers and representatives were informed about external advocacy, language and complaints services, and knew how to access the relevant information. Information about advocacy, interpreter, and complaint services was observed around the service.

Consumers and representatives said the service took appropriate action in response to their complaints, and management and staff immediately acknowledged their concerns and kept them informed about actions being taken. Management and staff explained how they responded to feedback and complaints, and used open disclosure. Feedback and complaint records confirmed the service resolved complaints promptly using open disclosure. The service had a policy to guide staff in the use of open disclosure.

Consumers and representatives said their feedback and complaints were used to improve the quality of the care and services. Management described how complaints were reviewed daily and used to make improvements, which were captured on the service’s Continuous Improvement Plan. The complaints register, Continuous Improvement Plan and other documents confirmed feedback and complaints from consumers and representatives were used to improve the quality of care and services.

# Standard 7

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

Findings

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

All consumers and representatives interviewed said there were enough staff, and consumers received safe and effective care and services in a timely manner. Staff said there were enough staff, and they could finish their tasks on time. Management said the number and mix of staff on the roster was working well, and vacant shifts were always backfilled. Rosters and other documents demonstrated the service met the care minute and registered nursing requirements, and average call bell response times were below the benchmark time.

Consumers and representatives said staff were kind, caring, and respectful of each consumer’s identity, culture, and diversity. Management said code of conduct training was mandatory for all staff. Management and staff were observed interacting with consumers in a kind, caring, and respectful manner.

Consumers and representatives said staff were efficient, confident, and skilled to meet consumers’ needs. Management described how the organisational recruitment ensured staff had the necessary competencies, qualifications and registrations for each role. Documentation showed the service checked and monitored qualifications, professional registrations, and security checks.

Consumers and representatives confirmed staff had the appropriate skills and training to deliver safe and quality care and services. Staff confirmed receiving orientation, ongoing training, mandatory training, and completing core competencies. Management described how staff were trained, equipped and supported to deliver quality care and services. Training records confirmed staff were trained and supported to perform their roles.

Management described how staff performance was monitored, assessed and reviewed through probation reviews, annual formal performance appraisals and continuous informal evaluation. Management advised performance reviews were conducted at 3 and 6 months for staff on probation, and then every 2 years. Staff said the performance appraisal process allowed them to talk with their manager openly and constructively about their role, and request any further training. Records showed performance appraisals were up to date. The service had policies to guide the management of staff performance.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

Consumers and representatives said the service was well run and they were engaged in the design, delivery, and evaluation of care and services. Consumers confirmed changes resulted from their engagement and feedback. Management and staff described various ways consumers and representatives were engaged in the development, delivery and evaluation of care and services, such as through resident meetings, feedback processes, care reviews and speaking with staff. Consumers and representatives declined being represented on the service’s Consumer Advisory Body (CAB) so an item was added to the existing resident/representative meetings which were well attended.

Consumers and representatives said the service provided access to quality care and services, in a safe and inclusive environment. Management described how the governing body (the Board) promoted a culture of safe, inclusive and quality care and services, and was accountable for their delivery. Management described the organisational governance and reporting arrangements and documents confirmed the Board received regular performance reports and ensured the Quality Standards were met. The Quality Care Advisory Body (QCAB) met quarterly and was overseen by clinicians.

The organisation demonstrated appropriate governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff described how the governance systems were implemented and were effective in supporting quality care and services.

The service had effective risk management systems and practices to manage high-impact and high-prevalence risks to consumers, identify and respond to abuse and neglect, support consumers to live their best lives, and manage and prevent incidents. Management and clinical staff demonstrated an applied understanding of the risks associated with the care of consumers, and how the service manages risk in line with best practice.

The organisation’s clinical governance framework included documented policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff explained how these policies and procedures were applied in practice, and knew how to respond when incidents occurred, or risks were identified.

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