Performance

Report

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| Name: | Harbourside Haven Gardens |
| Commission ID: | 2738 |
| Address: | 89a Shoal Bay Rd, SHOAL BAY, New South Wales, 2315 |
| Activity type: | Site Audit |
| Activity date: | 16 July 2024 to 19 July 2024 |
| Performance report date: | 23 August 2024 |
| Service included in this assessment: | Provider: 499 Port Stephens Veterans and Citizens Aged Care Ltd  Service: 1094 Harbourside Haven Gardens |

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 Harbourside Haven Gardens (**the service**) has been prepared by P. Wallner, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information and intelligence held by the Commission in relation to this service.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers stated they were always treated with dignity and respect, and all staff knew them and what was important to them. Staff described how they treated consumers with dignity and respect and supported them to live their lives as they wished. Care planning documents included information about consumers’ identity, culture and diversity. Staff were observed interacting respectfully with consumers.

Consumers said the service recognised and respected their backgrounds culture, personal identity, and provided culturally safe care. Staff described how they adapted care delivery to meet consumers’ cultural needs and preferences. Documented policies and procedures guided staff in providing culturally safe care and services.

Consumers said they were supported to maintain their independence, make informed choices about their care, choose who else was involved in their decisions, and to maintain personal relationships. Staff described how each consumer was supported to make informed choices about their care and services, and to maintain relationships of choice. Care planning documents confirmed the service supported consumer’s independent choices around their care delivery, who was involved in their care, and the important relationships they wished to maintain.

Consumers said they were supported to take risks to do the things they enjoyed, and to live the way they chose. Management described how consumers were supported to take risks, and to understand the benefits and possible harm when they made decisions about taking risks. Care planning documents showed risk assessments undertaken with consumers and representatives and identified risk mitigation strategies. The service had a dignity and choice policy to guide staff in supporting consumers’ rights to take risks.

Consumers stated they were satisfied with the information provided by the service about their choices, such as activities, upcoming events, and meals. Staff explained how they provided timely and up to date information to consumers through meetings, activity calendars, menus and by speaking to them. Care planning documents reflected consumer’s individual communication needs and preferences. A variety of information was observed to be displayed

Consumers and representatives said the service respected their privacy, and kept their personal information was kept confidential. Staff described how they maintained consumers’ privacy during care delivery and kept their personal information confidential. Staff were observed knocking on consumers’ doors and waiting for consent to enter rooms. The service had policies and procedures to guide staff practice in relation to 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 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the assessment and care planning, which considered risks to consumers’ health and well-being, and informed the delivery of safe and effective care and services. Staff described the assessment and care planning process, and how it considered risks and informed the delivery of safe and effective care and services. Care planning documents confirmed individualised assessment and care planning, which included the identification and assessment of risks. The service had policies and procedures in place to guide staff on the assessment and planning of care,

Consumers and representatives described how assessment and care planning identified consumers’ current needs, goals, and preferences, and their advance care and end of life plans. Management and staff explained how assessment and care planning reflected consumers’ current needs, goals and preferences, including their preferences for end-of-life care. Care planning documents recorded consumers’ current needs, goals and preferences, and their advance care preferences.

Consumers and representatives said they were involved in the assessment and care planning process, along with other health professionals. Staff explained how they partnered with consumers, representatives and other providers of care to ensure their needs and preferences were captured. Care planning documentation showed the involvement of consumers, representatives, and a range of external health service providers. The service had policies and procedures to guide staff in assessment and care planning in consultation with consumers, representatives, and other health professionals.

Consumers and representatives described how outcomes of assessment and planning were discussed with them, and they were offered a copy of the consumer’s care plan. Management and staff described how they regularly communicated with consumers and representatives, and offered them a copy of the consumer’s care plan. Care planning documents confirmed regular consultation with consumers and representatives, and a copy of the care plan was offered.

Consumers and representatives confirmed consumers’ care and services were regularly reviewed, and reviewed when circumstances changed, or incidents impacted on their needs, goals or preferences. Management and staff explained how care plans were reviewed regularly, and if there was a change in circumstances or an incident occurred, such as a fall. Consumers’ care plans showed they had been reviewed at least 6 monthly, and if there was a change in circumstances.

