Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | HammondCare - Leighton Lodge |
| Service address: | 10 Murrua Road NORTH TURRAMURRA NSW 2074 |
| Commission ID: | 0498 |
| Approved provider: | HammondCare |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 23 June 2023 |
| Performance report date: | 3 August 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 - Leighton Lodge has been prepared by J. Howard, 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 conducted from 20 June 2023 to

23 June 2023. 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.

* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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 8(3)(c)*** – Ensure the service has effective, organisation-wide governance systems relating to regulatory compliance.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 six of the six specific requirements were assessed as compliant.

Staff treated consumers with dignity and respect, and were aware of their identities and cultural backgrounds. Care plans captured consumers’ details regarding their identity, background and cultural practices.

Consumers said staff respected their culture, values, and diversity and supported them in practicing their beliefs. Staff were aware of consumers’ preferences. Care plans included specific cultural needs such as cultural events and religious services.

Consumers were supported to exercise choice and independence, make decisions and maintain personal relationships. Staff described ways in which consumers were supported to maintain relationships of choice.

The Assessment Team reviewed consumer’s dignity of risk assessments, which confirmed the service supported consumers to take risks, to enable them to live the best lives they could. The organisation had documented policies on managing and supporting consumer to take risks.

Consumers were provided with information to assist them to make choices about their care and lifestyle, which included meal selections and activities of daily living. Staff described the various ways they provided information to consumers which enabled them to exercise choice.

Consumers advised their privacy was respected, and personal information was kept confidential. The organisation has documented policies and procedures on the collection, disclosure, security, storage and protection of personal information of consumers.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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 five of the five specific requirements were assessed as compliant.

Consumers were satisfied that their care was well planned, and felt involved in decisions made. Staff demonstrated sound knowledge of care planning systems and processes, and ensured care was reviewed regularly.

Consumers were provided the opportunity to discuss their care needs, goals and preferences, including advanced care planning and end-of-life care. Care plans clearly identified consumers’ goals and preferences.

Care plans demonstrated consumers were consulted throughout the assessment and care planning process, and whenever required. Staff sought input from health professionals and allied services as required.

Consumers confirmed outcomes of assessments and planning were communicated to them and they could access their care plans upon request. Care plans were updated when consumers’ circumstances changed, and consumers were notified of all changes to their care.

Care plans contained evidence of regular review. Management and clinical staff described how and when consumer care plans were reviewed. Consumers and representatives said staff regularly discussed their care needs with them, and all changes were addressed in a timely manner.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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 seven of the seven specific requirements were assessed as compliant.

Consumers received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being. The service had policies and procedures in place to support the delivery of care provided.

Care plans noted high impact or high prevalence risks were effectively identified and managed by the service. Staff described high impact and high prevalence risks for consumers and the strategies in place to manage those risks.

The service demonstrated that consumers who were nearing end of life, had their dignity preserved and care was provided in accordance with their needs, goals and preferences. Family members said they were involved in palliative care decisions, and staff were skilled in providing care. Consumer files indicated an advanced care directive was in place.

Consumers said staff picked up any changes in their conditions and responded with appropriate actions. The service had policies, procedures and clinical protocols to guide staff in the management of deterioration. Care plans, and observations demonstrated that deterioration was recognised and responded to quickly.

The service has systems and processes to ensure that information about consumers’ care is documented and effectively communicated within the organisation, and with others where responsibility for care is shared. Review of progress notes and care plans identified adequate and accurate information to support effective and safe care.

Consumers said the service had access to, and referred them to appropriate providers, organisations or individuals to meet their care needs. Referrals were prompt and the services provided was appropriate.

The service had processes in place to promote appropriate antibiotic prescribing and use, to support optimal care and reduce the risk of increasing resistance to antibiotics. Staff detailed strategies to reduce the inappropriate prescription of antibiotics, such as increasing fluids, completing pathology testing and providing personal hygiene to prevent infection.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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 seven of the seven specific requirements were assessed as compliant.

