Performance

Report

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| Name: | Heathcote Health Low Care Service |
| Commission ID: | 3344 |
| Address: | 39 Hospital Street, HEATHCOTE, Victoria, 3523 |
| Activity type: | Site Audit |
| Activity date: | 23 August 2023 to 25 August 2023 |
| Performance report date: | 4 October 2023 |
| Service included in this assessment: | Provider: 244 Heathcote Health  Service: 2102 Heathcote Health Low Care Service |

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 Heathcote Health Low Care Service (**the service**) has been prepared by Katherine 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 did not submit 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 kindness, dignity, and respect, and understand and value consumers’ identity and culture. Staff explained using assessment processes to learn about consumer backgrounds and cultural needs, demonstrating understanding of consumer circumstances and life experiences. Policies and procedures support staff treat consumers with dignity and respect.

Consumers and representatives were satisfied with how staff recognised, respected the cultural and spiritual needs of consumers, and used this information to adapt care and services. Staff demonstrated awareness of consumers’ cultural needs, capturing these in care planning documentation. Policies, procedures, and training programs were available to enhance staff understanding of cultural safety.

Consumers and representatives described consumers as having freedom and support to make choices regarding care and services, including selecting who is involved, and maintain relationships with family and friends. Staff gave examples of how they provided support for consumers to exercise choice and independence. Care documentation captured consumer choices within needs and preferences to inform delivery of care.

Consumers and representatives explained how consumers were supported to take risks in order to live their best life. Management described processes to support consumers who wished to take risks, including discussing the risks and using a problem-solving approach to reduce potential for harm. Completed dignity of risk forms for consumers identified their preferences and demonstrated involvement in planning risk mitigating strategies.

Consumers were satisfied they were well informed, receiving clear and timely information to guide decision making and choices. Staff described using verbal and written communication to keep consumers and representatives updated and make informed decisions. Printed activity calendars, newsletters and meeting minutes were readily accessible.

Consumers and representatives said information is kept confidential and consumer privacy is respected. Staff described receiving training on privacy and confidentiality, giving examples of how they implemented this within their day, including when providing consumer care. Confidential information was stored in password protected electronic care management systems, with paper documentation locked in secured areas.

# 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 were satisfied assessment and planning identified risks to consumers and is used to develop safe and effect care strategies. Clinical staff described how assessment and care planning processes were undertaken to inform management strategies, including for risks impacting on the safe delivery of care and services. Care planning documentation demonstrated use of assessment and planning to identify consumer care and services needs in line with policies and procedures.

Consumers and representatives said assessment and planning processes captured consumer needs, goals and preferences, and there is opportunity to discuss end of life wishes. Staff demonstrated awareness with needs, preferences, and end of life wishes of consumers in line with feedback and care planning documentation. Management explained advance care directives and end of life wishes are discussed as part of the admission process, with regular review undertaken.

Consumers and representatives said they partner in care planning and are aware of other providers and organisations involved in consumer care. Clinical staff described practices of involving consumers and representatives, which is reflected in care planning documentation along with including input of other health providers involved in the consumer’s care.

The outcomes of assessment and planning were captured in care plans, with consumers and representatives saying they were aware of content and could access copies if wanted. Care planning documentation demonstrated outcomes of assessment and planning were communicated with consumers and/or representatives. Management advised the care review process was recently updated to include actively offering a copy of the care plan to consumers and representatives, with introduction of the changes from September 2023.

Consumers and representatives described regular review and updates of care plans, giving examples of changes made following incident or change of condition. Clinical staff described the 3-monthly care plan review process, with updated assessments in between when clinically indicated or needed. Care planning documentation was observed to have undergone regular review for effectiveness, or in response to changes to consumer needs, goals, or preferences.

# 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 said consumers receive tailored care that is safe and right for them. Staff showed familiarity with consumers’ care needs, explaining how care was delivered in line with care plans to optimise consumer health and well-being. Care planning documentation demonstrated personalised care strategies with care delivery and monitoring in line with best practice principles within sampled areas of pain management, wound care, changed behaviours, and use of restrictive practices.

