Performance

Report

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| Name of service: | HammondCare - Southwood |
| Service address: | Judd Avenue HAMMONDVILLE NSW 2170 |
| Commission ID: | 2153 |
| Approved provider: | HammondCare |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 13 April 2023 |
| Performance report date: | 4 June 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 - Southwood (**the service**) has been prepared by M Kalra, 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 16 May 2023.
* other information and intelligence held by the Commission in relation to the 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

Overall, most consumers considered, and care planning documents demonstrated consumers were treated with dignity and respect. One consumer expressed they were not treated with dignity and respect by staff, however, had not raised this with management. Upon becoming aware, management stated they will investigate this matter further. Management and staff also discussed current support provided to the consumer to ensure they feel safe at the service.

Consumers and representatives said the service recognised and respected consumers’ cultural backgrounds and provided care consistent with consumers’ cultural traditions and preferences. Staff knew consumers’ cultural background and described how consumers were supported to make choices, be independent, and maintain relationships of their choice. Care planning documentation identified consumer’s individual choices around how and when care is delivered. Consumers described how the service supports them to take risks, supported by risk assessments.

Overall, consumers and representatives confirmed they are kept informed by the service through printed information, verbal reminders, and email correspondence. Staff described ways of maintaining consumers’ privacy, including through knocking on a consumer’s door before entering their room. Consumers’ personal information was kept confidential through locked cabinets.

# 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

Staff described the assessment and planning process, and how they used assessment and planning to inform the delivery of care and services. Care planning documents demonstrated risks were considered for consumers, with strategies in place. Consumers confirmed they were involved in ongoing assessment and planning of their care and services, including advance care and end of life planning. Care planning documents included information about consumers’ current needs, goals, and preferences, including end of life wishes.

Staff described how the service partners with the consumers and others to assess, plan and review consumers’ care and services. Care planning documentation evidenced input from a range of external providers, including medical officers, physiotherapists, and geriatricians.

Consumers and representatives said the service was proactive in communicating changes relating to care and services and explained things to them. Staff described how they effectively communicated the outcomes of assessment and planning to consumers and representatives. Management said consumers and representatives were offered a copy of consumers’ care plan during 6 monthly case conferences, or as requested.

Care documentation showed consumers’ care and services were regularly reviewed for effectiveness and when circumstances changed. Policies outlined processes to review, reassess, and monitor consumers’ care and services.

# 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

Overall, consumers and representatives stated they were satisfied with the personal and clinical care consumers received at the service. Care documentation reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer. Restrictive practices were appropriately managed in accordance with legislative requirements, as evidenced through review of care documentation.

Care plans, progress notes, charting, and validated assessments confirmed skin integrity, wound care, pain management, falls, and other complex clinical care needs were managed effectively. Care plans identified consumers with high impact or high prevalence risks, and staff described how these risks are managed. Care planning documents evidenced the inclusion of an advanced care plan and discussions with representatives regarding palliative care, where appropriate. Staff explained how they altered their care to support consumers nearing end of life, including providing continued personal care and regular pressure area care.

Care documentation demonstrated deterioration or changes to consumers’ mental health, cognitive or physical function, capacity or condition were recognised and responded to in a timely manner. Management explained staff were guided by polices and identified and responded to signs of deterioration through escalation and referral processes.

Consumers and representatives said consumer's preferences and care needs were communicated effectively with them, between staff, and with external providers involved in their care. Staff described how they communicated information about consumers within the service and with others where responsibility of care was shared. Care planning documents and progress notes provided adequate information to support effective and safe sharing of the consumer’s information to support care.

The service had organisational procedures regarding referral processes to health professionals within and outside of the service. Consumers’ care planning documentation included input from other services such as doctors, psychologists, podiatrists, dietitians, and other providers of care.

Consumers and representatives considered the service had appropriate infection control measures in place and said staff were always observed to be using the appropriate personal protective equipment (PPE) and practiced hand hygiene. Staff demonstrated an adequate understanding of antimicrobial stewardship and described how they followed best practice in their roles. Policies and procedures were in place to support the minimisation of infection-related risks, including COVID-19 outbreak management.

# 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 Assessment Team recommended requirement 4(3)(a) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the Approved provider’s response and find the service compliant for requirement 4(3)(a).

The Site Audit report brought forward examples of 3 named consumer representatives who stated there were insufficient lifestyle engagement activities for the consumers. The Site Audit report also discussed an example of one named consumer’s care documentation, which did not evidence regular input of lifestyle activities. Management advised they focus on meaningful engagement with consumers and are continually increasing lifestyle activities, however, there might have been a lack of communication with the representatives. Management acknowledged improving the communication process as a continuous improvement activity for the service.