Consumers and representatives were satisfied that services and supports provided met their needs, goals and preferences, and enabled them to maintain their independence and quality of life. Staff described the needs and preferences of consumers, which aligned with care plans.

Consumers advised the service provided support for daily living which promoted their emotional, spiritual and psychological well-being. Management and staff supported the religious, spiritual and psychological needs of its consumers and demonstrated detailed knowledge of individual needs.

Consumers and representatives felt the service, and staff assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. Care plans reflected the feedback provided by consumers and staff on this matter.

Consumers and representative indicated that consumer’s condition, needs and preferences were effectively communicated within the service and with others responsible for care. Care plans recorded information that supported effective and safe care for consumers.

Consumers said they were referred to individuals and other organisations for care and services in an appropriate and timely manner. Staff described, and care plans confirmed timely and appropriate referrals to other providers.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided. Care plans included correct information regarding dietary requirements and preferences of consumers.

Staff had access to equipment that was safe, well maintained, and suitable for use. Consumers and representatives stated the equipment provided was safe, suitable for their needs, clean and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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 three of the three specific requirements were assessed as compliant.

Consumers and representatives advised the service environment was welcoming and easy to understand. The Assessment Team observed adequate space for consumers, with no clutter and with clear signage to aid movement around the service. The outdoor areas were easy to navigate and there were shaded areas and outdoor furniture for use by consumers.

Consumers and representatives stated the service was clean, well-maintained and comfortable, and they could move around freely, with easy access to both indoor and outdoor areas.

The Assessment Team reviewed maintenance registers, and identified consumer equipment was cleaned regularly. Consumers indicated furniture and equipment were suitable, clean, well maintained and safe.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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 four of the four specific requirements were assessed as compliant.

Consumers and representatives were encouraged to provide feedback or make complaints, and understood how to do so. Staff were aware of the avenues available to consumers and representatives to provide feedback, and supported consumers to lodge complaints.

Consumers and their representatives were comfortable raising concerns with management and staff. Staff communicated consumer concerns to management, encouraged consumers to provide feedback and completed feedback forms as required. The Assessment Team observed information on advocacy services, language services and external complaints resolution avenues in brochures, posters and in the monthly newsletter.

The service demonstrated appropriate action was taken in response to feedback or complaints, and an open disclosure process was used. A representative made a complaint through email to management, with concerns about consumers drinking from communal bottles stored in the fridge and the implications this may have for consumers’ health and safety. The complaint was logged, and open disclosure was practised. Management met the representative to discuss the actions taken in response to the complaint. The complaint was closed following resolution. The representative confirmed he was satisfied with the services response and that the actions taken were effective.

Consumers and representatives confirmed the service used feedback and complaints received from them to improve care and services. Management demonstrated that feedback and complaints were used to improve the quality of care and services provided to consumers.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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 five of the five specific requirements were assessed as compliant.

Consumers and representatives said there were enough staff at the service. Call bells were answered within an acceptable timeframe, and staff gave them the care they need. Rostering documentation showed no unfilled shifts in the weeks prior to the Site Audit.

Consumers and representatives felt staff were kind, caring, respectful and gentle when delivering care and services and responsive to their needs. Staff demonstrated that they were familiar with each consumer’s individual needs and identity.

Management ensured the workforce was competent and had the qualifications or knowledge to effectively perform their roles. Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs.

Management, staff and training records demonstrated staff were trained, equipped and supported to deliver care and services that met consumer’s needs and preferences. Staff said the service provided mandatory and supplementary training to support them to provide quality care.

Management regularly undertook assessment, monitoring and review of the performance of staff members. The service had a formal process for annual performance appraisals. Management informally reviewed performance through observation, surveys, monitoring of feedback and complaints and supervision of staff practice.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Non-compliant |
| 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. | 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. | 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

I have assessed this Quality Standard as Non-compliant, as I am satisfied the service is non-compliant with Requirement 8(3)(c).

