Performance

Report

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| Name of service: | Heritage Illawong |
| Service address: | 351 Fowler Road ILLAWONG NSW 2234 |
| Commission ID: | 0504 |
| Approved provider: | Heritage Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 24 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 Heritage Illawong (**the service**) has been prepared by M. Nassif 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.

# 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 said they were treated with dignity and respect and felt valued. Staff knew consumers’ backgrounds and preferences and were observed supporting consumers’ cultural choices. Care planning documents recorded consumers’ culture, identity, and diversity.

Consumers and representatives said consumers’ culture was recognised and care provided consistently with traditions and preferences. Staff described consumers’ backgrounds and utilised communication cards to assist linguistically diverse consumers.

Consumers and representatives said consumers were supported to make decisions regarding care and services. Staff described supporting consumers to undertake activities independently, where possible. Care planning documents recorded choices made by consumers regarding care delivery.

Consumers said they were supported to take risks to do what was important to them. Staff knew of consumers who wished to undertake activities which presented potential risks, undertook assessments, and ensured informed consent was obtained for risk taking activities. Care planning documents evidenced risks were assessed.

Consumers and representatives said they received information verbally or from noticeboards. Staff confirmed they communicated with consumers regarding service operations or changes to care. Activity calendars, menus and infection control information translated into various languages were displayed in shared areas or consumer bedrooms.

Consumers said their privacy was respected and personal information kept confidential. Staff described protocols to discuss consumer information in private areas and were observed knocking on consumers’ doors prior to entry and closing doors prior to care delivery. Consumer information was safeguarded within the password protected electronic care management system.

# 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

Staff described undertaking initial consumer assessment and care planning upon entry and finalising plans within 28 days. Care planning documents evidenced assessments to identify, discuss and determine consumers’ needs, goals, preferences and risks, and included risk mitigation strategies.

Consumers and representatives felt supported to discuss consumers’ care needs, including advance care and end of life preferences. Management confirmed consumers’ needs are discussed during care plan reviews, through observation or hospital discharge information. Care planning documents reflected consumers’ medical condition, dietary needs, and end of life preferences.

Consumers and representatives said they were involved in discussions about care. Staff confirmed collaboration with various allied health professionals, such as speech pathologists and dieticians. Care planning documents evidenced assessment and planning is undertaken in partnership with consumers, representatives, and allied health professionals.

Consumers and representatives said they were informed of care and service assessment outcomes and staff explained clinical matters, if required. Staff confirmed representatives were advised of outcomes through telephone, email or during direct discussion. Communication between the service, the consumer and representatives was reflected in care planning documents.

The service was found non-compliant in Standard 2 in relation to Requirement 2(3)(e) following an Assessment Contact in November 2021. Evidence in the site audit report dated 1 to 3 February 2023 supports that the service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Staff were knowledgeable of processes to review care and services in response to changes and consumers confirmed they had been consulted during review processes. Care planning documents evidenced recent review undertaken routinely in line with the service’s four-monthly schedule or following an incident or change to a consumer’s condition.

# 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

The service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a), 3(3)(b) and 3(3)(d) following an Assessment Contact in November 2021. Evidence in the site audit report dated 1 to 3 February 2023 supports that the service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Staff demonstrated awareness of tailored care needs of consumers. Care planning documents demonstrated consumer receive safe and effective personal and clinical care that is best practice. Restrictive practices at the service aligned with legislative requirements, including having behaviour support plans and consent in place for consumers subject to restrictive practices. The service had policies and procedures available to staff for key areas of care including restrictive practice, pain management and wound management.

Consumers and representatives expressed satisfaction at the way the service manages risks. Staff knew about risks to consumers and ways in which they are mitigated. Care planning documents identified risks to consumers and prevention strategies. Management provided examples of ways the service and organisation had adapted to prevalent risks.

Representatives provided positive feedback regarding end of life care, including monitoring of palliating consumers to ensure comfort. Staff described care provided to consumers nearing the end of their lives and liaised with a palliative care team for support, if needed. Care planning documents reflected pain management and comfort provided during the palliative process, aligned to consumers’ end of life needs and preferences.

Staff provided examples of when they have identified a consumer’s deteriorating condition and discussed changes with colleagues, referred to allied health professionals or transferred the consumer to hospital. Care planning documents reflected identification of, and response to consumer deterioration. Representatives confirmed the service provided ongoing updates regarding consumers’ condition and care.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff. Staff described sharing consumer information during shift handover or meetings. Care planning documents included adequate information to support effective and appropriate sharing of consumers’ information to support care.

Consumers and representatives said referrals to other care providers were timely and appropriate. Staff were knowledgeable of referral pathways and appropriate selection of allied health professionals. Care planning documents reflected timely and appropriate referrals to specialists.

Staff were knowledgeable of infection control practices, such as hand hygiene and personal protective equipment, and underwent associated training. Staff were guided by infection control procedures and an outbreak management plan. Care planning documents evidenced appropriate antibiotic use and medical officer review.

# 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 said they were supported to participate in activities of their choosing that optimised their quality of life. Care planning documents recorded consumers’ leisure preferences, interests, and spiritual needs. Staff demonstrated awareness of consumer’s interests, likes and dislikes. An activities calendar reflected a range of recreational and religious events tailored to the needs and preferences of consumers.

