Performance

Report

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| Name: | HammondCare Waratah |
| Commission ID: | 0369 |
| Address: | 15 Tinonee Road, WARATAH, New South Wales, 2298 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 15 April 2024 to 16 April 2024 |
| Performance report date: | 16 May 2024 |
| Service included in this assessment: | Provider: 749 HammondCare  Service: 385 HammondCare Waratah |

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 Waratah (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 7 May 2024.
* the Performance Report dated 2 August 2023 following the Site Audit conducted 30 May 2023 to 2 June 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all Requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 7** Human resources | **Not applicable as not all Requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 5(3)(b) – the provider must demonstrate the service has effective processes in place to identify and action risks to consumer’s ability to move freely around the service, and the safety, cleanliness, and maintenance of the service environment. The service has effectively implemented and is following the organisation’s systems regarding environmental restrictive practices.

# Standard 1

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| Consumer dignity and choice | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the six specific requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 1(3)(c) following a Site Audit conducted 30 May 2023 to 2 June 2023.

At the Assessment Contact conducted 15 April 2024 to 16 April 2024, the service demonstrated that, overall, consumers are supported to exercise choice and independence. Most consumers and representatives interviewed by the Assessment Team confirmed consumers are consulted and can make decisions whenothers should be involved in their care. Consumers provided examples of staff supporting them to receive personal care at a time that suits them, and supporting them to maintain relationships with other consumers who reside in different cottages within the service. While two consumers interviewed did not feel their choices regarding their care were respected, the service provided additional information to the Assessment Team during the Assessment Contact and advised they will liaise with the consumers to meet their choices where able. Staff demonstrated how they offer choice to consumers in relation to personal care, meals, and activities.

Overall, the service demonstrated consumers are supported to exercise and communicate choice and independence, including regarding their care delivery, who is involved in their care, and in maintaining relationships of choice. I find Requirement 1(3)(c) is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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. | Not Compliant |

Findings

The Quality Standard is not compliant as one of the three specific Requirements has been assessed as not compliant.

The service was previously found non-compliant in Requirement 5(3)(b) following a Site Audit conducted 30 May 2023 to 2 June 2023, due to a significant number of consumers not being able to move freely indoors and outdoors.

At the Assessment Contact conducted 15 April 2024 to 16 April 2024, the Assessment Team found the service had replaced several keypad locks across the service with alternative electronic systems to assist consumers and representatives to move more freely around the service. Most consumers could move freely indoors and outdoors, and some had access to the wider community. However, the Assessment Team found the organisation’s approach to environmental restrictive practices that was implemented at the service, was still not best practice or in line with regulatory requirements to ensure restrictive practices are a last resort and in the least restrictive form possible to enable consumers to move freely indoors and outdoors.

The provider’s response to the Assessment Contact report includes comprehensive information about the organisation’s approach and action taken prior to the Assessment Contact to improve environmental restrictive practices across the organisation and ensure compliance with regulatory requirements. Further information about the organisation’s improvements to environmental restrictive practices is detailed in Requirement 8(3)(c). However, at the time of the Assessment Contact the revised organisational framework had not been implemented at the service to ensure restrictive practices are a last resort, in the least restrictive form possible, and enable consumers to move freely indoors and outdoors.

The Assessment Team found that the service environment in some cottages did not present as safe, clean, well maintained, comfortable and free of malodour. Some cottages were observed by the Assessment Team to have strong malodours in consumer rooms and common areas. Representatives of consumers living in these cottages confirmed, when interviewed by the Assessment Team, that they had noticed this odour. The Assessment Team observed that communal areas, including furniture and outdoor areas were not clean or well maintained. The door to one consumer’s room was observed to not be maintained and posed a potential safety risk. The service had identified some of the issues with malodour and the outdoor areas prior to the Assessment Contact and had commenced some action to rectify these. However, action had not yet been fully implemented or effective at the time of the Assessment Contact.

