Performance

Report

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| Name of service: | Performance report date: |
| Hepburn House | 1 September 2022 |
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| 3969 | Site audit |
| Approved provider: | Activity date: |
| Daylesford Aged Care Services Pty Ltd | 26 July 2022 to 28 July 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 Hepburn House (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 26 July 2022 to 28 July 2022; 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 | | Compliant |
| 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 staff respected consumers’ individual needs and choices. Staff were observed treating consumers with dignity and respect, by greeting and interacting with them in a familiar and friendly way. Staff were knowledgeable of consumers’ backgrounds and life experiences, which they said informed care preferences and assisted them to provide culturally respectful care. Consumers’ care plans included cultural backgrounds, personal preferences and religious and spiritual needs.

Consumers said they were supported to exercise choice, independence and maintain relationships of choice. Consumers described how the service supported family visits, either physically or through digital communication. One consumer explained how staff respected their daily routine, which contributed to their sense of independence. Lifestyle staff said consumers had input into the service’s activities calendar, as well as being supported to attend activities of interest to them.

Clinical staff confirmed risk assessments occurred with the consumer, their representative and health professionals where required. One consumer’s risk assessment was sighted by the Assessment Team and staff understood consumers could make decisions that affected their lives, even when risk is involved.

Consumers said the service provided information to assist them in decision-making about care and lifestyle choices, such as events within the service, meal selections and access to health professionals. The service shared information with consumers and representatives via meetings, newsletters, e-mails, and telephone. Staff were observed giving consumers information about activities and meal choices.

Consumers said their privacy was respected by staff, who knocked on their doors and gained consent prior to entering. Staff ensured doors remain closed during the provision of personal care and shift handovers occurred in the privacy of the nurse’s station or staff room. Electronic and hard copy documents were protected to ensure confidentiality of consumer information, consistent with policies and procedures.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 considered they were partners in the ongoing assessment and planning of their care and services. Care documents showed the service conducted a comprehensive assessment and care planning process to identify needs, goals, preferences, and advance care planning. Staff confirmed care plans guided them to deliver safe and effective care and when risks to a consumer were identified, care plans were reviewed, changed and interventions implemented.

Consumers’ care documentation confirmed their representatives, medical officers and allied health professionals were involved in the assessment, planning and review of care delivery. Staff said they were guided by consumers’ wishes when involving others in the care delivery process. The Assessment Team observed treatment directives from allied health providers and specialists were recorded in the service’s electronic care management system.

Consumers and representatives confirmed they were involved in care planning and reviews. Staff regularly contacted consumers and representatives to explain care plans and ensure relevant parties understood the contents. Consumers and representatives confirmed care plans are easily accessible if a copy were requested.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 considered they received personal and clinical care that was safe and right for them. Consumers’ care plans confirmed staff delivered individualised care that was tailored to people’s specific needs and staff described the service’s clinical best practice policies and procedures guided them in their roles. A review of consumers’ care plans showed high-impact and high-prevalence risks are identified and effectively managed. Staff described known risks to consumers, such as falls, and how those risks were reduced or mitigated.

The needs, goals and preferences of consumers nearing the end of life were recognised and addressed, which was evident in consumers’ care plans. Staff described how care delivery changed for consumers nearing the end of life, such as ensuring comfort measures were in place, assessing pain levels and referring concerns to medical officers. Similarly, consumers’ care plans showed deterioration or changes to their conditions were identified and responded to in a timely manner.

Information about consumers’ conditions, needs and preferences were documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers’ documentation showed progress notes, care plans and handover reports which staff used when delivering care. Consumers confirmed staff understood their needs and preferences and representatives said consumers’ needs are communicated between staff.

Consumers’ care plans showed input from other providers of care and services was sought and their recommendations were incorporated into care plans. Consumers and representatives were satisfied with ease of access to general medical practitioners, medical specialists and allied health professionals. The service had a referral process in place and staff described how consumers were referred to other providers of care and services.

The service had policies and practices which guided infection control and antimicrobial stewardship. Staff were observed using safe hand hygiene practices and consumers’ care plans confirm staff follow the service’s policies relating to the use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they received services and supports for daily living that are important for their health and well-being and enabled them to do the things they want to do. Consumers said they are supported to engage in activities of interest to them and provided with equipment and resources which promote their well-being, independence, and quality of life. Consumers were supported to participate in local community clubs or tend to personal chores to maintain their independence. Consumers’ care plans included a lifestyle assessment, following which leisure care plans were developed to guide staff when caring for consumers.

Consumers’ care plans included information about their emotional, spiritual, and psychological well-being and staff confirmed they supported consumers during difficult times and according to strategies outlined in care plans. Consumers said the service supported them to participate in activities that interest them and maintain important relationships, either within or external to the service. The Assessment Team observed consumers participating in group and individual activities, sharing meals together and receiving visitors at the service.

Consumers and representatives expressed confidence that staff and others responsible for delivering care and services were aware of people’s individual needs and preferences. Care plans and progress notes were kept in an electronic management system, within which assessments made by health professionals are recorded.

Consumers and representatives expressed satisfaction with meals provided by the service and said they are of suitable quality, quantity and respectful of dietary preferences. Consumers’ care plans included dietary needs and preferences, which kitchen and care staff understood and could explain.

