Performance

Report

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| Name of service: | HammondCare Mason |
| Service address: | 19 Kiama Street MIRANDA NSW 2228 |
| Commission ID: | 8217 |
| Approved provider: | HammondCare |
| Activity type: | Site Audit |
| Activity date: | 7 August 2023 to 9 August 2023 |
| Performance report date: | 1 September 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 Mason (**the service**) has been prepared by K. Richards, 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 consumers, representatives, staff, management, and others.

The provider sent an email on 30 August 2023 advising they would not be submitting a response to the Assessment Team’s report.

# 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treat consumers with dignity and respect. Staff said they treat all consumers with kindness, upholding the service’s missions and values to improve consumer quality of life, and ensure consumers feel respected and at home. Staff were observed interacting with consumers in a respectful manner, in line with organisational policies, procedures, and values.

Consumers and representative were satisfied staff practice and knowledge was respectful to consumer culture, values, and diversity. Staff demonstrated awareness of consumers’ backgrounds and cultures in line with documentation, and explained how this influenced care delivery. Staff are guided by the Pastoral care and spiritual life policy to ensure consumer identity, choices, spiritual goals, and needs are recognised, respected, and supported.

Consumers and representatives described being supported to make and communicate decisions about care, and to maintain relationships of choice. Staff described how they engage consumers in decision making and maintaining relationships of importance, including ensuring couples living together were supported to have privacy. Care planning documentation demonstrated involvement of consumers and representatives in making decisions about care.

Consumers gave examples of how the service supports them to take risks to partake in things they want to do. The service’s policies and procedures outline respecting consumer choices, with assessment and monitoring of risks. Staff explained the processes in place to assist consumers wanting to take risks, with assessment of risk and mitigating strategies captured within a Dignity of risk assessment.

Consumers and representatives advised they receive accurate and timely information to help them make decisions about their care and daily activities. Staff explained how information is shared, including adapting communication styles to meet the language and/or sensorineural needs of consumers. Information was displayed throughout the service on activities programs, and minutes from consumer and representative meetings were available for review.

Consumers and representatives said staff are respectful of privacy. Staff described how consumers’ privacy is respected and personal information is kept confidential, including only speaking about a consumer with staff involved in their care. Policies and procedures outline staff responsibilities when handling personal information of consumers, and the service providers mandatory training for all clinical, care, and allied health staff.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said staff consult and consider their concerns, and include this information within assessments and development of a care and services plans. Staff explained using assessment and care planning to identify risks to consumer safety, health, and wellbeing. Assessment and planning processes, using validated assessment tools, identified key risks for consumers, and incorporated management strategies to guide care.

Consumers were satisfied staff understood their needs and preferences, taking the time to discuss what was important and listen to responses. Clinical staff described how they approached advance care planning and end of life conversations with consumers and representatives, respect those not wanting to discuss these issues, and revisit the conversation during care planning reviews. Care plans incorporated advanced care planning, with detailed end of life requests specified by consumers, and staff handover practices included identification of consumers without advance care directives.

Consumers and representatives explained their involvement in ongoing assessment and planning, and consultation was evident within care planning documentation. Staff described care planning involvement of consumers, representatives, and other multi-disciplinary team members, including medical and allied health staff and dementia specialists.

Consumers and representatives said they understood information in the care and services plan, and are confident to request a copy, although most indicated documents were offered to them. Staff explained how they communicate changes to the care and services plan to consumers, representatives, and other staff. Care planning documents were readily available to staff, including visiting providers, through the electronic care management system.

Consumers and representatives were confident the care and services plan was reviewed regularly and following incident or change in circumstance. Staff were aware of scheduled review processes, including a current process to review care plans for new consumers 8 weeks after entry, with subsequent 3-monthly reviews and 6-monthly case conferences. Care files demonstrated undertaking of regular reviews and following change to care needs, with monitoring of effectiveness of updated strategies.

# 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied care was personalised, and designed to optimise the health and well-being of consumers. Staff explained how care was delivered in line with consumers’ personal and clinical care needs and preferences. Documentation within consumer care files demonstrated provision of care that is safe, effective, and tailored to the specific needs and preferences of the consumer. Policies, procedures, and training guide staff in the delivery of best practice care.

