Performance

Report

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| Name: | Harbison Moss Vale |
| Commission ID: | 0465 |
| Address: | 36 Yarrawa Road, MOSS VALE, New South Wales, 2577 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 11 April 2024 |
| Performance report date: | 16 May 2024 |
| Service included in this assessment: | Provider: 1653 Harbison Memorial Retirement Village  Service: 481 Harbison Moss Vale |

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 Harbison Moss Vale (**the service**) has been prepared by Therese Solomon, 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not Applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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

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 |

Findings

The service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The organisation has documented processes which outline a consumers’ right to be treated with dignity and respect and policies to guide staff conduct. Care plans reflect the diversity of consumers, including information about their background, cultural and religious beliefs, and preferences. Staff were observed engaging with consumers in a friendly, dignified, and respectful manner. Consumers and/or representatives confirmed they felt consumers are respected and valued as individuals by the service.

The lifestyle team explained activities and events are centred around days of cultural significance to the consumers and stated ANZAC Day was of particular importance to the consumers at the service as some consumers are veterans, and it is important for them to commemorate ANZAC Day. The Assessment Team noted a section in the service’s newsletter entitled getting to know your veterans which featured a photograph and interview of two veterans living at the service.

The workplace trainer reported staff are educated on the organisation’s code of conduct during orientation. This describes the organisation’s policy and procedure relating to the treatment of consumers and the maintenance of consumer’s privacy and dignity. They advised additional training is conducted throughout the year on topics including, but not limited to, individual choice and decision making, code of conduct for aged care and promoting equality, diversity, and inclusion. A review of the service’s education calendar for 2024 showed planned education sessions.

Based on the information provided by the Assessment Team, Requirement 1(3)(a) is found Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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

The service demonstrated effective management of high-impact, high-prevalence risks associated with the care of consumers. Consumers and/or representative provided positive feedback in relation to the management of risks to their care needs. Identification of risks to consumers’ health and well-being are recorded in the consumers’ care plans and effectively managed by staff. Incidents and accidents are monitored and captured as clinical indicators to assist in identifying high-impact and high-prevalence risks.

Management and clinical staff described the high-impact and high-prevalence risks for consumers at the service. Clinical and care staff described the most significant clinical and personal care risks for consumers, and this was in line with the care plan. Care staff described how handover occurs at the beginning of each shift and consumers' current care needs, including risks and incidents, are discussed.

Assessment and care planning documents showed high-impact and high-prevalence risks associated with the care of consumers are managed appropriately and managed to minimise the impact on consumers’ health and wellbeing. The service records high-impact and high- prevalence clinical and personal risks for consumers through their clinical risk register and incident reports. Data is analysed and discussed at the daily, weekly, and monthly clinical staff meetings.

Consumers with pressure injuries and consumers identified as a high risk for pressure injuries, care and service documents showed strategies and interventions in place to reduce and or prevent further risks. These include scheduled pressure area care and continence care, the use of pressure relieving devices such as air mattresses, booties and pressure relieving cushions. The review of care charts and progress notes showed staff provide the appropriate care and ensure equipment is in place in accordance with the consumers’ care plans. Consumers who have unresolving wounds have been reviewed by a wound clinical nurse consultant or a wound specialist. Management advised they receive assistance from the local health district’s team for further wound assessment, management and additional staff education relating to wound management.

Consumers who have experienced unplanned weight loss, have increased nutritional requirements, or identified as being at risk for malnutrition were reviewed by the dietitian and the speech pathologist. Where appropriate consumers have been prescribed nutritional supplements, or modified diets which are all recorded in their care plans. The food and fluid charts are updated by staff accordingly.

Based on the information provided by the Assessment Team, Requirement 3(3)(b) is found Compliant.

The service has procedures in place to guide management and staff in relation to infection prevention and control and antimicrobial stewardship. There is an outbreak management plan, and the service has one Infection Prevention Control Lead and five clinical staff currently in Infection Prevention Control Lead training. Staff have been trained in relation to infection prevention which is included in orientation and mandatory training.

Consumers and/or representatives provided positive feedback about precautions implemented at the service to ensure consumers are kept safe, and expressed satisfaction with the way the service was managed during the last infectious outbreak. The Assessment Team observed care staff practising hand hygiene and adhering to infection prevention precautions.

Staff described interventions for infection prevention and control including hand washing and the use of personal protective equipment. Clinical and care staff were able to explain the meaning of antimicrobial stewardship. There were handwashing stations throughout the service, and each station had handwashing instructions displayed. There was ample sanitiser placed in appropriate areas of the service and furnishings and floors were clean and well presented.

Based on the information provided by the Assessment Team, Requirement 3(3)(g) is found Compliant.

# 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 |

Findings

Consumers and/or representatives confirmed they are encouraged and supported to provide feedback and make complaints. They described the different ways they can provide feedback and said they feel comfortable raising matters with staff and management directly. Management and staff described the ways they encourage and support consumers, and other stakeholders, to provide feedback and make complaints.

Consumers and/or representatives are aware of the service’s formal mechanisms for providing feedback and making complaints such as using feedback forms and attending consumer meetings. Consumer and representative meetings provide an opportunity for consumers and representatives to offer feedback and make complaints or suggestions. A review of the meeting minutes confirm that feedback and complaints is a standing agenda item, and consumers and representatives are actively engaged in this process.

Brochures, notices and forms for feedback, and advocacy services, are on display and available throughout the service. A quick response (QR) code for compliments, complaints or suggestions has been introduced at the service, in consumer rooms and as an ongoing inclusion to the service’s quarterly newsletter, alongside information on the Older Person’s Advocacy Network and other advocacy services.

Staff described the processes available to consumers and representatives if they wished to lodge a complaint or provide feedback. These include assisting the consumer and/or representative to complete a feedback and complaints form, speaking with staff or management directly or using the quick response (QR) codes provided in the consumers’ room and throughout the service to log a compliment, complaint, or suggestion.

Based on the information provided by the Assessment Team, Requirement 6(3)(a) is found Compliant.

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