Performance

Report

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| Name of service: | Heiden Park Lodge |
| Service address: | 16 Mathews Street CARRAMAR NSW 2163 |
| Commission ID: | 0357 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 26 October 2022 to 28 October 2022 |
| Performance report date: | 16 December 2022 |

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 Heiden Park Lodge (**the service**) has been prepared by G Hope-Simpson, 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 staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 21November 2022.
* other information and intelligence held by the Commission in relation to the 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

Consumers and representatives said the service treated consumers with dignity and respect, and staff valued their identity, culture, and diversity. Staff consistently spoke about consumers respectfully and understood their personal circumstances and life experiences. Care planning documents captured what was important to consumers’, including who was important to them, and information about their life journey, cultural background and spiritual preferences. The service had a dedicated wing for consumers of Asian descent, which was decorated to reflect consumers’ cultural heritage. The service’s food and activity program were catered to consumers’ cultural backgrounds.

The service supported consumers to communicate their decisions, make connections, and maintain relationships of choice. Staff provided this support by facilitating regular family visits and outings, among other methods. Care documents show contact information for each consumer’s nominated representative, Enduring Power of Attorney (EPOA), family and friends, and preferred contact method.

Consumers said the service supported them to take risks, to enable them to live the best life they could. Staff knew which consumers wanted to take risks and how to support them to understand the benefits, and possible harm of their chosen risks. Care plans and dignity of risk forms listed directives for staff to support consumers in their risk-taking.

Consumers said the service provided up-to-date information about activities, meals, COVID-19, and other events happening in the service. Staff communicated with consumers who had cognitive impairment or communication difficulty using aids such as communication cards, or by engaging with representatives. The Assessment Team observed contact details for translating and interpreting services at the nurses’ station. The service had monthly activity calendars displayed throughout the facility, and the daily menu was written on the notice board in the dining area.

Consumers and representatives said staff respected their privacy. Staff closed doors when providing care, knocked before entering consumers’ rooms, and used passwords to access consumers’ digital information.

# 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

Overall, consumers said they received the care and services they needed, and that they were involved and had a say in the care planning process. Staff knew the care planning process in detail, including how it informed care and service delivery. Care documents showed the service considered how to provide for consumers’ current needs while managing personal and clinical risks. The service’s admission pathway included an assessment process with supporting procedural documents, and was accessible to all staff on the organisation’s intranet.

Consumers said staff spoke to them regularly about their care needs and end-of-life wishes, either in person, by telephone or at care conferences. Consumers’ current needs, goals, and preferences, including advance care planning, and end-of-life wishes, were identified in their care plans. Management determined what was important to consumers through regular discussions, care plan reviews and staff observations.

Consumers advised they felt like partners in planning their care. Care plans included information about consumers’ nominated representatives, and identified specialist services and organisations involved in consumers’ care. Staff knew the process for referrals to allied health professionals.

Consumers said the service consulted them about their care and any changes to it, and that they felt comfortable telling the service if they wished to change their care. Clinical staff said they communicated outcomes of assessments to consumers by talking with them and their families directly or via telephone. Staff knew how to access electronic care plan documents.

Consumers said Heiden Park Lodge involved them in regular reviews of their care plans in collaboration with staff, Medical Officers, and the service’s allied health team. If changes or incidents occurred, the service would address any related care needs efficiently. Clinical staff reviewed care plans every 6 months, or upon an incident, deterioration or change in circumstances. A review of care plans confirmed the service met its 6 monthly reviews policy, and that the service informed consumers and their representatives when changes or incidents occurred.

# 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

Consumers and representatives said they received quality care that met their needs, goals, and preferences. Staff knew consumers’ needs, goals, and preferences, and what constituted best practice concerning consumers’ personal care. Care documents, including care plans, assessments, wound charts, pain charts and complex health charts, showed the service provided safe and effective care. Of note, the Assessment Team found minor documentation errors for 5 consumers, which did not impact compliance against this standard. This finding has been addressed in more detail under Standard 8.

Consumers and representatives said staff explained health risks and that consumers had input into the service’s management of risks. Staff demonstrated how they identify, assess, and manage high impact and high prevalence risks for the safety and wellbeing of each consumer. The service monitored clinical indicator reports, completed risk assessments and implemented risk minimisation strategies. Documentation showed the service completed risk assessments using validated assessment tools.

