**Performance**

**Report**

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| Name: | HammondCare At Home - Blue Mountains |
| Commission ID: | 201377 |
| Address: | Shop 9, 38 Station Street, WENTWORTH FALLS, New South Wales, 2782 |
| Activity type: | Quality Audit |
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| Performance report date: | 22 January 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 749 HammondCare  
Service: 27086 HammondCare At Home - Blue Mountains  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7298 HammondCare  
Service: 26069 HammondCare - Care Relationships and Carer Support  
Service: 26070 HammondCare - Community and Home Support

**This performance report**

This performance report for HammondCare At Home - Blue Mountains (**the service**) has been prepared by P. Sherin, 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 Quality 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 dated 8 January 2024 providing additional information.

# Assessment summary for Home Care Packages (HCP)

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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 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives advised staff interactions with consumers are respectful. Staff demonstrated a clear understanding of how they deliver respectful care to consumers. The service provides staff training on dignity and respect. Recent consumer surveys identified high positive satisfaction ratings in response to questions regarding consumers being treated with dignity and respect. Where one consumer expressed concerns with not feeling respected and valued, the Provider in its response advised of immediate improvement actions to address the consumer’s complaint.

Most consumers and representatives shared how regular care staff understood consumers’ needs and preferences. Staff demonstrated knowledge of consumers’ cultural background and what is important to them. Management advised all staff are required to complete cultural safety training and the service actively attempts to employ staff from different cultural backgrounds where required, to meet consumers’ needs.

Most consumers and representatives said they are supported to exercise choice and independence, and described how their interactions with the service’s care staff ensure care and services are tailored to their needs. Staff described how consumers are supported to freely exercise choice and independence, to access their community, and to maintain relationships.

Staff demonstrated knowledge of how consumers are supported to take risks they choose. The service has a dignity of risk policy to guide staff practice in supporting consumers to take risks and live their best life. Management described the service’s risk management processes, including documenting discussions with the consumer and/or representative, applying a risk rating, and monitoring via fortnightly meetings.

Consumers and representatives felt consumers’ privacy is respected and were confident their personal information is kept confidential. Staff demonstrated understanding of the importance of protecting consumer information and respecting privacy and described practical ways implemented to ensure this. Where consumer information is shared with other services, consent is obtained from the consumer and/or representative. Management advised the structure of care staff meetings has been changed to increase consumer privacy and confidentiality. The service has privacy and confidentiality policies and procedures to guide staff practice.

In relation to Requirement 1(3)(e), the Quality audit report brought forward information identifying 2 consumers and one representative expressed concerns regarding lack of communication and sharing of information in a timely manner to enable informed choice and decision-making. The Provider’s response included additional clarification and supporting information to demonstrate ongoing communication and resolution of these concerns. Consumers are provided a range of information via the service’s information pack, various methods are used to communicate regularly with consumers, and information is made accessible to consumers in a manner that is clear and easy to understand. Having considered the Quality audit report and the Provider’s response, I am satisfied this Requirement and therefore all Requirements under this Standard are compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives confirmed assessment and planning is conducted with their involvement and includes the consideration of risks to consumers. Staff and management described the assessment and planning process undertaken with consumers and/or representatives, including completion of risk assessments. Clinical assessments are completed by registered professionals. The service has documented assessment and care planning information to guide staff practice.

Consumers and representatives confirmed the service discusses the consumer’s care and service needs, goals, and preferences, including advanced care or end-of-life planning. Clinical and care management described conversations with consumers and/or their representatives about what is important to the consumer to inform assessment and planning of services. Care planning documentation identified information about the consumers’ needs, goals, and preferences and advanced care planning to guide staff practice.

Consumers and representatives confirmed assessment and planning is based on partnership with the consumer and others the consumer wishes to involve. Management and staff described how consumers, representatives, other organisations, and health professionals are involved; review of care planning documentation evidenced this occurs. Management described a new assessment tool developed to guide partnerships and care management arrangements.

Consumers and representatives were aware of information under the consumer’s care plan and confirmed a copy of the care plan has been provided to them. Review of documentation identified care plans are current, and updates are made following each contact with the consumer including information on any changes. Staff advised they have access to care plans and information about the consumer via a digital application, and information on tasks and changes is communicated to them regularly.