Consumers and representatives said the service effectively manages risks associated with consumer care. Staff identified high impact and high prevalence risks of consumers and management strategies. Care documentation identified key risks for consumers along with monitoring and management processes.

Staff explained how they adjusted care for consumers entering end-of-life care, including monitoring and management of pain and comfort, preservation of dignity, and provision of emotional support to families. The service’s Palliative care policy informs staff on identification and management on end-of-life care.

Consumers and representatives said staff are timely to recognise and respond to change of health. Staff described responsive actions taken when deterioration is identified along with management and escalation pathways, including accessing after-hours medical review. Care planning documentation demonstrated identification and response to changes of consumer health in line with the service’s policies and management tools.

Consumers and representatives said documentation and communication processes ensured staff were familiar with consumer needs, preferences, and condition. Staff described how information is shared, including through handover processes, meetings, and through the electronic care management system. Information captured in consumer care files included progress notes, care and services plans, and handover information.

Consumers and representatives said they are referred to providers, such as medical and allied health staff, promptly when needed. Staff described referral processes for internal and external providers, with clinical management describing follow up processes to ensure timely response. Care plans demonstrated referral and input from a range of providers, including specialised services for dementia management and provision of palliative care.

Consumers and representatives identified infection control measures currently in place to prevent outbreak, and described effective management of recent infections. Staff could describe infection control practices to minimise risk of infection, and preventative and responsive actions to minimise the use of antibiotics. Infections and infection management practices are monitored by the service’s infection prevention and control leads, who also ensure staff have sufficient access to personal protective equipment.

# 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 Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said their goals and preferences for daily living, including maintaining their independence and quality of life, is understood by their case manager and supported by staff. Management described how as a new service they are still identifying and adapting services and supports to meet needs and preferences of a developing consumer cohort. Care planning documentation included information on consumer needs, goals and preferences in line with feedback and observations.

Consumers described how the service supports their emotional, spiritual, and psychological well-being. Staff described how they identify when consumers are feeling low and take supportive actions. The service’s pastoral care program, developed in consultation with consumers, includes activities and one-on-one time with consumers through visits from volunteers and religious representatives.

Consumers and representatives identified being encouraged to participate and do things of interest within the service and external community, and have personal and social relationships. Staff described engaging with consumers to understand their needs and facilitate connections with family, friends, and other consumers. The service’s Life engagement policy outlines processes to ensure consumers are encouraged and supported in a range of activities that are meaningful and of interest to them.

Consumers and representatives said information about consumers is effectively communicated to those involved in their care. Staff, including the pastoral care coordinator, described handover processes to keep them informed of changes to consumer condition, needs, and preferences. Care staff said they would also communicate with other staff during the shift and ensure information was entered into the electronic care management system.

Consumers said they received supports through referrals to appropriate providers and organisations, including volunteer programs. Management and pastoral care described current networking to develop relationships with local services for referral pathways. Consumers and staff described the engagement of many local volunteers for visits and supports.

Consumers were satisfied they were provided with sufficient quantity and selection of meals. Care staff are responsible for preparing and serving meals using a dietitian approved seasonal menu, but can adapt meals according to individual preference and dietary needs. Consumers and care staff described engaging consumers in the planning and development of the menu, and consumers who enjoyed cooking were supported to participate in meal preparation if they desired. Snack boxes and fresh fruit were readily available in between meals.

Consumers said the provided equipment is safe and suitable, and staff undertake regular cleaning and maintenance. Staff advised there was sufficient equipment available to promptly meet consumer needs, and were familiar with reporting processes for maintenance and repairs. Maintenance staff demonstrated preventative maintenance was undertaken in line with schedules, with most equipment still within warranty period and maintained by the supplier.

# 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 Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers described the service environment as welcoming, home-like, and easy to navigate. Consumer rooms were observed to be personalised, incorporating furniture, decorations, and memorabilia. Environmental features included clear signage, an elevator to move between floors, and clutter-free hallways, and a choice of suitable spaces to mingle and entertain visitors.

Consumers and representatives said the service is well cared for, and they can move freely through indoor and outdoor areas. Staff described laundry, cleaning, and maintenance schedules, including reporting processes for repairs and engagement of licensed tradespeople when required. Courtyard and balcony doors were unlocked to support access, and consumers had personal swipe cards to move between different floors.

