Performance

Report

**1800 951 822**

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| Name of service: | Hellenic Community Aged Care |
| Service address: | 2 Hellenic Drive DIANELLA WA 6059 |
| Commission ID: | 7157 |
| Approved provider: | Hellenic Community Benevolent Association Inc |
| Activity type: | Site Audit |
| Activity date: | 18 January 2023 to 20 January 2023 |
| Performance report date: | 1 March 2023 |

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 Hellenic Community Aged Care (**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.
* 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

Most consumers said they are treated with dignity and respect, and their individual identity, culture and diversity is valued. Staff were knowledgeable about consumer preferences and demonstrated in practical ways how they interact with consumers to promote dignity and respect. The Assessment Team observed staff attending to consumers’ individual needs, communicating in a gentle manner and providing privacy whilst delivering personal care.

All consumers and representatives confirmed the service recognises and respects their cultural background and this influenced the way staff delivered care and services. Staff showed an understanding of consumers’ identity, background and individual values and described how they learnt to speak Greek to communicate with Greek speaking consumers.

Consumers said they are supported to make decisions about who is involved in their care and how it is delivered, make connections and maintain their relationships of choice. Staff said they support consumers to make choices to achieve outcomes and described how they communicate with representatives who wish to be involved in consumer care.

Consumers and representatives described how the service supports them to make decisions involving risks to enable them to live the best life they can. Care planning documentation evidenced family were aware of the completion of risk assessments signed by consumers.

Consumers and representatives described how they mostly receive information that is current, accurate and timely, and communicated in a way that is clear and easy to understand. Staff described how they communicate with consumers and representatives by phone and email.

Consumers and representatives described how their privacy is respected at all times by staff closing doors whist providing personal care. Staff explained how all consumers’ personal information is secured electronically and password protected and locked at the nurses’ station. The Assessment Team observed staff knocking on doors and closing doors when providing personal care to maintain 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

The service demonstrated assessment and planning is effective and includes the consideration of risks to the consumer’s safety, health and well-being. Most consumers and representatives agreed the service is providing safe and effective care. Care planning documentation evidenced care plans identified risk management strategies.

The service identified and addressed consumer’s needs, goals and preferences and described how the service addressed advanced care planning on entry to the service. Staff explained how they ensure care planning was reflective of consumers’ current needs and described the service's approach to end-of-life discussions and planning. Care planning documents reviewed reflected the current needs of consumers and included advance care plans.

Consumers and representatives said consumers received the care and services they need, and they were involved with health professionals in the care planning process. Staff described the care planning process, and how it informed the delivery of care and services. Care planning documentation for consumers demonstrated how reviews in planning processes considered complex care to assist consumers’ health and well-being.

Consumers and representatives reported consumers’ care needs and preferences are effectively communicated between staff and their care plan was available and sighted. Staff described how they receive current information about consumers during handover and via the electronic care management system.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. Staff described how monthly reviews capture all aspects of a consumer’s needs, goals and preferences and how reassessment is used to update care and services plans.

# 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 confirmed they received care which meets their needs and optimises their health and well-being. Care planning documentation demonstrated personal and clinical care was tailored to individual needs, and staff described clinical risks associated with the care of each consumer such as falls, skin integrity, pain, and restrictive practices were effectively managed through assessment. The service has suite of polices to guide staff on providing best practice support to consumers with complex care. The care of consumers with complex care needs such as urinary catheters, wounds and gastrostomy tubes is supported and guided by external specialists.

The service demonstrated effective management of high impact and high prevalence risks associated with the care of each consumer. Staff described how they identify, assess and manage high-impact or high-prevalence risks to the safety, health and well-being of each consumer when delivering personal or clinical care, and explained mitigation strategies to minimise risks for consumers. Care plans reviewed regularly by a Medical Officer trigger reassessment of care and services plans associated with the care of each consumer.

Care planning documents reflected consumers receive end of life care in line with their end of life preferences. The service has access to a palliative care specialist nurse and social worker to support the management of consumers with complex end of life care needs and families are involved and present during the consumers’ end of life care. Staff described how they support consumers end of life processes and the service maximises comfort and dignity to align with consumers’ wishes.

Staff described how they identify changes or deterioration to consumers’ condition and how they recognize and respond to changes. Staff described processes for reporting deterioration in consumers’ condition and actions taken to escalate care. Care plans confirmed changes to consumers’ conditions were identified and responded to in a timely and appropriate manner.

