Performance

Report

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| Name of service: | HammondCare - Cardiff |
| Service address: | 158 Macquarie Road CARDIFF NSW 2285 |
| Commission ID: | 0607 |
| Approved provider: | HammondCare |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 June 2023 |
| Performance report date: | 31 July 2023 |

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

**This performance report**

This performance report for HammondCare - Cardiff (**the service**) has been prepared by E Woodley, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the Performance Report dated 4 October 2022 following the Site Audit undertaken from 24 August 2022 to 26 August 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Five of the seven specific requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 3(3)(a), Requirement 3(3)(b), Requirement 3(3)(c), Requirement 3(3)(d), and Requirement 3(3)(e) following a Site Audit conducted 24 August 2022 to 26 August 2022.

At the Assessment Contact conducted 22 June 2023, the Assessment Team found continuous improvement action implemented had been effective in rectifying the non-compliance across this Quality Standard. This included:

* improvements to psychotropic medication and restrictive practice processes including review and consent procedures.
* staff education and training.
* improved clinical indicators and increased clinical oversight.
* improved monitoring for consumers on end of life pathways.
* the development and implementation of new forms to assist in early recognition of consumer deterioration.
* onsite specialist support to guide the management of consumers living with dementia and associated behaviours.

The Assessment Team found consumer clinical and personal care delivery was effective, safe, meeting consumer needs and optimising their well-being. This included the management of restrictive practices, behaviours, diabetes, wounds, and pain. For consumers who are prescribed a restrictive practice or psychotropic medication, the Assessment Team found appropriate consents and behaviour support plans were in place. Consumers and most representatives interviewed by the Assessment Team indicated satisfaction with the clinical and personal care consumers receive. The high impact and high prevalence risks for consumers were being effectively managed. For consumers sampled, this included risks associated with falls, behaviours requiring support, and pain.

For sampled consumers who were nearing the end of their life, the Assessment Team found their care needs and preferences regarding this had been identified and incorporated into their planned care and services. Consultation occurs with consumers and representatives when a consumer commences the palliative pathway or nears the end of life stage, and when referral to palliative care services may be required.

The service demonstrated consumers who have experienced a deterioration or change in their condition have their needs recognised and responded to in a timely manner. This includes communication with the consumer representatives, service management, and the consumer’s medical officer if required. For a consumer sampled by the Assessment Team, unplanned weight loss was recognised and responded to in a timely manner by the service, including regular review by a dietician. The service demonstrated they communicate the consumer's condition, needs and preferences well within the organisation and with others where responsibility for care is shared. All consumers sampled had comprehensive care plans, and detailed behaviour support plans if required. Staff interviewed said they have access to these care documents and had received education on the use of behaviour support plans. The service has a weekly clinical meeting which identifies and communicates specific consumer needs and preferences among key staff, visiting health practitioners, and organisational support specialists.

I find the following Requirements are compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)

# Standard 8

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| Organisational governance | |  |
| 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the five specific requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 8(3)(d) and Requirement 8(3)(e) following a Site Audit conducted 24 August 2022 to 26 August 2022.

At the Assessment Contact conducted 22 June 2023, the Assessment Team found continuous improvement action implemented had been effective in rectifying the non-compliance across this Quality Standard. This included:

* the implementation of an organisational palliative care strategy.
* review of the organisation’s processes for the oversight and management of psychotropic medications and behaviour support plans to ensure compliance.
* regular review of incident and audit trends.
* new organisational roles with clinical experience to provide guidance and strengthen clinical care and governance.
* reporting of service level clinical indicators and outcomes to the executive and organisation.
* audits undertaken at the service by organisational teams, with review of performance and areas for improvement identified.
* improved monitoring and engagement with medical officers regarding psychotropic medication at the organisational level.

The Assessment Team found the service demonstrated effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service identified improvement initiatives driven by the organisation including the implementation of a new electronic care planning system, and monitoring of behaviour support plans and management of consumer behaviours at services. The organisation demonstrated the risk management systems and practices implemented at the service were effective to manage high impact and high prevalence risks, identify abuse and neglect of consumers, and support consumers to live the best quality of life they can. The Assessment Team reviewed the incident management system which demonstrated how the organisation supports the service to effectively manage and act to prevent future incidents. There are regular reporting processes to the executive level in relation to high impact high prevalent risks at the service.

The service demonstrated it has an organisational clinical governance framework in place that is underpinned by policies and procedures to guide staff practice. There are policies relating to antimicrobial stewardship, open disclosure and restrictive practices. Documentation reviewed by the Assessment Team indicated there have been reductions in the use of psychotropic medication and chemical restraint driven by clinical practice review and clinical governance.

I find the following Requirements are compliant:

* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)