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

Consumers and representatives said the personal and clinical care provided was high quality, and it met consumers’ needs and preferences, and optimised their well-being. Management and staff described how they delivered safe and effective personal and clinical care, in line with best practice. Care planning documentation confirmed the personal and clinical care was safe, effective, and tailored to the specific needs and preferences of each consumer. The service had policies, procedures and guidance for staff to deliver best practice personal and clinical care.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks to consumers health. Management and staff described the high prevalence and high impact risks to consumers at the service and the management strategies in place. Care planning documentation showed high impact and high prevalence risks to consumers had been identified and were effectively managed.

Consumers and representatives described discussing end-of-life planning and advance care planning with staff, and expressed satisfaction with the palliative and end-of-life care provided. Management and staff were aware of consumers’ needs, goals and preferences, and described how they maximised the comfort and preserved the dignity of consumers nearing the end of life. Care planning documentation contained consumers’ advance care plans and end of life preferences.

Consumers and representatives expressed satisfaction with the care provided and said the service was responsive to a deterioration or change in consumers’ condition. Staff described how they recognised and responded promptly to a deterioration or change in consumers’ condition. Consumers’ care planning documents reflected the timely identification of, and response to, a deterioration or change in their condition. The service had policies and procedures to guide staff in the management of clinical deterioration.

Consumers and representatives said staff knew consumers’ condition, needs and preferences, and communicated effectively if there was a change to their needs, preferences or condition. Staff described how current information about each consumer’s condition and needs was shared effectively within the service. Care planning documentation confirmed they were regularly updated and used by staff to access to current information. Staff were observed sharing current information about consumers with each other.

Consumers and representatives said they had access to a range of other organisations and health services, and referrals were timely and appropriate. Management and staff described effective procedures for referring consumers to other health professionals and explained how this informed the care and services provided. Consumers’ care plans confirmed timely referrals to other health service providers, when necessary.

Consumers and representatives expressed satisfaction with the infection prevention and control practices at the service. Management and staff demonstrated a thorough understanding of infection prevention and control measures and antimicrobial stewardship, and confirmed they minimised the use of antibiotics. The service had two infection prevention and control leads on-site, and documented policies and procedures to guide staff in relation to infection prevention and control and antimicrobial stewardship.

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

Consumers said they received safe and effective services and supports for daily living that met their needs, goals and preferences, and optimised their well-being and independence. Staff explained how the lifestyle assessment identified consumers’ lifestyle needs, goals and preferences and the services and supports they needed. Consumers were observed being supported to engage in a range of activities around the service.

Consumers described how the service promoted their emotional, spiritual and psychological well-being. Staff described how they supported consumers’ emotional, social and psychological needs. Care planning documents detailed consumers’ emotional, spiritual and psychological needs and preferences, and how staff could support them.

Consumers said they were supported to participate in their community, within and outside the service, maintain personal relationships, and do things of interest to them. Staff described how they supported consumers to maintain relationships, engage in activities of interest, and participate in their community. Care planning documents contained information about consumers’ interests and important relationships.

Consumers said staff knew them as individuals, and effectively shared information about their condition, needs and preferences with other staff, and those involved in providing daily services and supports. Staff described how changes in consumers’ care and services were communicated through handover processes and via the electronic care management system. Care planning documents provided current information including social, cultural and lifestyle preferences.

Consumers said they were supported by other individuals and organisations providing services and supports. Staff described how they identified consumers who would benefit from referrals to other individuals and organisations providing services and supports for daily living. The activities calendar and care records showed the service collaborated with external services and supports.

Consumers expressed satisfaction with the variety, quality, and quantity of the meals provided. Kitchen staff described how they were kept informed of consumers’ dietary needs and preferences, which aligned with their documented care plans. Effective feedback mechanisms enabled consumers to provide feedback on the menu or request alternative meal options. The kitchen was observed to be clean and tidy, food was stored appropriately, and the dining experience appeared pleasant and respectful.

Consumers said the equipment was safe, suitable, clean and well maintained. Staff described the processes in place for ensuring the equipment was kept clean and well maintained. Equipment was observed to be safe, suitable, clean, and well-maintained.

# 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to navigate, and they could personalise their space which helped them feel at home. Management and staff described features of the service which made consumers feel welcome and optimised their sense of independence, interaction and function. The service environment appeared welcoming, and home-like, with clear signage to aid navigation throughout.