Consumers and representatives said their care and services are reviewed regularly and when circumstances change, or incidents occur. Care plan reviews occur every 12 months or earlier if there is a change in the consumer’s needs or condition. Review of care planning documentation identified regular reassessments and reviews. Staff advised they are trained during their onboarding and team meetings to look for signs of change and deterioration in consumers, and to report it directly to the service. Identified changes in care needs are managed through regular care and risk meetings.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers and representatives expressed their satisfaction with the provision of safe and effective personal and clinical care by staff. Staff demonstrated knowledge of individual consumers’ specific care needs. Nursing staff inform care staff of measures to support the delivery of safe and effective care to each consumer. Care planning documentation identified information to guide staff practice regarding care delivery. Management maintains oversight of services provided by subcontractors by obtaining monthly feedback from consumers and reviewing information provided by the subcontractors. Education and resources are available for staff to ensure care provided is best practice.

Staff described, and care planning identified, risks to individual consumers are documented together with strategies to manage and mitigate these risks. Staff have access to resources and systems to identify, escalate, respond to, and document risks to consumers. Management advised high impact and high prevalence risks are identified during the initial and ongoing care planning process. Incidents are trended, analysed, and discussed at monthly risk meetings to ensure appropriate oversight and management of high impact and high prevalence risks to consumers.

Management advised the service works in partnership with general practitioners and palliative care teams for input and advice on palliative consumers. The service offers additional support by way of pastoral care to representatives. Consumers and/or representatives are provided the opportunity to review decisions regarding end-of-life care at regular intervals and if there is an unexpected change in the consumer’s condition. The service has a palliative care policy and staff receive training on palliative care.

Consumers and representatives expressed confidence in staff identifying and responding to changes in the consumer’s condition. Staff provided examples, and care documentation identified, timely reporting and response to deterioration and changes in the consumers’ health and condition.

Consumers and representatives advised they felt information about the consumer’s needs and condition is effectively communicated and consumers did not need to repeat instructions to staff. Staff use a digital application to document notes regarding care and service delivery which are further captured in the service’s electronic care management system. A folder is kept within the consumer’s home containing their support plan and relevant information for staff and subcontractors to access. Care documentation identified progress notes, correspondence with consumers/representatives, referrals, and associated reports to ensure information is readily available for staff.

Consumers and representatives confirmed the service organises referrals to appropriate health professionals and providers to meet consumers’ changing needs. The service has piloted and plans to scale up a rapid response forum which involves an occupational therapist, physiotherapist, and dietician for review of consumers within 2 days, where required. Care documentation identified timely and appropriate referrals.

Consumers and representatives expressed satisfaction with precaution measures used by staff to maintain infection prevention and control during care and service delivery. Staff demonstrated knowledge of infection prevention and control measures and confirmed they receive infection control training and are provided with personal protective equipment. Internal audits are conducted to monitor infection control practices and test staff knowledge.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives said consumers receive services and supports that allow them to do the things they want to do, maintain their independence, and optimise their health and wellbeing. Staff demonstrated knowledge of what is important to individual consumers and described how they support consumers to maintain their independence and quality of life. Care plans include individualised information to guide staff practice in service and support delivery.

Consumers and representatives said staff check how they are on each visit and commented on how relationships with regular care staff contribute to consumers’ emotional wellbeing. Consumers also provided positive feedback on how being socially connected helps them emotionally. The service has access to a pastoral care coordinator. Staff gave examples of how they meet the emotional, spiritual, and psychological needs of individual consumers. Care plans include information to guide staff regarding individual consumers’ needs and strategies to support their wellbeing.

Consumers and representatives described how the service enables consumers to participate in the community, maintain relationships, and do things that interest them. Staff had knowledge of relationships important to consumers, their interests, and social activities they enjoy. Care plans identified consumers are supported to maintain participation in the community, including through access to transport and information on community social groups.

Consumers and representatives said care staff have knowledge of their care and services and liaise with others, including their families, when required. Staff said they are satisfied with the information they receive and are provided with updated information verbally and via care plan alerts.