Staff reported, and care planning documentation confirmed changes to consumers’ needs or conditions was shared with staff and other providers of care through verbal and written handovers, family conferences, meetings, phone calls and via the electronic alerts. However, some clinical staff expressed that information about consumers’ resuscitation preferences was not readily available in consumer rooms. Consumer care plans contained resuscitation information however, and also evidenced comprehensive updates and clinical handover sheets reflected current and accurate information relating to consumer care.

Consumers and representatives said timely and appropriate referrals occurred to allied health professionals, dieticians, Medical Officers and specialists, when required. Care planning reviews evidenced how staff identify changes in a consumer condition and refer to other individuals or external health services and collaborate to meet the diverse needs of consumers.

The service has documented policies and procedures to support best practice infection control principles and the promotion of antimicrobial stewardship. Management employed an external infection control specialist to manage infection outbreaks and staff were observed adhering to infection control practices. However, the Assessment Team observed 2 care staff did not perform hand hygiene on day 2 of the site audit prior to entering a consumer’s room. This was reported to the service manager who gave an undertaking to discuss with staff and monitor compliance.

# 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 explained they were satisfied with the services and supports for daily living that meet consumers’ needs, goals and preferences. The Assessment Team observed consumers engaging in activities, interacting with each other and staff. However, some consumers were observed not participating in activities and listening to the radio over two consecutive days. Management advised this was due to some unplanned leave and agreed the consumers’ well-being had not been supported. Alternative strategies for replacement staff were discussed, and service management arranged for additional lifestyle resources to be provided to consumers in wings affected.

Consumers and representatives reported their emotional, spiritual, and psychological needs were supported, and the service provided access to pastoral support following their individual preferences. Staff described how the consumer’s emotional, social, and psychological well-being was supported through a variety of means, including facilitating consumers’ wishes to stay in their room with one-on-one support visits from staff.

Consumers and representatives described how consumers felt supported to participate within the service community with the assistance of staff, family and friends when required. Staff provided examples of how they support consumers to maintain their relationships both inside and outside the service through phone calls and texts messages. Care planning documents identified how consumers participate in the community and stay connected with their family and friends including their interests and activities.

Consumers and representatives said information about consumers’ condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. Staff described how changes in consumers’ care and services are updated and communicated through verbal and documented handover processes. Care planning documents provided adequate information to support the delivery of safe care.

Care planning documents demonstrated appropriate and timely referrals to external providers and services to support the diverse needs of consumers. Management and staff described how they refer consumers to external individuals, organisations and providers of other care and services, and for specific consumers who utilise these services.

Consumers were satisfied with the quantity, quality and variety of meals provided by the service and were assisted at lunch by helpful staff. Consumers were offered 2 options for lunch and dinner and daily menus were displayed, with alternative meals, fresh fruit and sandwiches available on request.

Consumers and staff said equipment is safe, suitable, clean and well maintained and staff described processes for identifying equipment that required maintenance. The Assessment Team observed a variety of equipment was suitable, safe, clean and well maintained and the service had a detailed preventative maintenance program aligned with the maintenance policy.

# 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 and representatives confirmed the service’s environment was welcoming and easy to understand. Staff described how consumers could move independently throughout the service and the Assessment Team observed staff supporting consumers requiring assistance with mobilisation, and consumers moved freely between their rooms and the lounge and dining room areas for meals and activities, and outside of the service for gardening activities.

Consumers and representatives said they thought the service environment was safe, clean, and well-maintained and allowed them to move around freely indoors and outdoors. Cleaning staff explained how they keep all parts of the service clean and provided the Assessment Team a copy of the cleaning policy and procedure. The Assessment Team observed the environment to be clean, well-maintained, with effective day to day infection control practice, and observed staff generally washing their hands. However, deficiencies in laundry system were identified, with consumer feedback and observations indicating some instances of missing consumer clothing. The Assessment Team also noted cleaning records were not maintained. Management took immediate actions to implement improvements and to review laundry and cleaning processes.

Consumers and representatives said furniture, fittings, and equipment were safe, clean, well maintained, and suitable for their needs. Staff described how to promptly notify maintenance of faulty equipment, and maintenance logs reflected daily monitoring of preventative maintenance.