Consumers said the service environment was safe, clean, and well-maintained and allowed them to move around freely, as they chose. Maintenance and cleaning staff explained effective systems in place for the cleaning and maintenance of the service. Consumers were observed moving around freely, both indoors and outdoors, and exiting the service.

Consumers confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining the equipment, furniture, and fittings in the service. The furniture, fittings and equipment appeared clean, well maintained, and suitable for consumer’s needs.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives felt supported and encouraged to provide feedback and make complaints, and described various ways they could do this. Management and staff described how they encouraged and supported consumers and representatives to provide feedback and make complaints. Feedback forms, related information and secure lodgement boxes were available around the service.

Consumers were aware of external methods for making complaints and for accessing advocacy and language services however, they said they felt comfortable raising concerns with staff and management. Staff explained how consumers and representatives were informed about external advocacy, language and complaints services, and knew how to access the relevant information. Information about advocacy, interpreter, and complaint services was observed around the service.

Consumers said the service responded to their complaints appropriately and practiced open disclosure. Management and staff explained how all complaints were documented and effectively managed using open disclosure. Complaint records confirmed the service resolved complaints in a timely manner using open disclosure. The service had policies, procedures and training to guide staff in complaints management and the use of open disclosure.

Consumers and representatives stated their complaints were used to improve the quality of the care and services. Management described how complaints were reviewed and used to identify improvement actions. The service’s Continuous Improvement Plan and other documents confirmed feedback and complaints from consumers and representatives was used to improve the quality of 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 Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives stated, while staff are busy there were always enough staff rostered to meet their care needs, and staff come quickly when needed. The service demonstrated how the workforce was planned to ensure an appropriate number and mix of staff to meet the needs of consumers. Staff said there were sufficient staff and instances of unplanned leave were covered by employed or agency staff. Management explained rosters and staffing numbers were based on occupancy levels, regulatory requirements, and the care needs of consumers. Documentation showed the service had adequate staff, all vacant shifts were backfilled, and call bell response times were monitored regularly.

Consumers and representatives said staff were kind, caring, respectful. Staff described how they were always respectful towards consumers and treated them with kindness. Staff were observed to always interact with consumers in a kind, caring, and respectful manner.

Consumers and representatives said staff were competent and capable in their roles. Staff confirmed they had the necessary training, qualifications and checks for their roles. Management described the recruitment processes in place and how they ensured staff had the competencies, qualifications and met the registration and requirements for each role. Records demonstrated the service checked and monitored qualifications, professional registrations, and security checks.

Consumers and representatives said staff were adequately trained for their roles. Management and staff explained how staff were trained, equipped and supported to deliver care and services that met consumers’ needs and preferences. Training records demonstrated staff were up to date with their mandatory training and competencies.

Management explained how staff performance was monitored, assessed and reviewed through annual formal performance appraisals and continuous informal monitoring. Staff described the annual performance appraisal process and recalled their last performance appraisal. Records showed performance appraisals were up to date. The service had policies to guide the management of staff performance.

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

Consumers reported being engaged in the design, delivery, and evaluation of care and services. Management described various ways for consumers and representatives to be regularly involved in the development, delivery and evaluation of care and services. Consumers were represented on the service’s Consumer Advisory Body (CAB) and the Quality Care Advisory Body (QCAB). Feedback from consumers and representatives were reflected in documented improvement actions.

Consumers and representatives felt consumers received safe and quality care and services. Management described how information was shared with the Board who promoted a culture of safe, inclusive and quality, care and services, and was accountable for their delivery. Management described the organisational and reporting structure and documents confirmed the Board ensured the Quality Standards were met.

The organisation demonstrated appropriate governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff described how the governance systems were implemented and were effective in supporting quality care and services.

The service had effective risk management systems and practices to manage high-impact and high-prevalence risks to consumers, identify and respond to abuse and neglect, support consumers to live their best lives, and manage and prevent incidents. Management and clinical staff demonstrated an applied understanding of the risks associated with the care of consumers, and how the service manages risk in line with best practice.

The organisation’s clinical governance framework included documented policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff explained how these policies and procedures were applied in the delivery of care and services.

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)