Performance

Report

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| Name of service: | Heritage Gardens |
| Service address: | 325-329 Canterbury Rd BAYSWATER VIC 3153 |
| Commission ID: | 3673 |
| Approved provider: | Heritage Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 February 2023 to 22 February 2023 |
| Performance report date: | 4 April 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 Heritage Gardens (**the service**) has been prepared by A. Douglas, 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

Consumers stated they were treated with dignity and respect by staff, and their diversity and culture was valued and respected. Care planning documentation identified information about consumers’ identity and culture.

Consumers felt staff provided culturally safe care and indicated staff respected their culture, values and beliefs. The service had a policy in place to inform and support staff to engage in culturally safe and inclusive care.

Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how they supported consumers to make choices and maintain their independence.

A review of care planning documentation identified that risk assessments included a discussion with consumers and outlined the process how staff would assist consumers to make choices and understand potential risks. Consumers provided examples of ways in which they were supported to continue to live the life they chose and engage in activities which were important to them.

The Assessment Team observed relevant, accessible, and easy to understand information available to consumers throughout the service. Consumers were satisfied with the information provided by the service and felt it was easy to understand and assisted them to make informed choices.

Consumers felt their privacy was respected within the service and were confident their information was kept confidential. Staff described how they maintained privacy when providing care by knocking on consumers’ doors, and shutting doors when providing consumers with personal care.

# 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

Consumers and representatives indicated the service involved them in the assessment and planning process and included the consideration of risks to their health and well-being. Care planning documentation evidenced the consideration of risks, including falls, skin integrity, pain management, catheter care, diabetes management and oxygen therapy.

Staff described how end of life care discussions were initiated, which aligned with the service’s policies. Management advised that all consumers had an advance care in place, and further discussions occurred when deterioration in the consumer’s health was recognised and in line with regular care plan reviews.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. The Assessment Team noted the service’s policies regarding care planning and evaluation emphasised the involvement of the consumer and those that should be involved in the process.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Management and staff described how outcomes of assessment and planning were communicated with consumers, representatives and others involved in providing care.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or incidents occurred. Management and staff advised care plans were reviewed every 4 months or when changes in a consumers’ needs or condition 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 expressed they were satisfied with the standard of care and services provided by the service. Management highlighted the service’s commitment to providing best practice care and continuous improvement in care delivery.

The service had protocols and policies in place detailing the prevention and response to risks and incidents, which were reflected in care planning documentation for consumers. Consumers and representatives indicated the service identified risks associated with their care and implementing appropriate strategies.

Consumers and representatives confirmed the service raised end of life care preferences and advance care planning in discussions with them. Management described how the dignity and comfort of consumers approaching end of life care was maintained.

Consumers and representatives reported the service identified changes and signs of deterioration in a prompt and timely manner. The service had policies in place to guide staff in responding to signs of deterioration.

Staff described how they were informed of changes about the consumer’s condition through handover, progress notes, care plans and staff meetings. Consumers and representatives reported information about their needs and preferences was effectively communicated between staff and those involved in providing care.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives advised they had access to and were linked with a range of services both internal and external to the service.

Consumers and representatives stated staff engage in infection control practices including using hand sanitizer, wearing masks and using gloves when attending to clinical procedures. The service had policies in place which outlined strategies to minimise infection risk and to promote appropriate antibiotic prescribing.

# 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 were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Management and staff explained how they catered their services and supports to consumers to meet their needs and preferences.

Care planning documentation captured information regarding the consumer’s emotional, spiritual and psychological well-being. The Assessment Team observed consumer actively and excitedly participating in activities occurring throughout the service.

Consumers and representatives felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Care planning documentation identified what was important to consumers and included strategies to support their choices.

Consumers and representatives indicated information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared. The Assessment Team observed staff sharing consumer information during handover meetings.

Care planning documentation identified the involvement of other organisations and providers of care and services. Consumers and representatives stated that consumers were receiving the appropriate supports and referrals to external providers of care.

The Assessment Team observed the kitchen was kept clean and that the food storage, preparation, and delivery were done correctly according to relevant practices. Management advised dietary forms were filled out for each consumer in the service and kitchen staff were kept up-to-date with any changes.

A review of maintenance documentation evidenced that equipment was appropriately maintained. Staff indicated equipment was readily available to them and outlined the process in place for reporting any incidents or hazards.

# 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 stated the service had a welcoming environment and was easy to navigate. Management and staff outlined how they aimed to create a welcoming and comfortable environment by interacting with consumers in a kind manner.

The Assessment Team observed the service environment was safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. A review of cleaning schedules indicated the service was cleaned daily and consumers’ rooms were cleaned weekly.

The Assessment Team observed the furniture was maintained, cleaned, and tagged, indicating that maintenance checks had been undertaken. Staff described the process to report hazards and safety issues within the service.

# 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 confirmed they understood the complaints process and were encouraged to provide feedback or to make a complaint. Information regarding feedback mechanisms was available in the consumer handbook, the monthly newsletter as well being a standing agenda item within consumer meetings.

The Assessment Team observed information regarding external complaint resolution methods and advocacy services available in multiple languages and on display throughout the service. Consumers and representatives described the various ways they provided feedback and complaints, both internally and externally.

Consumers and representatives indicated the service took appropriate action in response to complaints. Staff provided an explanation of the open disclosure process and provided examples of how they responded to complaints

Management demonstrated through the service’s electronic information systems and associated hard copy documents, how feedback, suggestions and complaints were captured, actioned, and resolved. A review of the service’s Continuous Improvement Plan confirmed the service had processes in place to consider improvements of care and services when managing feedback and complaints.

# 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

A review of the service’s rosters and documentation demonstrated the service had access to a sufficient pool of staff, including agency staff, to fill shifts and deliver safe and quality care and services. Consumers expressed satisfaction with the staffing levels within the service.

Consumers and representatives felt the workforce interacted with consumers in a kind, caring and respectful manner. The Assessment Team observed management and staff addressing consumers by their preferred name, knocking on consumers’ bedroom doors prior to entry and being respectful when conversing with consumers.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. A review of documentation evidenced staff had the appropriate qualifications, knowledge, and experience to perform their duties.

Staff felt they received adequate training by the service to perform their assigned duties. A review of documentation evidenced the workforce was satisfactorily recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

Staff provided feedback to the Assessment Team regarding their most recent annual performance appraisal and indicated they were satisfied with the results and received constructive feedback from their manager. Management advised they monitored staff performance through multiple ways, including consumer feedback, general observations, toolbox sessions and with their annual performance appraisal.

# 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 reported they were engaged in the development, delivery and evaluation of care and services. The service provided documented evidence to demonstrate consumers were engaged and supported in providing input on service delivery and the service was actively working to improve care and services.

Management outlined the mechanisms and monitoring practices in place for ensuring the delivery of safe and quality care through various governing body meetings and committees. Consumers and representatives felt consumers were safe and they received the care they required.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. A review of position descriptions, staff records, training records and staff appraisals by the Assessment Team indicated that appropriate systems were implemented and the service had recruitment processes in place to attract more staff.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Management and staff described the processes in identifying and managing high impact or high prevalence risks.

The service evidenced it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff demonstrated a shared understanding of the open disclosure process and indicated they would provide consumers and representatives with clear and timely communication in addition to an apology in the event something went wrong.

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)