Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Heritage Kingswood |
| Commission ID: | 2480 |
| Address: | 29 George Road, KINGSWOOD, New South Wales, 2747 |
| Activity type: | Site Audit |
| Activity date: | 30 January 2024 to 1 February 2024 |
| Performance report date: | 27 February 2024 |
| Service included in this assessment: | Provider: 2667 Heritage Care Pty Ltd  Service: 862 Heritage Kingswood |

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 Kingswood (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission, in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 and representatives said they were treated with dignity and respect and their identity, culture, and diversity was valued. One representative expressed dissatisfaction with staff sometimes referring to consumers by a pet name however, the service demonstrated staff were trained not to do this unless invited. Staff described the cultural backgrounds of consumers and explained how this influenced their care. The service’s cultural and spiritual life policy described consumers’ rights to privacy, dignity and culturally safe care. Care planning documentation of sampled consumers demonstrated respectful language and reflected consumers’ identity and diversity.

Consumers sampled described how staff value consumers' background and provide care that is consistent with their cultural preferences. Staff described how they supported consumers’ identity, background and culture and this was consistent with the relevant care planning documents.

Consumers and representatives said they were supported to make decisions, exercise choice, and maintain their relationships of choice, and these choices were respected by staff. Staff described how they supported consumers to make free choices, maintain their independence and engage in relationships of their choosing. Care planning documents recorded consumers’ individual choices about their care delivery, who they wanted involved in their care, and the relationships that were important to them. The service had documented policies and procedures to support consumers’ rights to make their own decisions and maintain relationships of choice.

Consumers described how the service supported them to make choices involving risks to live the life they chose. Management and staff were aware of the risks taken by consumers and explained how they supported consumers to live the way they chose, while also ensuring appropriate risk mitigation strategies were put in place. Care planning documents evidenced risk assessment and risk management discussions took place prior to consumers commencing activities involving risks.

Consumers and representatives confirmed they were kept suitably informed through verbal reminders, printed information, noticeboards, and emails. Staff and management described various ways current information was provided to consumers in line with their needs and preferences. Information was clearly displayed on noticeboards in communal areas and meal choices were being communicated to consumers with sensory impairment. The service had systems and procedures in place to communicate information to consumers that was timely, clear, and easy to understand.

Consumers and representatives said the service respected their privacy and kept their personal information confidential. Staff and management described practical ways they respected consumers’ privacy, such as by knocking before entering bedrooms, always closing the door when providing care, and never discussing personal information in public areas. Computers with access to the electronic care management system were in secure nurses’ stations and were password protected.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 said they were involved in the initial and ongoing assessment and care planning process, and they received the care they required. Management and staff described the thorough assessment and care planning process, including how they assessed risks to individual consumers. Care planning documents confirmed comprehensive assessment and care planning, including the identification of risks and individualised mitigation strategies.

Consumers and representatives described how assessment and care planning addressed their current needs, goals and preferences and their advance care plans and end of life wishes. Staff described how they ensured that assessment and care planning reflected consumers’ current preferences and how they approached conversations around end of life planning. Care planning documentation recorded consumers' current needs, goals and preferences, and their advance care plans and end-of-life wishes.

Consumers and representatives described being closely involved in the assessment and planning of care and said they could ensure consumers’ needs and wishes were met. Management and staff outlined how assessment and planning of care was done in partnership with consumers, and others they wished to involve in their care.

Consumers and representatives said staff regularly communicated with them, explained any changes to their care and services, and provided a copy of their care plan. Management and clinical staff described how they effectively communicated outcomes of assessment and planning to consumers and their representatives and documented them in the electronic care management system. Care plans showed the outcomes of assessment and planning were regularly communicated to consumers, representatives, and others who were involved in the consumers’ care.

Care planning documents evidenced reviews on a regular basis, and when circumstances changed, or when incidents impacted on the needs, goals, or preferences of consumers. Consumers and representatives confirmed that care and services were reviewed regularly for effectiveness and reviewed when changes occurred. Management and staff could explain the process for scheduled and ad hoc reviews of care plans. The service had written policies to guide staff in the review of consumers’ care needs.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said they received safe and effective personal and clinical care that met their individual needs, goals and preferences. Care plans were comprehensive and reflected best practice care that was safe, effective, and tailored to the specific needs and preferences of each consumer. Staff and management showed a strong understanding of consumers’ care needs and detailed how they provided safe and effective personal and clinical care. The service had documented policies and procedures to guide staff in providing individualised personal and clinical care that optimised consumers’ wellbeing.

