Performance

Report

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| Name: | HammondCare - Leighton Lodge |
| Commission ID: | 0498 |
| Address: | 10 Murrua Road, NORTH TURRAMURRA, New South Wales, 2074 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 February 2024 |
| Performance report date: | 21 March 2024 |
| Service included in this assessment: | Provider: 749 HammondCare  Service: 512 HammondCare - Leighton Lodge |

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 (**the service**) has been prepared by Therese 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 8 Organisational governance | Not applicable as not all requirements 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 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 |

Findings

Requirement 8(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance, including but not limited to providing training and education to registered nurses on the use of chemical restraint, updating of the psychotropic medication tracking tool by the clinical governance advisor, and implementing processes and documentation to ensure all requirements for the use of restrictive practices are met.

Management demonstrated there are effective organisational governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has information systems to provide stakeholders with the information they need. Consumers and/or representatives are provided with information about the care and services provided upon admission to the service and on an ongoing basis. There are communication processes for staff which include the clinical documentation system, intranet, handover at each shift, messaging systems, emails, and the education and training program. Staff stated they have the information they need to deliver the appropriate individual care and services to consumers. There is a program of regular meetings for consumers, representatives, staff, and management. Feedback mechanisms are in place for all stakeholders and policies and procedures are available to all staff online. Management advised an electronic system for clinical documentation is being progressively rolled out across the organisation and is due to be implemented at the service in May 2024.

Review of the service’s Plan for Continuous Improvement found that management are taking appropriate steps to identify and rectify areas of concern. This includes compliance with restrictive practices legislation, assessment of consumer falls trends and improved programs for life engagement. Management described the process for reviewing items on the plan for continuous improvement, identification of those responsible for actioning improvements and the mechanisms in place to ensure outcomes are reported to the provider’s executive management team.

The workforce is monitored at both the service and organisation levels. The service demonstrated it has systems in place for the planning and management of its workforce through the ongoing review of consumer care needs, clinical data, and feedback from consumers and staff. Workforce management at the service level is supported by the human resources team from the organisation. The organisation is supporting its services to ensure they are meeting the required care minutes and is also supporting initiatives to recruit permanent staff.

Changes to aged care regulation and legislation are effectively monitored by the organisation. The quality team ensure policies and procedures are updated in line with legislative changes, and the organisation provides updates and notifications to management and staff of any new regulatory requirements and any new or updated policies and procedures. Relevant communication and training are provided to staff in relation to changes and new requirements, and a range of monitoring tools are used to track compliance with legislative requirements.

Management stated they have the resources they need for the delivery of care. They explained they are given a budget and a delegation authority for discretionary spending. They said they can approach the senior management and seek authorisation for further spending as required. Financial management of the service is monitored by the organisation and performance against the budget is reviewed by the Board. Management gave the example of acquiring additional equipment to meet consumers’ needs.

The organisation has a process where all feedback, comments, complaints, and suggestions are entered into an electronic feedback management system. This is overseen at an organisational level by a feedback team, who will coordinate the response to feedback and complaints in accordance with the organisation’s policies and procedures. Consumers and other stakeholders are also encouraged to provide feedback and raise complaints at the regular meetings and six-monthly case conferences. Complaint trends are monitored at the service and organisation level with relevant information, including all external complaints, reported to the Board.

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