Performance

Report

**1800 951 822**

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| Name of service: | Heritage Northcote |
| Service address: | 14-24 Pearl Street NORTHCOTE VIC 3070 |
| Commission ID: | 4038 |
| Approved provider: | Milford Hall Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 15 February 2023 to 17 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 Northcote (**the service**) has been prepared by K. Spurrell, 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 and representatives said consumers were treated with dignity and respect, and consumer identity, culture, and diversity were respected and valued. Staff described treating consumers with respect by using their preferred names, acknowledging their choices, and building rapport by investing time to understand their background, life history, and needs. Staff were observed interacting with consumers respectfully.

Consumers and representatives confirmed the service recognised and respected their cultural background and care was consistent with their preferences. Staff identified consumers' culturally diverse backgrounds and said consumers received care aligned with documented preferences. A documented diversity and inclusion policy guided staff around expectations and services available to support consumers from diverse backgrounds.

Consumers and representatives said they were given choice about how and when care was provided, and their choices were respected by staff. Staff described how they supported consumers to make choices, maintain independence and relationships of choice. Care documentation identified consumers’ individual choices around care delivery, and how the service supported them in maintaining relationships important to them.

Consumers said they were supported to take risk. Staff advised they ensured strategies were in place for risk mitigation, liaising with the consumer’s medical officer and other health professionals to ensure the risk is well informed. The service’s dignity of risk policy outlined the service's support of independence, including exercising choice when participating in activities involving risk.

Consumers and representatives confirmed they received information to assist them to make decisions. Staff described ways in which information was provided, including communicating information with culturally and linguistically diverse consumers or those with cognitive impairments. Information, including activity schedules, menus, and consumer meeting minutes were displayed throughout the service.

Consumers and representatives reported consumer privacy was respected and personal information was kept confidential. Staff outlined practical ways they respected the personal privacy of consumers and were observed knocking before entering rooms and closing doors when delivering care and ensuring nurse’s stations were locked when unattended.

# 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 said they were involved in the care and planning process. Staff described the initial assessment and care planning process when consumers entered the service and the comprehensive and regular assessment and care planning reviews thereafter Care documentation detailed the individual consumer risks assessed and the strategies to reduce or eliminate those risks.

Staff described how they approach conversations with consumers and representatives about end-of-life and advance care planning. Consumers and representatives said assessment and planning identified and addresses the consumers' current preferences and end-of-life wishes. The service had advance care planning and end-of-life guidelines and procedures to ensure consumers were assisted with decision-making and support for their end-of-life journey.

Consumers and representatives said they participated in the care planning process. Staff explained how they actively collaborated with consumers and others during the 4-monthly review process, when incidents occurred or when there was a change in care needs, to ensure quality care was provided. Care documentation evidenced the involvement of a range of external providers and services including medical officers, dietitians, and geriatricians.

Consumers and representatives said the service kept them informed about consumers’ care and assessments. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives and offered them a copy. The service used an electronic care management system to record all care planning and progress notes, which allowed care plans to be compiled and printed for consumers as required.

Consumers and representatives said staff advised them when something impacted the consumers' health or preferences and changes were implemented accordingly. Staff said care plans were reviewed every 4 months, or when change, incidents, or deterioration in health occurred. Policies and procedures guided staff in the assessment and planning process for consumers regularly or as needed following a change in health status.

# 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 said they received safe and effective personal and clinical care, tailored to meet their individual needs and optimise their health and well-being. Staff described the importance of providing best practice care and described some of the ways they do this, such as using non-pharmacological strategies to minimise the use of restrictive practices.

Consumers and representatives said they felt the service was adequately managing risks to consumers' health. Staff described the high-impact and high-prevalence risks for consumers at the service, including falls, weight loss, and pressure injury, and appropriate risk mitigation strategies to manage them. Documentation evidenced regular clinical data monitoring, trending, and implementation of suitable risk mitigation strategies for individual consumers.