Consumers and representatives said they were confident the service would support them to be pain free when they required end-of-life care. Staff knew how to care for consumers during end-of-life, focussing on comfort, pain management, and maintaining dignity. Care planning documents showed the service met consumers’ needs, goals, and preferences during end-of-life care.

Consumers and representatives said the service recognised and responded to changes in consumers’ condition in a timely manner. Staff recognised signs of deterioration and referred to the service’s policies and procedures. Progress notes showed that if a consumer experienced a deterioration or change in condition, the service responded to this efficiently, notifying relevant people.

Consumers and representatives were satisfied with how the service communicated regarding changes to consumers’ conditions. Staff communicated changes through verbal handover processes, meetings, care plans, and electronic notifications on the service’s digital record keeping system. Consumer files demonstrated that staff notified consumers, their representatives, and the medical officer when changes occur.

Consumers and representatives said the service made referrals when appropriate and they had access to relevant health professionals when required. Clinical staff demonstrated the referral process used at the service. Care planning documents and consumer feedback reflected that the service made timely and appropriate referrals for consumers to individual practitioners, external allied health providers and other provider organisations.

Staff minimised infection-related risks and managed the use of antibiotics. The service had policies and procedures in place for antimicrobial stewardship, and to prevent outbreaks and COVID-19 transmission. Management reported to the Clinical Governance Committee once per month, and to the Medication Advisory Committee once per quarter, to maintain oversight and benchmark the service’s antibiotic usage against national standards. The Assessment Team observed staff and visitors wearing masks correctly and hand washing stations throughout the service.

# 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

Consumers and representatives said the service supported them to do things they were interested in, including engaging in various activities. Care planning documents showed the needs and preferences of consumers. The Assessment Team observed consumers engaged in group and independent activities during the Site Audit. Lifestyle staff partner with consumers to conduct a lifestyle assessment upon admission.

Heiden Park Lodge offered religious services within its activities schedule, and consumers enjoyed attending these. Lifestyle staff facilitated connections through technology and religious services, and offered pastoral care for consumers receiving palliative and end-of-life care. Care planning documents included information about consumers’ spiritual and emotional needs.

Consumers said the service supported them to do things within and outside the facility, and to keep in touch with people important to them. Staff supported consumers to participate in the community or engage in activities of interest. Information within care documents regarding consumers’ community participation aligned with that provided by consumers, representatives, and staff.

Consumers said the service communicated information about their condition effectively, and that staff who provide daily care understood their needs. Staff knew consumers’ conditions, needs and recent changes. Staff shared information within the service and among themselves using the service’s digital record keeping system, and during staff handovers. Care planning documents showed that other providers were involved in delivering lifestyle support to consumers.

Consumers had access to the on-site library, church service and hairdressing service. The service engages volunteers and pastoral carers to provide one-to-one support to consumers, especially for consumers who prefer not to, or were unable to, attend activities or were on palliative and end of life care. Care planning documents contained information about external services consumers were referred to.

Consumers were positive about the service’s food, including being satisfied with the quality and variety of meals. Consumers said the service routinely offered two choices for main meals, with one a meal with western influences, and the other with Asian influences. Catering staff said consumers enjoyed the service’s food and that they understood consumers got enough food based on direct verbal feedback, their observations of food wastage, and the results of food surveys. Care planning identified consumer dietary requirements, preferences, and allergies.

Consumers had access to the equipment they needed, and the equipment was safe, suitable, clean, and well-maintained. Service staff cleaned equipment with disinfectant wipes after each use, and the service had a process for reporting faulty or defective equipment. Documents showed the service conducted preventative and reactive maintenance.

# 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

Consumers said the service was clean and well-maintained, and that they had free access to indoor and outdoor areas. Cleaning staff had a set schedule and a cleaning supervisor ensured cleaning was completed to an acceptable standard. The Assessment Team found the service to be clean and tidy. Walkways were clear and free of obstructions and equipment was stored in storerooms.

The service’s furniture, fittings and equipment were safe, clean, and well-maintained. Prior to purchase, the service assessed furniture, fittings and equipment for suitability, to ensure they met consumers’ personal and clinical needs. The service had a set process for cleaning consumers’ rooms.

The furniture in communal areas was clean, in good condition and consumers enjoyed using it. Lifting equipment was cleaned between uses and was generally well-maintained. Maintenance records showed that routine and corrective maintenance was carried out.