Consumers and representatives were satisfied that high-impact and high-prevalence risks to consumers were identified and effectively managed. Management and clinical staff knew the most prevalent risks at the service and described a range of mitigation strategies being used. Care plans recorded the risks to individual consumers health and the management strategies in place.

Consumers and representatives expressed confidence in the service meeting consumers’ end of life needs, goals and preferences. Representatives confirmed the service had initiated discussions about advance care planning and end of life care, if they wished. Staff explained how they recognised and addressed the needs and preferences of consumers nearing end of life and how they maximised their comfort and ensured their dignity.

Consumers and representatives said the service was responsive to consumers’ changing care needs and staff kept them informed about changes to their health. Management and staff described how deterioration or change in consumers’ condition was recognised, responded to, and managed in partnership with other relevant health disciplines. Care planning documents evidenced the timely identification and response to deterioration or changes in consumers’ health status.

Consumers and representatives confirmed staff and external providers involved in providing care communicated effectively with them. Staff described how current information about consumers’ needs, condition, and preferences was documented and communicated within the organisation and with others involved in providing care. The shift handover process was observed to be effective in communicating current information about consumers within the organisation.

Consumers and representatives said referrals to a range of other organisations and health professionals were timely and appropriate. Management and clinical staff described how external providers of care and services were utilised to supplement the care delivered at the service to ensure quality outcomes for each consumer. Care planning documents evidenced referrals to medical officers and other providers of care and services.

Consumers and representatives expressed confidence in the service’s infection control measures and said staff always practiced sound hygiene. Management and staff explained effective infection prevention and control measures in place, and the steps they took to minimise the use of antibiotics. The service had documented policies and procedures to guide staff in antimicrobial stewardship and infection prevention and control.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 provided with the services and supports for daily living to optimise their independence, health, well-being and quality of life. Management and staff described how the service partnered with consumers and representatives to identify and document consumers’ lifestyle needs, goals and preferences. Staff described what was important to specific consumers and this aligned with the information contained in their care plans.

Consumers and representatives said the service promoted consumers’ emotional, spiritual and psychological well-being, and supported them when they were feeling low. Care planning documents included information on consumers' well-being needs, goals and preferences. Staff described how they recognised changes in consumer mood and how they supported their emotional, social and psychological well-being such as by facilitating personal connections and providing religious services.

Consumers and representatives said consumers were supported to engage with the community inside and outside the service, keep in touch with people, and participate in activities and events of interest to them. Management and staff described how consumers were encouraged to participate in their community within and outside the service and maintain important relationships. Consumers were observed socialising with other consumers and visitors in communal areas.

Consumers said current information about their condition, needs and preferences was communicated within the organisation, and with others responsible for their care. Staff explained how they documented any changes in consumers’ condition in the electronic care management system and this was communicated effectively at shift handovers. Care planning documents provided adequate information to ensure safe and effective services and supports for daily living.

Consumers and representatives said they had timely access to other providers of services and supports for daily living. Care planning documents identified referrals to other organisations and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services.

Most consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided and said they could provide feedback on the food which was acted upon. While a few consumers expressed dissatisfaction with aspects of meals the service demonstrated it was responding appropriately to their feedback. Staff described how they ensured consumers’ dietary needs and preferences were met and said they arranged alternative meals if consumers wanted something different. Documentation detailed consumers’ dietary needs and preferences and meal services in all dining areas were observed to be punctual and well-coordinated, with staff providing appropriate supervision and assistance.

Consumers said they had access to equipment that was safe, clean and suitable for their needs. Staff could describe how equipment was kept safe, clean, and well maintained. The equipment around the service appeared safe, suitable, clean and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 the service environment was welcoming, easy to understand and made them feel at home. Consumers said they had a say in the design of the environment, which created a sense of belonging, independence, interaction and function. Management and staff described how they supported consumers to personalise their rooms and encouraged a sense of belonging within the service. The service environment appeared welcoming, with sufficient lighting, handrails, and clear signage to aid navigation.