The Approved Provider’s response of 16 May 2023 provided supporting information and context behind the issues raised in the Site Audit report. The response described the service caters for specific cohort of consumers, who live with advanced dementia. The service engages with these consumers through a variety of individualised, engaging, and meaningful activities, which uplift consumers’ overall quality of life.

Regarding two named consumer representatives who stated there are insufficient activities and they would like to see more activities, the Approved Provider submitted evidence of progress notes and care planning documentation outlining various activities the consumers have participated in before and after the Site Audit. I am satisfied with the response and consider the two named consumers are engaged in meaningful activities by the service. As such, I do not find these examples demonstrate non-compliance.

One named consumer representative considered the consumer had exhibited a slight cognitive decline due to not receiving enough mental stimulation through activities. The representative advised the service did not have sufficient staff to provide lifestyle engagement for consumers and did not support the named consumer to undertake activities of interest. The response clarified the service has tried to engage the consumer in their activity of interest, however, the consumer is not able to concentrate due to their condition. The response provided evidence of decline in the consumer’s condition and the consumer being engaged in other activities. I am satisfied the consumer’s health, well-being and quality of life is being optimised through understanding their condition and engaging them in relevant activities. As such, I do not find this example reflects non-compliance.

Regarding a named consumer whose care documentation did not evidence regular input of activities, the Approved Provider acknowledged the limited documentation due to how the consumer chooses to interact and engage with others. The response stated since the audit, staff have more frequently documented how they are engaging with the consumer. The Site Audit report did not bring forward consumer or representative feedback to indicate the consumer is dissatisfied with the current services and supports for daily living. Therefore, I do not consider this example demonstrates non-compliance.

Overall, I consider consumers get safe and effective services and supports for daily living that meets their preferences and optimises their health, well-being, and quality of life. Staff know consumers’ interests and support them to engage in activities. Therefore, I find requirement 4(3)(a) is compliant.

Regarding the remaining requirements, consumers and representatives described how consumers emotional, spiritual, and psychological well-being was supported. Staff explained how they supported consumers well-being and spiritual needs, including engaging consumers in conversation, or referring them to volunteer services. Representatives considered consumers were supported to participate in activities within the service and in the community. Staff provided examples of how consumers were supported to maintain relationships within and outside the service. Care planning documents identified the people important to individual consumers and the activities of interest to that consumer.

Staff explained they shared information about consumers within the organisation, and with others responsible for care through handover processes, communications book, and care planning documents. Care planning documentation for consumers sampled provided adequate information to support safe and effective care as it relates to services and supports for daily living. Staff explained the referral process in place to supplement lifestyle activities, such as for volunteers, entertainers, and bus outings. Consumers said they are supported by organisations, support services and providers of other care and services.

Representatives said they were satisfied with the variety, quality and quantity of food provided at the service. Documentation was in place to provide appropriate meals to consumers, and staff were knowledgeable of consumers’ dietary needs and preferences. Consumers were observed eating meals independently or with staff assistance. Staff explained the equipment maintenance and cleaning processes, and documentation confirmed equipment was regularly serviced.

# 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

Representatives said, and observations confirmed the service environment was welcoming and easy to understand. Staff described aspects of the service that supported consumers to feel welcomed and optimised their sense of belonging and ease of navigation.

Representatives considered the service environment was safe, clean, and well maintained, and allowed consumers to move around freely. Staff explained the service’s cleaning and maintenance processes. Review of documentation showed regular cleaning and maintenance of the service.

The Assessment Team observed, and consumers confirmed, that their equipment is checked, cleaned, and maintained regularly. Staff described how cleaning and care of personal cleaning equipment is managed.

# 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

Representatives said they understood how to provide feedback or make a complaint and described various avenues they use to make a complaint or provide feedback, including feedback forms, meetings, case conferences and verbal feedback to staff or management. Management and staff described the processes to encourage and support feedback and complaints. However, some representatives expressed they did not know how to make a complaint anonymously. During the site audit, management implemented the process to enable representatives to mail or insert their feedback to the service anonymously.

Whilst some representatives and staff were not aware of the advocacy and interpreting services available, all representatives said they are happy to manage their complaints with the service directly and they feel safe and comfortable to raise their concerns with staff and management. Management described the information around advocacy services available to consumers at the service. Documentation reviewed, and observations confirmed the service is actively promoting advocacy services by providing information that is easily accessible to consumers and their representatives.

Most representatives interviewed said the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Complaint data showed action is taken in response to complaints and open disclosure is practiced.

The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Most representatives reported their feedback is used to improve quality of care and services. Management described how feedback and complaints have been used to inform continuous improvement across the service, such as engaging consumers in increased group activities and scheduling music therapy 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. | 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

The Assessment Team recommended requirement 7(3)(a) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the Approved provider’s response and find the service compliant for requirement 7(3)(a).