High impact or high prevalence risks were identified through assessment and planning, with staff able to explain use of management strategies to minimise risk of harm. Consumers said staff were very capable with management of complex health issues and managed associated risks well. Policies and procedures are available to guide staff in management of consumer risks.

Staff described how they ensured consumers nearing end of life had comfort maximised and dignity preserved, with guidance provided by Medical officers and the palliative care team. A palliative care plan is commenced following discussions with consumers and representatives to ensure end of life care needs are identified and met. Care planning documentation for a late consumer demonstrated assessment, monitoring, and management of pain and comfort and end of life wishes being respected.

Consumers and representatives reported timely identification and response to deterioration of consumer condition. Staff detailed escalation pathways for reporting, with assessment, management or escalation undertaken by clinical staff in line with policies and procedures.

Consumers and representatives were satisfied information was documented and communicated with staff, as staff were familiar with care needs and preferences. Staff said they get sufficient information about consumers through handover processes or information within the electronic care management system. Care planning documentation and written handover sheets shared sufficient information on consumers to inform safe and effective care.

Consumers and representatives described having access to Medical officers when required and were satisfied they were referred to other health providers when needed. Clinical staff detailed referral pathways and processes. Care planning documentation demonstrated timely referral to providers, including specialists.

Consumers and representatives were satisfied with the service’s management of infections and outbreaks. Staff described infection control procedures implemented to minimise the spread of contagious illnesses, and clinical staff could explain principles of antimicrobial stewardship to avoid unnecessary use of antibiotics. The service’s Infection prevention and control lead monitors use of infection control processes, including competency training and availability and use of 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 and representatives said services and supports were safe and effective at meeting consumer needs, goals, and preferences. Care planning documentation included information on activities undertaken to optimise consumers’ quality of life, health, well-being, and independence.

Consumers and representatives described supports available to maintain social, emotional, and religious connections of importance, including through connecting with church or counselling services. Staff described how care was influenced by social, emotional, and spiritual needs in line with care planning documentation, and said they were aware when consumers were feeling low and would spend extra one-to-one time with them.

Consumers explained supports provided to undertake activities within and outside the service and keep in touch with people of importance. Care planning documentation captured what is important to consumers, including what they enjoy doing, or how they participate within the community. Consumers were observed participating in group and individual activities.

Consumers said information about them is effectively communicated, as staff understand their needs and preferences. Staff, including lifestyle and catering staff, described communication pathways to ensure they remain informed of consumer condition and needs, including capturing and sharing relevant information within the electronic care management system and verbal handover processes. Staff explained identifying community ties and key relationships for consumers within assessment processes and worked to support consumers keep these.

Management described how partner organisations worked with the service to ensure appropriate services are available for consumers. Care planning documentation demonstrated referral to and involvement of other individuals and organisations, including community services, visitors’ schemes, and the Aged Care Mental Wellbeing Program.

Consumers and representatives were satisfied with the variety, quality, and quantity of meals, with alternate options available if required. Care planning documentation included dietary and texture needs, preferences, dislikes and allergies, and staff were knowledgeable of this information. A choice of options was available for the main meal. Records confirmed food safety and other legislative requirements are met with ongoing monitoring processes adhered to.

Consumers said provided equipment is safe, clean, easily accessible, suited to needs, and maintenance processes were available with quick response. Personal and lifestyle equipment, including items used for activities, were observed to be clean, safe, and suitable for use. Maintenance staff described the request process for works, with priority for issues impacting consumers and removal of equipment until repair has occurred.

# 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 and representatives said they found the service environment welcoming and comfortable. Staff said consumers were encouraged to decorate their rooms with personal memorabilia. Management advised they had identified the need for updated signage, with quotes obtained and work begun with dementia specialists to develop suitable wayfinding supports. Whilst the dining room was observed to be stark and lacking a home-like environment, the service is undertaking work in the area to improve the dining experience, with plans for completion by October 2023.

Consumers and representatives described the service as clean and well-maintained and consumers were observed moving freely through areas, including into outdoor gardens via automated doors. Maintenance staff provided details of preventative and reactive maintenance schedules and staff were aware of processes for reporting issues.