*Requirement 8(3)(c):*

The Assessment Team observed documentation that showed effective, organisation-wide governance systems, including workforce governance, information management, financial governance, continuous improvement and feedback and complaints. However, the service was not able to demonstrate effective governance systems in relation regulatory compliance due to the service’s restrictive practice policy not reflecting current legislative requirements.

The Assessment Team identified the following issues:

* Sixteen consumers reside in the secured MSU without appropriate documentation to support use of environmental restrictive practice. Consumers could access the outdoor garden areas in the MSU; however, they were unable to enter the service’s second wing and other parts of the service without the assistance of staff.
* The Assessment Team observed one consumer did not have appropriate assessment or consent forms in place for chemical restrictive practice, though she was prescribed and administered psychotropic medication to manage BPSD without a medical diagnosis. Management stated that they have discussed the use of psychotropic medication should not be considered as chemical restrictive practice. Management did not consider this to be chemical restrictive practice as they considered BPSD an appropriate diagnosis for the use of psychotropic medication. Management advised that the service reduced the dose of the medication and it was successfully ceased on 22 June 2023.

In its response of 11 July 2023, the Approved Provider acknowledged the assessment team’s observations, and submitted details of remedial actions being taken.

* HammondCare accepted the finding of environmental restrictive practice in the Boronia section of Leighton Lodge. Following a Dementia Design audit conducted by the Dementia Centre, HammondCare redesigned the building, and implemented a new front door accessible from outside the building for consumers and their representatives, and the use of a separate entry door to Boronia, to allow for separate internal access for staff. Staff treat Boronia as a stand-alone cottage, with its own front door, kitchen and dining area, along with access to the gardens and all areas of the home (within Boronia). In doing this, the unintended consequence was restricting consumers free access to all parts of the total Leighton Lodge environment.
* Management have now classified all residents living in Boronia as subject to environmental restrictive practice, and completed the associated documentation to ensure consent, open disclosure and review, in line with requirements.
* In relation to the consumer on chemical restrictive practice, this was an error of classification. The consumer was on antipsychotic medication to manage her behaviour and psychological symptoms of dementia, and this should have been classified as a chemical restrictive practice. Staff had consent for the use of the medication from both the medical practitioner and the family, ensured that the medication was reviewed 3 monthly and were actively in the process of minimising the use, and now the medication has been ceased. However, it was not classified as a chemical restrictive practice in error.
* The psychotropic tracking tool has been reviewed, and adjusted by the Clinical Governance Advisor to remove the automatic selection of diagnoses. A further training program for Registered Nurses to consolidate their knowledge of chemical restrictive practices is currently underway.

While I acknowledge the Approved Provided is now taking action to remedy the deficiencies, at the time of the Site Audit, management at the service were not able to demonstrate effective governance systems in relation to regulatory compliance, until it was notified of the issue by the Assessment Team. Therefore, I find the service was non-compliant with Requirement 8(3)(c) at the time of the site audit.

*The remaining Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 8.

Consumers said they assisted the organisation in the development, delivery and evaluation of care and services provided. Management and staff described the various ways the service involved consumers and their representatives, and acts on feedback from complaints to make improvements.

The organisation’s governing body promoted a culture of safe, inclusive care. Management described an organisational structure which facilitated the oversight and governing of the delivery of quality care and services across the service. Review of monthly clinical indicators and Board meeting presentations evidenced the occurrence of regular monitoring by the organisations governing body.

The service had an effective risk management system in place to identify and manage risks to the safety and wellbeing of consumers, including for high impact or high prevalence risks. Risks are reported, escalated, and reviewed by management at the service level. Staff interviewed explained the processes of risk management, and use of the incident management system.

The service provided documented policies and procedures relating to antimicrobial stewardship, restrictive practices, open disclosure and a documented clinical governance framework. Staff described the elements of policies and procedures and demonstrated an understanding of these concepts. The service provided documents relating to a clinical governance framework and staff interviewed demonstrated that they had an applied understanding of these policies.

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)