Consumers and representatives said the service environment was safe, clean, well-maintained, and allowed them to move around freely, as they wished. While one unclean toilet was observed during the site audit, management and staff explained how cleaning occurred frequently every day and an additional training session was provided to remind staff to be vigilant about bathroom cleanliness. Staff described effective systems in place for the cleaning and maintenance of the service environment in accordance with schedules. Consumers were observed moving around freely, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean and well maintained. Management and staff described the processes in place for cleaning and maintaining the equipment, furniture, and fittings within the service. The equipment, furniture and fittings appeared to be clean, safe and in good condition.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 understood various ways they could give feedback or make a complaint and felt comfortable doing so. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service had written policies, procedures, and systems to support consumers and representatives to provide feedback or make complaints.

While some consumers and representatives were unaware of external advocacy services, they said they did not want to access such services, as they preferred to raise any concerns within the service. Management and staff explained how they directed consumers and representatives to external advocacy and language services, if needed. Information about external advocacy and complaint avenues was observed to be readily available throughout the service.

Most consumers and representatives expressed satisfaction with how the service resolved their complaints and described how open disclosure was practiced. While 2 representatives indicated they were not satisfied with the service’s response to past complaints, records showed the complaints were documented and addressed in a reasonable timeframe. Management and staff described the principles of open disclosure, such as issuing an apology. Complaint records showed the service responded to feedback and complaints in a timely and appropriate manner. The service had written policies and procedures to guide staff in the management of complaints and use of open disclosure.

Most consumers and representatives expressed satisfaction with how the service reviewed feedback and complaints and used them to improve the quality of care and services. Management stated all complaints received from consumers and representatives were logged into the service’s complaint register for follow up, and to identify continuous improvement, opportunities. Management and staff explained the main complaint trends and the improvement actions taken or proposed. Documents confirmed that feedback and complaints were actively investigated and used to make improvements across the service.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 felt the service had sufficient staff to meet the care needs of consumers. Consumers that felt there could be more staff could not identify any adverse impacts related to staffing levels. Management described how they ensured there were enough staff to provide safe and effective care based on consumers’ individual needs. Rosters confirmed unplanned absences were covered and staffing levels were adequate to meet consumers’ care needs. Staff appeared calm and unrushed when delivering care to consumers.

Consumers and representatives said staff were kind, caring, respectful and gentle when providing care. Staff were observed interacting respectfully with consumers. Staff were familiar with each consumer’s individual background, needs and identity.

Consumers and representatives said staff performed their duties effectively and expressed confidence in staff competency and knowledge. Management described how they determined staff were competent and had the necessary qualifications and knowledge to perform their roles. Staff could describe their responsibilities, and the competencies and qualifications required in their documented position descriptions. Workforce records confirmed legislative checks and registrations were current for all staff.

Most consumers and representatives said staff were well trained and sufficiently skilled to meet the care needs of consumers. Management detailed how staff were supported, trained and equipped to perform their roles in line with the Quality Standards. Staff said the service provided suitable training and support to provide quality care.

Management explained how the performance of staff was regularly assessed, monitored and reviewed. Management described informal ongoing performance monitoring and the annual formal performance appraisal process. Staff said they were supported by management during regular performance reviews and were provided with opportunities for improvement. The service had a suite of policies, documents and trainings that informed the expected performance and behaviours of staff.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 the service was well run and they could provide input to the operation of the service. Management described a variety of mechanisms in place to ensure consumers and representatives were actively engaged in the development, delivery and evaluation of care and services. Documentation such as meeting minutes and care plans confirmed consumers and representatives had ongoing input into the development, delivery and evaluation of care and services.

Management explained how they were supported by their governing body in the delivery of safe, inclusive, and quality care and services. Management described the clearly defined corporate structure and the role of the Board in ensuring there were adequate governance and reporting arrangements in place to ensure the service provided quality care and services in line with the Quality Standards. The service has published policies and procedures with defined roles and responsibilities aligned to the Quality Standards which promoted safe, inclusive, and quality care and services.

The service demonstrated there were effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints, and broadly, regulatory compliance. Management and staff described policies and processes which supported the governance systems.

Management described effective risk management systems and practices for 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. Management and clinical staff demonstrated an applied understanding of the high impact and high prevalence risks to consumers, and explained how the service manages risk in line with best practice. The service had documented policies and procedures around management of risks and incidents and reporting serious incidents.

The organisation had a clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and open disclosure. Management and staff could explain how these policies and procedures were applied in the delivery of clinical care and services.

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)