Performance

Report

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| Name of service: | HammondCare - The Glens |
| Service address: | 294 Kooyong Road CAULFIELD VIC 3162 |
| Commission ID: | 3433 |
| Approved provider: | HammondCare |
| Activity type: | Site Audit |
| Activity date: | 27 February 2023 to 1 March 2023 |
| Performance report date: | 29 March 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 - The Glens (**the service**) has been prepared by C Spiller, 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

# 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 re-accreditation Site Audit was conducted at The Glens from 27 February to 1 March 2023.

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 I am satisfied all six Requirements in this Standard have been assessed as compliant.

Consumers and/or their representatives expressed satisfaction that they were shown dignity and respect by staff in the delivery of their care. Care plans were individualised and reflected what was important to the consumer, including what their values and goals were. Staff were able to describe consumer preferences and choices in the delivery of care. The Assessment Team observed staff treating consumers with dignity and respect.

Most consumers and/or their representatives described how staff respect consumers’ culture, values and diversity and how this informs the daily provision of care and services. The care planning documentation reviewed reflected consumers’ cultural needs, interests and preferences.

Consumers and/or their representatives were said they were supported to exercise their own choice and independence and decision making about how the care and services are delivered to meet their needs. Staff can describe how they best support the decisions of consumers.

Where there are elements of risks, the risks are assessed and discussed with consumers and or their representatives. Staff described how they support consumers to take risks to live the best life they can.

Overall, consumers and their representatives were satisfied that the information they receive is current, accurate, timely and communicated clearly and is easy to understand. The organisation has documents and a process to inform and enable consumers to make choices.

Consumers and their representatives said their privacy is respected and information is kept confidential. Staff were able to demonstrate how they maintain consumer privacy. The service has policies and procedures in place regarding the confidentiality of personal information and disclosure of information. Observations of staff practice demonstrated staff respected consumers’ privacy.

# 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 I am satisfied all five Requirements are assessed as compliant.

Consumers and/or their representatives said the assessment and care planning process considers the risks to consumers’ health and wellbeing. Care planning documents contained comprehensive assessment and care planning information with specific consumer goals, preferences, and individualised interventions including strategies to minimise risks to each individual consumer’s safety. Staff demonstrated knowledge of consumers’ risks and described strategies to provide their safe and effective care.

Consumers and/or their representatives are satisfied the service identifies what is important to them. Care planning documents reflect each consumer’s individual goals, needs and preferences for care, including end of life wishes, are considered during the assessment and care planning process. Staff can demonstrate care planning documentation is consistent with the consumer’s needs, goals and preferences for care.

Consumers and/or their representatives described participation in assessment and care planning. Management and clinical staff described collaborating with other professionals, external health services and with consumers and representatives to deliver safe and individualised care.

Overall, consumers and /or their representatives were satisfied with how staff regularly communicate relevant information and any changes in the consumer’s care. Documentation reflects the communication of relevant information with consumers and representatives.

Management said the service provides a copy of the care plan to consumers/representatives when it is requested. Management explained it would be reviewing how it provides consumers/representatives access to care plan documents when the electronic care planning system is introduced in the last quarter of the year.

Consumers and /or their representatives said the service reviews care following a change in a consumer’s circumstances or after an incident. Management and clinical staff explained care and services provided to consumers are evaluated and reviewed every 3 months as part of a scheduled review process.

# 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 all seven Requirements have been assessed as compliant.

Overall consumers and /or their representatives said the personal and clinical care they received was safe, effective and met their needs and preferences. This included the management of consumers’ pain, wounds, restrictive practices, catheters / stomas, and personal care needs. Staff interviews reflect best practice principles are implemented and followed in relation to skin integrity, pain, and restrictive practices to optimise health and wellbeing.

Consumers and/or their representatives said they were confident risks associated with each consumer are managed safely. The service’s policies and procedures and the care documentation reflect processes to promote effective management of high impact or high prevalence risk. Staff described high impact and high prevalence risks for specific consumers and explained the individualised strategies to minimise risk. Management and clinical staff explained how incidents are documented, investigated, actioned, and analysed for trends with actions for improvement planned.

Staff described the palliative care pathway and the resources available to them to support consumers nearing their end of life.

Consumers and/or their representatives said they were confident the service responded to changes in a consumer’s condition in a timely manner. A review of care planning documentation shows appropriate actions taken in response to deterioration or changes in a consumer’s health and wellbeing. Staff described how deterioration or changes are identified, actioned and communicated to the appropriate people.

Consumers and/or their representatives said staff at the service were knowledgeable about a consumer’s care needs and preferences and shared this with others as appropriate. Consumer care documentation and handover sheets reflect current information about a consumer’s current needs, preferences and interventions. Staff described how they access up to date information about a consumer’s needs and care interventions.

Consumers and/or their representatives were satisfied with access and referral to GPs, allied health professionals, hospital outreach services and other external specialist services when needed. Documentation reflects timely referral to individuals, other organisations and providers of other care and services. Management and staff described the service’s referral processes and provided examples of referrals completed.

Consumers and /or their representatives said the service has managed COVID-19 well. The service has policies and practices that guide staff on how to minimise the risks of infection. Staff demonstrated a good understanding of infection prevention, and control practices and antimicrobial stewardship. The service maintains a COVID-19 outbreak management plan provides guidance and resources for the service to support their ability to respond and recover from COVID-19 outbreak.

# 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 I am satisfied all seven Requirements in this Standard have been assessed as compliant.