The provider’s response to the Assessment Contact report provides further information regarding action taken prior to and following the Assessment Contact to improve the cleanliness and maintenance of the service environment. This includes additional carpet cleaning to remove malodour, replacement of worn furniture, maintenance of furniture and the environment, and engagement of a new outdoor maintenance contractor. The service has implemented additional site audits to monitor the service environment, and increased the frequency of environmental inspections.

While I acknowledge the provider has commenced action to rectify the issues with the service environment, the service requires time to ensure their increased monitoring and audit program is effective in consistently identifying and rectifying risks to consumer’s ability to move freely around the service, and the safety, cleanliness, and maintenance of the service environment. I find Requirement 5(3)(b) is not compliant.

# 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found compliant.

At the Assessment Contact conducted 15 April 2024 to 16 April 2024, the service demonstrated effective processes to ensure the workforce is planned and deployed to meet the needs of consumers and provide safe and quality care. Most consumers and representatives interviewed by the Assessment Team provided positive feedback about the sufficiency of staff to deliver quality care and services. While some consumers identified that at times they have to wait for staff assistance, most did not identify a negative impact as a result of this. Documentation reviewed by the Assessment Team indicated most shifts were filled in the weeks prior to the Assessment Contact, with minimal reliance on overtime or agency staff. The service has registered nurse coverage at all times.

I find the service demonstrated effective processes to ensure the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. I find Requirement 7(3)(a) is compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found compliant.

The service was previously found non-compliant in Requirement 8(3)(c) following a Site Audit conducted 30 May 2023 to 2 June 2023, due to the organisational governance systems implemented at the service not complying with regulatory requirements regarding environmental restrictive practices.

At the Assessment Contact conducted 15 April 2024 to 16 April 2024, the Assessment Team found the service had reassessed consumers to identify whether they were subject to environmental restrictive practices, and had reduced environmental restrictive practices for some of these consumers. However, the Assessment Team found the organisation’s approach to environmental restrictive practices that was implemented at the service, was still not best practice or in line with regulatory requirements. The organisation’s processes and approach implemented at the service did not demonstrate individualised assessment for the need for environmental restrictive practice, individualised and effective informed consent practices, or trial of other strategies prior to use of restrictive practices to ensure they are a last resort and in the least restrictive form possible.

The service generally demonstrated the organisation wide governance systems relating to information management, continuous improvement, financials, workforce, and feedback and complaints were effectively implemented at the service. The organisation has systems to document and communicate care records, quality assurance, incident and risk management, and feedback and complaints, with reporting capabilities for service management and executive staff to monitor and evaluate. The organisation has systems to identify, action, and monitor continuous improvement at the service, and oversee budgets and expenditures, including to fund additional expenses to meet consumer needs. The organisation has clear roles and responsibilities for staff, and has an organisational human resources team with oversight responsibilities in areas of workforce regulations, training, and recruitment.

The provider’s response to the Assessment Contact report includes comprehensive information about the organisation’s approach and action taken prior to the Assessment Contact to improve environmental restrictive practices across the organisation and ensure compliance with regulatory requirements. This included the organisation engaging with the Commission at the beginning of 2024 to assist in revising their environmental restrictive practice approach and related processes. The organisation has had significant changes in their processes with resulting revisions to policies, procedures and behaviour support plans, staff training, and informed consent processes. The provider had not fully implemented this new restrictive practice governance system at the service at the time of the Assessment Contact. However, the provider’s response demonstrates since the Assessment Contact, the organisation has commenced the implementation of this improved system at the service to ensure environmental restrictive practices are in line with regulatory requirements.

While the organisation’s governance systems relating to environmental restrictive practices implemented at the service were not in line with regulatory requirements and enabling free movement for consumers, I have considered this in my assessment of Requirement 5(3)(b). The provider’s response to the Assessment Contact report satisfies me the organisation had revised their approach and processes to environmental restrictive practices prior to the Assessment Contact to ensure these are in line with regulatory requirements. The provider had commenced a staged approach to implementing this new framework into their services, with progress made at the service following the Assessment Contact. Overall, considering other organisation wide governance systems at the service were effective, I find Requirement 8(3)(c) is compliant.

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