Consumers said they were provided emotional and psychological support when needed and staff described provision of such support. Care planning documents reflected consumers’ spiritual preferences and psychological needs.

Consumers said they were supported to undertake activities within the service and community. Staff provided examples of consumers who were supported to maintain hobbies of interest, both inside and outside of the service. Documentation recorded people and activities of importance to consumers.

Consumers said services and supports were effectively communicated between the service and other providers. Staff described exchanging relevant information during shift handover or through the electronic care management system. Care planning documents evidenced information to support the delivery of safe and effective care and services.

Consumers said they are supported by other organisations, services and providers. Care planning documents reflected timely and appropriate referrals to other organisations and services.

Consumers provided positive feedback regarding the variety, quality and quantity of meals. Staff said consumers provided feedback during monthly meetings regarding the menu, which was seasonal, displayed in communal areas and copied for consumers. Catering staff were advised of dietary requirements and consumers were observed eating independently or assisted by staff.

Consumers said they felt safe using provided equipment which was readily available when needed. Staff described cleaning shared equipment following each use and were aware of processes to request maintenance. Equipment was observed to be clean and maintained.

# 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 said they found the service welcoming and easy to navigate. The service included navigational signage, lounges, dining areas and outdoor courtyards. Staff described gifting consumers flowers upon entry and providing tours to assist independent navigation.

Consumers and representatives said the service environment was safe, clean, maintained and allowed free movement. Staff said they are guided by daily cleaning schedules, including infection control measures, and a maintenance log accessible by all staff. Cleaning and maintenance schedules reflected timely completion of tasks and requests.

Consumers said equipment was checked, cleaned, and regularly maintained. Staff described a preventative maintenance schedule, frequent cleaning, and audits of mobility aids. Consumers were observed using a range of equipment which appeared to be clean and well-maintained.

# 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 said they felt comfortable to provide feedback or make complaints and knew how to do so. Staff knew of relevant lodgement processes, including forms, surveys, meetings, and direct discussion with staff. Information on how to make a complaint, as well as feedback forms, was observed in common areas of the service.

Consumers were aware of advocacy and language services to support a complaint and management described relevant services available to consumers. Information regarding advocacy and language services was observed on posters and brochures which were available in various languages.

Consumers and representatives said appropriate action was taken in response to their complaints and open disclosure was practiced. Consumers gave examples of how complaints were managed and resolved in a timely manner, and management described these processes. Staff were guided by a complaints policy which set out appropriate responses to adverse events.

Consumers and representatives provided positive comments regarding improvements made in response to their feedback. Management described responsive changes and additional staff training to reduce the likelihood of further issues. A complaints register evidenced actions taken in response to 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

Most consumers and representatives said there were sufficient staff to provide care. Some consumers and representatives said there wasn’t enough staff however said there was not impact on consumers. Management advised staff are being upskilled to increase availability of the registered clinical cohort. Rosters evidenced allocation of permanent or agency staff to fill leave and agency staff underwent an orientation process and were initially partnered with permanent staff.

Consumers and representatives said staff were kind, caring and gentle. Staff were observed greeting consumers by their preferred name and demonstrating familiarity with consumers’ needs and identity. Documentation evidenced staff had completed dignity and respect training.

Consumers and representatives were confident staff were sufficiently skilled to meet consumers’ care needs. Records evidenced staff held valid registrations and recruitment documentation noted staff held the required qualifications, competencies, and experience.

Consumers and representatives were confident staff were trained and equipped to deliver quality care and services. Staff described mandatory and supplementary training for topics including, but not limited to, serious incidents, restrictive practice, and antimicrobial stewardship. Training records evidenced most staff were up to date with their mandatory training.

Staff said they participated in annual performance appraisals which management described could trigger review of training requirements. Records evidenced all staff had undertaken a performance appraisal in 2022 and a performance framework guided management of underperformance through counselling, disciplinary processes, or buddy shifts.

# 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 said they were engaged in the development and delivery of care and services. Management confirmed consumer and representative involvement through meetings, food focus groups and clinical case conferences. Meeting minutes reflected discussion with consumers regarding meals, activities, continuous improvement and complaints.

Management describe how accountability and promotion of a safe culture was demonstrated by the governing body reviewing information from the service and actioning recommendations. The service submitted monthly reports to the sub-committee identifying trends, risks, and incidents, to which the sub-committee made recommendations to the governing body.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, management advised that the organisation ensures compliance with regulatory requirements through subscriptions to various sources and any regulatory and legislative changes are communicated in executive meetings and members of the team are delegated responsibilities to develop a plan for dissemination.

The service was found non-compliant in Standard 8 in relation to Requirement 8(3)(d) following an Assessment Contact in November 2021. Evidence in the site audit report dated 1 to 3 February 2023 supports that the service has implemented improvements to address the non-compliance and is now compliant with this Requirement. The service had effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Staff described completing training for risk management systems.

The service had a clinical governance framework in relation to antimicrobial stewardship, minimising the use of restraints, and the principles of open disclosure. Staff were knowledgeable in these areas and had completed relevant training.

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)