The Site Audit report brought forward feedback from 5 named consumer representatives and 2 staff, who provided examples supporting staffing levels at the service were insufficient to provide quality care to consumers. During the Site Audit, management provided evidence of regular recruitment activities undertaken by the service. The Approved Provider’s response provided further context and information in relation to the issues identified during the Site Audit.

Regarding a named consumer representative who said there is not enough staff to provide one-on-one care to the consumer, the Site Audit report did not bring forward any negative impact on the consumer. The response provided evidence of effective care and services being provided to the consumer. As such, I do not consider this example demonstrates non-compliance.

A named consumer representative stated the consumer has been involved in multiple behavioural incidents and there is insufficient staff to monitor and manage the consumer’s behaviour. The response acknowledged the behavioural incidents experienced by the consumer, however, argued and provided evidence that the incidents were related to the consumer’s diagnosis instead of staffing levels. The Site Audit report did not discuss any correlation between the consumer’s behaviours and staffing levels. Due to lack of further information, I do not consider this example demonstrates non-compliance with this requirement.

A named consumer representative expressed concerns there were insufficient staff to provide food and fluids to the consumer. The Assessment Team also observed glasses full of fluid were left beside the consumer. Management advised this was a result of miscommunication as staff believed the representative preferred to assist the consumer with food and fluids. During the Site Audit, management provided education to staff and commenced fluid charting for the consumer. The response highlighted the service provided their apology to the representative and indicated the consumer’s care has not been negatively impacted. I consider this to be an isolated event and I am satisfied with the steps taken by the service to address the representative’s concerns. I do not consider this isolated example is sufficient to determine non-compliance.

Regarding a staff member who discussed the incident where a consumer was found on the floor during a night shift, there was no evidence brought forward in the Site Audit report or the response to suggest how long the consumer was lying on the floor. The representative advised there was enough staff to provide care for the consumer, who is not left unattended for long periods of time. The response acknowledged there were delays in completing investigation for this incident and outlined steps taken to address this. I accept the Approved Provider’s response and consider there was no evidence to suggest the deficits related to insufficient staffing levels. As such, I do not this example demonstrates non-compliance.

Consumer and staff feedback relating to staffing levels affecting lifestyle activities has been further discussed and considered under requirement 4(3)(a).

Overall, the service has an effective rostering system and is actively recruiting new staff. I consider the service deploys the right number of staff to manage and deliver quality care and services to consumers. Therefore, I find requirement 7(3)(a) is compliant.

Regarding the remaining requirements, most consumers and representatives said staff were kind, caring, and gentle when providing care. Staff spoke about consumers in a kind and caring manner and were observed to be treating consumers in a respectful manner.

The service had processes to ensure staff were competent and had the knowledge to perform their role, including through induction processes, regular training, and pairing new staff with an experienced staff member. Position descriptions outlined the key competencies and qualifications that were required for staff’s respective role. Documentation confirmed staff had the required registrations and qualifications.

Staff interviewed said the service provides mandatory and supplementary training to support them to provide quality care. Management explained the training programs and processes in place to support the workforce to deliver the outcomes required by the Quality Standards. Most staff had completed mandatory training at the time of the site audit. Where deficits were identified, management provided evidence of training schedule for staff that had overdue training.

Management described the performance appraisal process where staff completed a self-assessment of their own performance and had a formal discussion with the residential manager or clinical manager annually, depending on the staff’s role. Most performance appraisals were completed at the time of the site audit and documentation confirmed actions were in place to address the overdue performance appraisals.

# 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

Management described how consumers were supported to provide input about care and services, including through feedback and complaints processes, surveys, care plan reviews, internal audits, and meetings. Consumers and representatives expressed satisfaction in the management of the service and their involvement in the development, delivery and evaluation of care and services.

The service had frameworks and policies to promote a culture of safe, inclusive, quality care and services. Review of monthly clinical indicators and Board meeting presentations evidenced the occurrence of regular monitoring by the organisation’s governing body.

The organisation had effective governance systems in place. The service’s information management systems included care planning documentation, risk management system and an online portal providing access to training, policies, and procedures. Opportunities for continuous improvement were identified and actioned. Financial, feedback and complaints, and workforce governance systems were suitably addressed. Regulatory compliance was addressed through regular correspondence from meetings and external bodies.

Overall, the service had effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents through the use of an incident management system. Staff said they had been trained to respond to and report incidents, including when instances of abuse or neglect were identified. The service had a suite of best practice guides, policies and processes that supported the clinical governance framework on antimicrobial stewardship, the minimisation of restrictive practices, and open disclosure.

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)