Consumers reported furniture, fittings, and equipment to be safe, well maintained, and suitable for use. Staff described processes for cleaning equipment, ensuring wiping of shared equipment between consumers in line with infection control protocols. Maintenance staff described preventative and responsive practices, including for urgent after hours requests, although as the service is new most equipment is managed under warranty.

# 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 Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers, representatives, and staff said feedback is encouraged, including complaints, with staff describing actions they could take to escalate complaints on behalf of consumers. Management described how they actively seek feedback, including through consumer meetings, surveys, and informal verbal feedback. The consumer welcome pack includes information and encouragement on feedback and complaints.

Consumers and representatives were aware of advocacy and language services, and external methods for raising and resolving complaints, although they have not needed to use them. Staff were familiar with available services and how to access them. Posters displayed promoted external complaint services, such as the Commission, and information and contact details for advocacy services were included in the consumer welcome pack.

Consumers and representatives said they were satisfied with responses provided when concerns were raised. Staff could describe components of open disclosure and when this should be applied, with training for all staff included in mandatory training modules. The complaints register captured all feedback and actions taken, demonstrating use of open disclosure process within resolution of closed complaints.

Consumers provided examples of changes made following feedback they had given on food and activities. Management said they monitor complaints for recurrences and trends, and use feedback to make broader changes where it will benefit multiple consumers. Minutes from consumer and representative meetings demonstrated discussion of changes and ongoing consultation on improvements.

# 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 Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers reported whilst staff can be busy at times, there are enough to meet their needs. Staff advised unplanned leave is covered, and they can complete their duties in a timely manner without rushing. Management said because the service is new, they are still increasing occupancy levels, and ensure staffing is sufficient before opening new areas to ensure consumers can continue to receive quality care. Management processes ensured there were no unfilled shifts in the sampled rostering period.

Consumers and representatives were satisfied staff interactions were kind, caring, and gentle. The organisation’s mission statement emphasised the importance of taking a person-centred approach to consumer care. Management described development of a staff culture of patience and kindness for consumers, encouraging positive staff-consumer relationships.

Consumers and representatives were satisfied with staff competency, saying staff knew what to do. Management explained recruitment and monitoring processes to ensure staff are suitable, competent and capable, including through onboarding and coaching processes. Staff files demonstrated qualifications, knowledge, and experience suitable to their roles.

Consumers were satisfied staff were adequately trained and knowledgeable. Management advised education and training, including using online and face-to-face methods, were coordinated by the workplace coach, and staff can request additional training if they choose. Clinical and care staff said they received adequate training for their roles. Training records demonstrated compliance with orientation and mandatory training modules.

Staff and management described the performance assessment process, with review undertaken every 6 months and daily monitoring through feedback, observations, and meetings. Performance appraisals are recorded and monitored in an electronic system to ensure compliance.

# 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 Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said the service is new and they have been consulted and supported to provide input into all areas of service delivery, offering suggestions to management on improvements which were incorporated into developments. Management described engaging consumers, seeking feedback on the living environment, delivery of care and activities, meal service and staffing through meetings, surveys, discussions and feedback.

Consumers and representatives were satisfied the service is well run, with a safe and inclusive culture. Management described the role and structure of the governing body in delivery of care. The governance structure and framework outlines roles and responsibilities of Board members and senior management, and responsibilities to identify compliance with the Quality Standards, initiate improvement actions, and monitor and hold accountability for care and service delivery.

The organisation has established governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback. For example, management described governance systems and processes which manage service finances and resources through annual budgeting processes, financial management and reporting systems, with available flexibility when budgetary changes are requested to meet consumer needs. Reporting structures are dependent upon information management systems, and used to inform the governing body.

A risk management framework provides systems and practices for organisation and service-based risks. Management and staff described processes to identify and manage high impact and high prevalence risks, including use of incident management systems. Staff were familiar with identifying and acting upon signs of abuse and neglect to ensure consumer safety. Incident management systems, including reporting to the Serious incident response scheme, demonstrated incidents were identified and reported in line with policies, with monitoring undertaken by the Board.

A clinical governance framework provided policies, processes, and training structure for staff in relation to clinical care. Staff had a clear understanding of responsibilities and accountabilities within the framework, and could detail actions in relation to antimicrobial stewardship, minimising the use of restraint, and use of open disclosure. Oversight of medication prescribing, including antibiotics, was undertaken within the Medication advisory committee.

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)