# 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 and representatives were supported by staff to provide feedback and complaints and gave examples of the complaints process. Feedback is recorded from surveys on food, activities and clinical care, and feedback forms and collection boxes were observed throughout the service. However, the Assessment Team noted information on consumer meetings was not sent to their representatives via electronic messaging. Management reviewed communications preferences to send meeting notifications to representatives and other steps were taken during site audit to display information about feedback and avenues.

Some consumers and representatives were aware of various ways to make complaints, but all said they would approach management directly if they wanted to provide feedback or make a complaint. Documentation on feedback and complaints is reviewed in the electronic communication management system (ECMS) and outlines actions taken to resolve complaints. Consumers and staff from CALD (culturally and linguistically diverse) background were observed conversing in multiple languages, and staff assisted consumers with language, vision and communication barriers. Brochures, newsletters and the consumer handbook were observed to contain information on advocacy, and staff training on advocacy was provided.

Consumers and representatives described how they provided feedback and made complaints which were addressed by management. Review of complaints documentation included communication with consumers and representatives, and details about action taken was recorded in care plans and handover information. Management described how they offered apologies; staff were knowledgeable about open disclosure principles and how they had applied them in their practice.

The service had a detailed incident reporting process that includes an incident report for every incident reported, documenting the date, time and location of the incident, the nature of injury, details of the treatment or care given post incident, immediate action taken, review by the Medical Officer and next of kin (NOK) notification. The incident reports document action taken by Management including whether the Chief Executive Officer (CEO), the Commission or police were notified. The incidents were reported to the Commission in accordance with the reporting timeframes and are also reported in detail to the Board.

The service uses feedback and complaints to improve the delivery of safe and quality care and supports for consumers. Consumers and representatives described examples of changes and improvements as a result of feedback, complaints and surveys. The Continuous Improvement Plan (CIP) details how feedback and information recorded in the electronic communication management system (ECMS) is used to inform ongoing trends reported to the Board.

# 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

The service is providing a workforce with the numbers and mix of staff to provide safe, quality care and services. Consumers and representatives described shortages of staff in some areas, and some consumers who required multiple person transfers expressed waiting at times for response to their call bells. However this was not reflected in call bell data reviewed from the last 3 months, which had averaged responses at 2.8 minutes. Management outlined how they fill rosters, manage unplanned leave with staff working across multiple departments. A combination of RNs, CNs, ENs, supervisors (carers with leadership and supervisory training) and carers are rostered on every shift, including evening shifts.

Consumers and representatives said staff were mostly kind, caring, and respectful and understood the importance of culture and diversity in the delivery of care. Staff were observed to treat consumers kindly and described how they protected consumers’ dignity and were knowledgeable about their preferences including speaking with them in languages other than English at mealtimes.

Consumers and representatives said they felt staff were competent and skilled to meet their care needs. Management described the processes to ensure staff are suitable and competent in their role through the recruitment process. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Most consumers and representatives described staff as capable and the service recruits, trains and supports staff to deliver the outcomes required by these standards. Staff confirmed they access competency training online, face to face, and can request further training. Review of the service’s clinical training matrix and mandatory training records reflected they were 69% complete with management monitoring new staff, and staff on leave due to complete training when they return to work.

Staff are regularly assessed, monitored, and reviewed in line with the service’s policy and procedures. Management provided examples of completed performance reviews and described how staff are monitored doing their work and given support, guidance and training when required. Staff described how their goals and feedback are incorporated during assessment to supports staff’s performance improvement plan.

# 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 and representatives were actively engaged in the development, delivery and evaluation of care and services through surveys relating to staff, clinical care, food, activities and consumer experience. Documentation recorded in the ECMS includes compliments, complaints and suggestions from consumers/representatives. Management could describe several improvements made as a result of input specifically from consumers at regular consumers/representative meetings.

Management provided examples of a range of strategies that demonstrated how the governing body promotes a culture of safe, inclusive, and quality care and services, through ongoing training and education offered to staff. Staff described how clinical indicators, quality initiatives, incidents and feedback is gathered and analysed to identify trends and strategies for improvements identified at staff meetings and reported to the monthly Board meeting.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service demonstrated an effective risk management system and practices including for high impact and high prevalent risks, abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff described how they apply processes and practices to minimise risk to consumers and the Assessment Team reviewed copies of Board reports relating to continuous improvements and how the service is meeting the Quality Standards.

The service was able to demonstrate a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated an understanding of the how to minimise use restraint and use least intrusive measures. Care documentation reflected the application of antimicrobial stewardship principles and documentation reviewed showed open disclosure was used in practice.

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)