# 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

Consumers said the service encouraged feedback and they were aware of how to provide feedback when the need arose. Staff knew how to resolve complaints, and the service had a feedback log for capturing issues. One consumer’s representative had made multiple complaints regarding personal and clinical care. The Heiden Park Lodge management had offered to meet with the representative, and worked with them to resolve their complaints as they arose. Management had also referred the representative to the Older Persons Advocacy Network (OPAN). The service had information visible throughout the facility regarding methods of making complaints. This information was available in multiple languages, and in locations that enabled consumers to securely submit feedback forms.

Consumers and representatives knew how to provide feedback to the service, and how to access an interpreter or advocate if they wanted. The service specifically employed staff who spoke various dialects of Chinese to ensure the consumers of Chinese descent were able to communicate with staff easily. Staff were aware of how to book an interpreter, and how to assist consumers to contact an advocate. Management demonstrated how representatives were referred to OPAN.

Consumers said the service had acknowledged and acted on their complaints. All interviewed staff were aware of open disclosure principles. A review of the service’s complaints register showed the service kept records of complaints, including the date they were lodged, the investigation, outcome and actions, and the time they were closed out. Records showed the service consistently acknowledged complaints and interacted with complainants in a manner that facilitated good outcomes.

Consumers were satisfied with the outcome of the feedback they provided. The service compiled feedback and complaints data, and sent this to the organisation’s Board on a monthly basis. The service used the data to inform changes to its operations.

# 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

Consumers felt the service had enough staff, and they were satisfied with the service’s care. Staff had the resources to provide the right level of care to consumers, and the levels of staffing changed based on the consumers’ needs. The organisation used benchmarking to establish staffing levels based on occupancy and consumer need. A review of call bell data showed the service responded to 97% of call bell activations in under 10 minutes.

Most consumers said staff were kind and respectful. One consumer reported staff had been rough when assisting them to dress. In response to this feedback, management had commenced an investigation and reported the incident under the Serious Incident Reporting Scheme. Staff interacted with consumers respectfully.

Consumers were satisfied with the skill-level of staff, and said they were able to effectively perform their roles. The service had clear minimum requirements for potential candidates, which were included in position descriptions. The service monitored compliance requirements for registration bodies and criminal record checks were up-to-date.

Consumers were confident staff were adequately trained to provide support. Staff themselves demonstrated strong engagement with learning and development initiatives. A learning and development manager attended the service 2 days per week. The service had high training compliance rates. Staff were paid to complete two allocated modules per month.

Staff confirmed the service monitored their performance, and they had received feedback through staff appraisals and ad-hoc discussions. The service had a structured annual staff appraisal cycle and provided direct feedback to staff following incidents, observations or complaints. A review of the service’s data showed systematic coordination of appraisals with high levels of staff engagement.

# 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

Consumers said the service engaged them about their care through meetings and day-to-day feedback. The service was found to have made changes to the way it served food in response to consumer feedback. In one instance, the service engaged consumers directly, for consultation on upcoming renovations. Documents corroborated that the service engaged consumers meaningfully.

Consumers said they provided ongoing feedback on how their care was delivered. The service carried out annual satisfaction surveys to monitor care and services, which were analysed by the service’s quality team. The clinical manager produced a monthly report for the organisation’s regional executives. The report detailed occupancy, high risks, medication incidents and infection rates.

The service had secure and up-to-date information management systems that recorded consumer information, resources, incident management and complaints management information. The service’s plan for continuous improvement (PCI) was regularly updated, with consistent actions taken to improve the facility. The service engaged external consultants as part of its review and audit of the care and services it delivered. The Board received a monthly update from the service, which included an overview of complaints contrasted against data from the previous month.

The service’s information management system was effective, as was its continuous improvement framework, financial governance arrangements, and processes for workforce governance, feedback, and complaints. The Assessment Team found that five consumers who were subject to chemical restrictive practice were not identified on the services psychotropic register. Despite this, all other relevant documentation was in place for the service to meet its legislative requirements. In response to this finding, the service consulted with representatives and medical officers, and updated relevant documents, with management stating the finding was caused by an administrative error.

The service had effective risk management systems in place to detect, prevent and mitigate the impact of risks. The service’s policies provided clear guidance to staff, and the service had accompanying procedures. The service’s governance systems were effective, including in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had a clinical governance framework, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff understood these concepts and could apply relevant principles to their work.

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)