The Assessment Team observed equipment used to support consumers, such as mobility aids, to be safe, clean, well maintained and suitable for consumers’ needs. Kitchen and catering equipment were clean and in working order. A review of the preventative maintenance schedule confirmed regular maintenance was completed and the maintenance officer described the service’s preventative and reactive maintenance process.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said they felt safe, comfortable and welcomed in the service environment, consumers liked their individualised rooms and said the service environment was easy to navigate. The service had seating in communal areas for consumers to socialise, as well as quiet areas where visitors could be hosted. Management explained how changes to the service environment were made in consultation with consumers and representatives.

The Assessment Team observed the service was safe, clean, well maintained and consumers were observed moving freely both indoors and outdoors. Walkways, gardens and outdoor meeting areas were well maintained and free from trip hazards. The Assessment Team viewed records which showed fire systems form part of the service’s preventative maintenance schedule. Cleaning, laundry and kitchen staff described their daily cleaning regimes and provided schedules for their areas of responsibility.

The Assessment Team observed furniture, fittings and equipment were safe, clean, well maintained and suitable for consumers’ needs. Equipment storage areas were accessible to staff and shared lifting equipment was cleaned with disinfectant wipes between each use. Staff said equipment used to deliver care to consumers was in working order and the maintenance team was responsive to requests.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 said they were encouraged and supported to provide feedback and make complaints, and appropriate action was generally taken. Consumers said they were comfortable raising concerns and aware of how to provide feedback and complaints, such as through resident meetings, advocates, language services and external bodies. Management described how they supported consumers to give feedback and make complaints, such as detailing the process in a resident handbook, providing relevant forms and brochures and escalating issues as needed. The Assessment Team reviewed minutes of a consumer and representative meeting, which confirmed consumers are encouraged to raise issues of concern.

Consumers and representatives said when concerns were raised with management they were promptly addressed, following which an apology was provided when something went wrong. Management and staff described the service’s feedback and complaints process and on balance, staff had a shared understanding of open disclosure. Management advised further training would be provided to the workforce regarding open disclosure.

The service showed feedback and complaints were analysed, trended and used to improve the quality of care and services. Consumers and representatives described changes made at the service in response to their feedback, such as minor building rectifications to increase consumer comfort. The Assessment Team reviewed the service’s continuous improvement register which confirmed consumer feedback, complaints, suggestions and incidents were documented, along with planned improvement actions, timeframes for completion and evaluation notes.

**Standard 7**

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| Human resources | | Compliant |
| 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 and representatives said quality care and services were provided to consumers from people who were knowledgeable, capable and caring. Consumers and representatives confirmed staff were trained, confident in their roles and there are adequate numbers to meet their needs. Staff also said there were enough staff to meet consumers’ needs and preferences, and they had time to undertake their allocated tasks and responsibilities. Care staff said clinical staff provide support when needed and can be contacted at any time.

The service showed that its workforce interacted with consumers in a kind and caring way which respected individuals’ identity, culture and diversity. Consumers and representatives confirmed staff treated them with respect, kindness and care. Staff showed a detailed understanding of consumers’ needs and preferences, which aligned with care plans. The Assessment Team observed staff interacting with consumers and representatives in a kind, respectful and patient manner.

The service demonstrated its workforce had the qualifications and knowledge to effectively perform their roles. Consumers and representatives gave positive feedback about the abilities of staff to meet their care needs. The service had position descriptions and minimum qualification and registration requirements for staff, all of whom participated in an orientation process, mandatory training and core competency checks. Staff were satisfied with the support of colleagues and management on commencement at the service and on an ongoing basis. A review of training records confirmed the service oriented trained and monitored staff competencies to ensure the workforce had the skills needed for their roles, which included participation in performance reviews.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 considered the organisation was run well and felt they were partners in improving the delivery of care and services, which included participation in meetings, providing feedback and nominating a resident advocate. Management described how recent consumer feedback contributed to an improved dining experience, such as additional seating to allow for social distancing during meals. Management advised consumers and representatives were encouraged to provide feedback about the service environment, the delivery of clinical and personal care, lifestyle activities, food and meal services, staffing and overall satisfaction with the service.

The organisation’s governing body understood it is accountable for care delivery, which included promoting a culture of safe, inclusive and quality care and services. The Assessment Team reviewed the organisation’s clinical governance framework which detailed the leadership structure, executive roles and responsibilities, board of directors’ sub-committees and a shared responsibility for maintaining compliance with the Quality Standards. Members of the governing body make monthly visits to the service where they engaged in discussions with consumers and staff to hear suggestions for improvement.

The organisation showed it had effective governance systems in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management advised, and a review of meeting minutes confirmed, the governing body had oversight of service operations through a monthly report compiled for the board of directors, who identified areas for improvement and initiated actions to strengthen compliance with the Quality Standards.

The organisation had a risk management framework and policies which guided staff in the management of: high-impact and high-prevalence risks to consumers; identifying and responding to the abuse and neglect of consumers; and how to support consumers to live the best life they can. Staff had knowledge of risk minimisation strategies, as well as consumers’ rights to take risks.

The Assessment Team was provided with documentation that confirmed the organisation had policies that guide antimicrobial stewardship, minimising the use of restraint and the use of open disclosure principles when feedback and complaints were received. Staff confirmed they had received education about the organisation’s policies and procedures, particularly concerning infection control practices.

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-2)