Care documentation evidenced the identification of, and response to, deterioration or changes in the consumer’s condition. Consumers and representatives said the service recognised and responded to changes in condition in a suitable and timely manner. Staff explained how deterioration was discussed during handovers and staff meetings and would trigger a medical officer review, hospital transfer if needed, and a subsequent review of care.

Consumers expressed satisfaction with the end-of-life care provided by the service. Staff described how care was provided at end of life to maximise comfort and maintain dignity. The service’s end-of-life policy contained the roles of key personnel in the management and implementation of end-of-life care for consumers at the service.

Consumers said staff communicated well with each other and their needs, preferences, and conditions were communicated within the organisation and to others where necessary. Care and handover documentation provided information to support effective and appropriate sharing of the consumer’s information to support care. The Assessment Team observed handover documents specific to care and clinical staff which contained information such as mobility and transfer requirements, upcoming appointments, key risks, and care preferences for consumers.

Consumers and representatives said referrals were timely, appropriate, and occurred when needed, and the consumer had access to a range of health professionals. Staff provided examples of referrals to individuals and other organisations and providers of care where they could provide value to a consumer's care. Care documentation confirmed the input of others and referrals where needed.

Consumers and representatives said they were satisfied with the service’s management of infection control and antibiotic prescription practices. Staff advised antibiotics were typically commenced following a confirmed pathology result to ensure its appropriateness and advised antiviral medication was available to consumers if needed. Observations confirmed all staff, visitors, and contractors were subject to a thorough screening process before entry.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed consumers were supported to participate in activities they liked and were provided with appropriate support to optimise their independence and quality of life. Staff explained what was important to consumers and what they enjoyed, and this aligned with the consumer’s care documentation. Staff described offering alternative activities for consumers who may have varied degrees of functional or cognitive ability.

Consumers reported their emotional, spiritual, and psychological needs were supported, by staying in touch with family and friends. Staff described how they could read consumers’ body language and facial expressions to determine consumers' current emotional and psychological state and provide interventions including one-on-one private interaction, food, and beverages such as a cup of tea, hand massages, singing, or facilitating phone calls.

Consumers and representatives said, and documentation confirmed, consumers were supported to participate within and outside the service, keep in touch with people who were important to them, and do things of interest to them. Staff advised the service offered activities to support consumers to participate outside the service’s environment, including visitations and liaisons from external organisations such as entertainers and the local library.

Consumers and representatives said the consumer’s condition, needs, and preferences were effectively communicated within the service and with others responsible for care. Staff described how information was shared through staff meetings and handover, and was documented in progress notes and communicated within the electronic care management system. Care documentation contained detailed information to support effective and safe care, as it related to services and supports for daily living.

Consumers said they are supported by other organisations and providers of other care and services. Care documentation identified referrals to other organisations and services, including a braille library and hairdresser. Staff described how the service worked with external organisations to help supplement the lifestyle activities, including the local library, volunteers, and entertainers who provide engagement and entertainment at the service.

Consumers and representatives expressed satisfaction with the quality and quantity of food being provided to consumers. Care documentation reflected consumers' dietary needs and preferences, which aligned with feedback from consumers and representatives. Meal services were observed to be timely and organised.

Consumers said they have access to safe, clean, and well-maintained equipment. Staff said they had access to equipment when they need it and described how equipment was kept safe, clean, and well maintained. The preventative maintenance schedule demonstrated regular servicing of equipment relevant to services and supports for daily living, including mobility aids and manual handling equipment.

# 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, and observations confirmed they find the service’s environment to be welcoming and easy to understand. Management described how they encouraged consumers to personalise their rooms to make them feel more at home and pairing them with consumers who have common interests when they first enter the service.

Consumers and representatives said the service environment was safe, clean, and well maintained and allowed them to move around freely. Staff provided records that showed all scheduled maintenance had been carried out, including fire safety systems inspections, pest control inspections, and water safety inspections.