Maintenance and management said furniture, fittings and fixtures are assessed for suitability against consumer needs prior to purchase. Staff explained maintenance and cleaning processes for shared equipment. Furniture, fittings, and equipment were observed to be clean and suitable for consumer use.

# 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 and representatives said they were supported by staff to make complaints and were familiar with available feedback methods. Staff demonstrated awareness of different ways consumers may make complaints, and the ways staff can provide assistance or support. Feedback forms and suggestion boxes were located throughout the service.

Consumers and representatives said they are informed of advocates and have access to other methods of raising and resolving complaints. Management advised language support services can be arranged where required, and staff training had been undertaken to raise awareness of advocacy services. Information on consumer advocacy services and language support was on display within the service.

Consumers and representatives were satisfied with the service’s response to feedback, describing actions taken in line with open disclosure principles. Staff explained using open disclosure in response to complaints or when things go wrong and gave examples of when it had been used. The feedback register and incident management system demonstrated timely response with use of open disclosure in line with organisational procedure.

Consumers, representatives, and staff said they had seen improvements in response to feedback and complaints. Staff and management described how feedback is used to inform continuous improvement activities, with evaluation processes to confirm effectiveness of changes made.

# 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 and representatives said there were sufficient staff to meet their needs in a timely manner, including responding to call bell. Staff were satisfied there were enough staff to care for consumers, and extra help was available for difficult days. Management described how rostering processes ensured sufficient staffing for consumer needs, and care minute requirements were met in line with legislative obligations.

Consumers described staff as kind and respectful, in line with observed interactions. Staff said they received training on provision of respectful care and cultural diversity. Organisational documentation showed a culture of kind and respectful care is promoted and monitored by the service, with the Code of Conduct for Aged Care implemented and corresponding mandatory training undertaken by all staff.

Consumers and representatives said staff are competent and know what they are doing. Management explained verification processes for staff, including qualification and clearance checks, within candidate selection and suitability reviews. Staff described onboarding processes, with orientation training including infection prevention and control and emergency procedures.

Consumers and representatives described staff as well trained, capable, and proficient. Staff explained mandatory and ongoing training and could request additional training if required. Policies and procedures support ongoing training management, with online and face to face opportunities. The service has recruited a Learning and development coordinator who will ensure staff are compliant with mandatory training expectations.

Staff said annual performance appraisals were undertaken, which included opportunity to request training and seek constructive feedback on their work. Management described the system to ensure completion of performance reviews were undertaken in line with policies and procedures, with records demonstrating all staff were up to date with reviews, or had discussions scheduled.

# 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 and representatives described the service as well run, explaining their engagement in the design and delivery of care and services through feedback pathways, consumer meetings, and care planning consultation. Staff described involvement of consumers in the local health consumer advisory group to represent the aged care service. Management gave examples of changes made in response to consumer feedback, with engagement of consumers in improvements within consumer meetings.

Management described steps undertaken to promote a culture of safe, inclusive and quality care, including through the clinical governance framework and Quality committee oversight. The service submits monthly operational and quality reports to the governing body for review, including audit results and clinical indicators. Management reported the organisation’s strategic plan is the governing body’s primary focus, and it incorporates quality and safety measures.

Organisation-wide governance systems for information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints were demonstrated to be effective. For example, financial governance was supported by financial management systems managed by the finance and risk committee, setting budgets, and seeking input from the manager through the committee. The service holds current arrangements with a legal advisory service to notify of changes to regulatory compliance requirements and assist with updating relevant policies and procedures, however, the workforce banning order register had not been recognised and incorporated within workforce management practices. Management responded by raising a continuous improvement activity and reviewing reference check procedures and relevant position descriptions.

Effective risk management systems and practices were demonstrated through policies and procedures, with oversight through the bimonthly financial and risk committee meetings. An incident management system captured prevalence and management of incidents, which are used to inform understanding of high impact risks and develop management strategies.

Staff described use of an effective clinical governance framework, with training provided on supporting systems including policies and procedures. Management described oversight by the Clinical Care Group, attended by senior clinical staff to escalate issues. Key clinical areas, including antimicrobial stewardship and minimisation of restraint were understood by staff in accordance with training, policies and procedures.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)