Staff described the referral process to other organisations and providers for consumers. Management provided examples of assisting to organise appointments and referring consumers to various services to support their lifestyle needs.

Consumers and representatives were satisfied with the equipment provided to consumers and did not express any concerns regarding the quality and safety of equipment. Staff said they inspect equipment regularly and notify the service when equipment needs servicing or repair. Managements advised how equipment is sourced from reputable providers and service agreements between the service and external providers ensure equipment is well-maintained and safe for consumer use.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives are aware of methods to submit feedback and raise complaints. Management and staff described various methods for consumers and representatives to submit feedback and complaints including via monthly check-ins and regular surveys. The service evidenced documentation such as the service’s feedback and complaints policy, feedback forms, and the service’s website which includes information on how to submit feedback and complaints.

Most consumers and representatives understood ways in which they could access supports such as advocacy or language services as well as alternative methods to resolve complaints. Staff demonstrated knowledge of processes to connect consumers with advocacy and language services. Management provided examples of how consumers have been supported to access translation services. The service’s information pack provided to consumers and representatives includes information on external complaints mechanisms and translation services.

Most consumers and representatives commented positively regarding the service taking appropriate action in response to feedback and complaints and confirmed open disclosure is used when things go wrong. Staff described how they respond to complaints and demonstrated knowledge of open disclosure principles. Policies, procedures, and training on feedback and complaints management and open disclosure are available to guide staff practice. The organisation’s complaints register documents progress and outcomes of complaints.

Management said all complaints and feedback received via various mechanisms are recorded and any trends identified are used to improve the quality of care and services. Feedback and complaints are discussed at management meetings and outcomes noted under the service’s continuous improvement register. Management provided examples of how feedback and complaints have led to service improvements.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives did not express concerns regarding staff availability. Staff said they had adequate time to deliver care and services as per consumers’ needs and preferences. Management described the workforce planning procedures in place including regular meetings to ensure the number and mix of staff enables safe and effective care and service delivery.

Consumers and representatives provided positive feedback regarding staff and said they are kind and caring. Staff attend annual training on diversity and cultural safety. Regular staff meetings are conducted where any cultural safety issues can be identified.

The service has recruitment and induction policies and procedures in place. Clinical care is delivered by qualified health practitioners, which includes registered nursing staff and allied health professionals. The service’s brokerage agreements state all contractors, and their employees must be suitably experienced, skilled, and hold appropriate qualifications. Professional registration certificates and professional indemnity insurance information is checked, where relevant. Registered nursing staff are supported to engage with a wider clinical education community of practice within the organisation.

Consumers and representatives were satisfied with the skills and knowledge of staff and said they are well trained. Staff receive mandatory and ongoing training on various topics. The organisation has a learning and development specialist to provide support and oversight of staff training. Staff confirmed their learning and development needs are supported. Management described the processes for identifying staff training needs and incorporating this into the service’s training schedule.

Staff and management advised they undergo regular performance reviews on a six-monthly or annual basis depending on the role, as well as regular discussions on performance. Monthly and bi-monthly review meetings are conducted by management which include discussion on performance reviews and where additional support is required for specific staff.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives are supported to provide suggestions and feedback via various methods. Management described how expressions of interest have been sought for establishing a consumer advisory panel, and the service proactively seeks feedback from consumers and representatives through annual feedback questionnaires and regular surveys.

Review of documentation such as monthly Board reporting, financial reports, and Board meeting minutes identified the organisation’s Board is accountable for care and service delivery and actively involved in promoting a culture of safe, inclusive, and quality care.

Effective organisation-wide governance systems are in place in relation to information management, continuous improvement, financial governance, regulatory compliance, workforce governance and feedback and complaints.

The organisation has policies and procedures in relation to risk management and abuse and neglect to guide staff practice. Staff receive training on assessing risk and identifying elder abuse. A comprehensive high-risk register is maintained for monitoring and oversight of consumers considered at high risk in various areas. Incident management systems and procedures are in place.

The organisation has a clinical governance framework supported by policies and procedures including but not limited to infection control, restrictive practices, and open disclosure. Staff receive training on these policies and are able to describe their application as relevant to their role.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)