Consumers said they had access to safe, clean, and well maintained equipment. Staff said they had access to equipment when they need it and described how equipment was kept safe, clean, and well maintained. The service’s planned preventative maintenance schedule was reviewed and evidenced regular monitoring by the service's maintenance officer.

# 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 understood how to give feedback or make a complaint, advised they felt safe doing so, and there were various ways to provide feedback and complaints. Staff described the processes in place to encourage and support consumers and representatives to provide feedback and complaints. Policies, procedures, and systems ensured consumers and their representatives are aware of the various ways to provide feedback and complaints.

Consumers and representatives said they were aware of and have access to advocates, language services, and other methods for raising and resolving complaints. Documentation identified how the service actively promoted advocacy services with the information easily accessible to consumers and representatives. Management described the advocacy information available in different languages for linguistically diverse consumers.

Consumers and representatives said the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Complaints data showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, remaining transparent, and resolving the issue whilst keeping the consumer informed. feedback and complaints policy and procedure which highlights the importance of the use of open disclosure in the complaints process and guides staff in documenting, investigating, resolving, and evaluating feedback and complaints made by consumers and representatives.

Consumers and representatives reported their feedback is used to improve services. Management advised how feedback and complaints are trended and analysed monthly and are used to inform continuous improvement as required. The Assessment Team observed all feedback documented and added to the service's electronic feedback and complaints register.

# 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

Consumers and representatives expressed satisfaction with the number of staff and the speed at which care needs were responded to. Documentation evidenced that call bell response times were monitored through observations and audits, and staff were reminded and trained to ensure timely response to call bells is a priority. Management said the roster included a mix of staff and did not differ on weekends and public holidays.

Consumers and representatives said staff were kind, caring, and gentle when providing care. Management and staff spoke about consumers in a kind and caring manner and were observed to treat consumers kindly and respectfully. The service’s consumer handbook stated consumers had the right to be treated with dignity and respect and to have their identity, culture, and diversity valued and supported.

Consumers and representatives consider staff to be skilled and competent in their roles. Position descriptions reviewed included key competencies and qualifications desired or essential for each role, and staff were required to have relevant qualifications according to their role. Management described how the service ensured staff were competent through orientation, buddy shifts, and regular training captured the Standards.

Consumers and representatives said staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed they had received training in various topics which included but were not limited to, restrictive practices, serious incident response scheme (SIRS), recognising and responding to elder abuse, and infection control. Policies and procedures to guide staff practice were available through an online portal.

Management described how the performance of staff was monitored through formal performance appraisal and informal monitoring and review. The service had a suite of policies and procedures that informed expected performance and behaviour for staff and outlined the service’s commitment to conduct staff performance reviews at least once a year which are used for continuous improvement.

# 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

Management described a variety of mechanisms in place to ensure consumers provided input and made their own decisions about the care and services provided to them. Consumers expressed satisfaction with the management of the service, said they felt like they were involved in their care, and were supported to be a partner in their care. Consumer meeting minutes included discussion about subjects including volunteers, activities, renovations, and suggestions and improvements.

Management described the service’s organisational structure which facilitated the oversight and governing of the delivery of quality care and services across the service. The Board and management regularly monitored and analysed clinical indicators. The Board was involved in the rollout of improvements across the organisation such as planned improvement to the rostering and human resourcing systems, as well as trailing a new online medication management software. The Board regularly visited the service and actively observed the service’s running during their visits.

Management and staff described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Observations, and a documentation review, corroborated information outlined in these policies, demonstrating how procedural information was translated into practice.

The service provided frameworks, policies, guidelines, and tools to support the management of various risks. The service also demonstrated the implementation of these policies. Staff showed an understanding of consumers with high-impact or high-prevalence risks and mitigation strategies.

The service had documented frameworks, policies, and guidelines around antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrate an understanding of these policies by describing how they apply them in their day-to-day work.

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)