Consumers and/or their representatives were satisfied that consumers receive services and supports which optimise their independence. Care planning documentation identified consumers’ choices and provided information about the services and supports. Consumers and/or their representatives expressed satisfaction that consumers’ emotional, spiritual and psychological well-being is supported. Staff described how consumers are supported emotionally, spiritually and psychologically at the service. Care planning documentation includes information on consumers’ individual emotional, spiritual and psychological needs.

Consumers and/or their representatives expressed satisfaction that information is shared effectively at the service. Staff said they are informed about changes to consumer needs and that this is communicated through written notes, handover sheets and meetings.

Consumers and/or their representatives confirm that referrals occur promptly, and document review indicates a range of services have been utilised. Consumers and/or their representatives gave mixed feedback about satisfaction with the food provided. Care planning documentation reflect the dietary needs and preferences of consumers. Management described how the organisational menu and consumers choice are incorporated to the menu provided by the service kitchen. Dietary requirements are reviewed by dietitian and there is a system to inform any changes of consumers’ dietary changes are communicated to the kitchen.

Staff were satisfied that they have access to suitable and well-maintained equipment. Equipment was observed to be clean, well maintained and available to meet the needs of consumers.

# 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 Standard is assessed as compliant as I am satisfied all three Requirements have been assessed as compliant.

Consumers said they feel welcome and comfortable at the service and are encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The service is welcoming and provides comfortably furnished communal areas that optimise consumer interaction and engagement.

Consumers and/or their representatives reported the environment is comfortable, clean and well maintained. The maintenance and cleaning staff demonstrated the service’s preventative and reactive systems and schedules that ensure the service is safe, clean and well maintained. The Assessment Team observed consumers can freely access internal and external areas in the service, and the living environment is generally suitable for use.

Consumers and representatives expressed satisfaction with the furniture and equipment used and spoke of it being suitable for their needs. The Assessment Team observed furniture, fittings and equipment are safe and clean. Documentation including preventative and reactive maintenance systems demonstrated ongoing monitoring and timely response to breakdowns and repairs required.

# 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 Standard is assessed as compliant as I am satisfied that all four Requirements have been assessed as compliant.

Consumers and their representatives are satisfied the service encourages and supports them to provide feedback and make complaints. Management discussed a range of opportunities available to consumers and representatives to provide comments and suggestions and to raise concerns. Feedback registers, reports and analysis documentation and meeting minutes viewed demonstrate the service is supporting stakeholders to raise feedback.

Consumers and their representatives indicated they are aware of the avenues to raise complaints and provide feedback. Management and staff described how consumers and their representatives are provided with information to support them in raising concerns or providing feedback. The Assessment Team observed information on advocacy services, OPAN, Aged Care Quality and Safety Commission, and interpreter services on display at the service.

Consumers and their representatives who had raised concerns indicated that management had apologised for the issue raised occurring and openly discussed how it would be resolved and had followed up with them to ensure they are satisfied with the outcome. Other consumers and their representatives said although they have not had to complain, they are confident management would respond promptly. Management and staff discussed what open disclosure means to them and how they practice this when addressing consumer and representative feedback or when things go wrong for consumers. Management discussed how open disclosure principles are incorporated into the service’s complaints and feedback and incident system.

Consumers and their representatives indicated that the service is actively reviewing the feedback they provide and that improvements occur as a result. Management discussed how feedback and complaints are collected and reviewed to assist in improving care and services at the service. Management documents and records trends in feedback and complaints on registers and the improvement plan where appropriate. The documentation viewed confirms actions are taken to improve 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 Standard is assessed as compliant as I am satisfied that all five Requirements have been assessed as compliant.

The workforce is planned to ensure the correct skill mix and number of staff in various roles to enable the delivery of safe and effective quality care and services. There was mixed feedback from consumers and their representatives in relation to staffing numbers and call bell response times, however, they explained that the consumer receives the care they need. Staff said that there is enough planned staff but are stretched when there is last-minute unplanned leave.

Consumers and/or their representatives said staff were kind, caring and gentle when providing care. This evidence aligned with the Assessment Team’s observations of positive and respectful interactions between staff and consumers.

Most consumers and their representatives were satisfied staff were knowledgeable and competent to effectively do their roles. The service has processes in place to ensure that staff are competent and have the required qualifications and knowledge.

Overall consumers and/or their representatives were satisfied staff were trained and supported to provide quality care and services. Staff expressed satisfaction with the training provided and were able to access additional training where required.

Regular assessment, monitoring and review of the performance of members of the workforce is undertaken by the service.

# 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 Standard is assessed as compliant as I am satisfied all five Requirements have been assessed as compliant.

Consumers and/or their representatives said they are engaged in support planning and service provision and confirmed they are invited to and attend consumer meetings. Management seeks input from consumers and/or their representatives through participation in consumer meetings, surveys and individual conversations. The service maintains a quality improvement plan to record and action improvement ideas.

Consumers and their representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. The service has a suite of policies, procedures and work instructions that support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders. Staff were able to describe how the service promotes a culture of safe, inclusive and quality care and services and their involvement in this delivery.

The service has governance systems in place and applications for considering the best outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to consumer experience. The governance team has established processes in place to satisfy itself that systems for appropriate care are in accordance with the Aged Care Quality Standards.

The service has risk management systems and practices to effectively manage their high impact or high prevalence risks, manage incidents and support consumers to live the best life that they can.

The service has a clinical governance framework is in place that provides an overarching monitoring system for clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint 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)