Performance

Report

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| Name of service: | Heritage Pennant Hills |
| Service address: | 2A The Crescent PENNANT HILLS NSW 2120 |
| Commission ID: | 2759 |
| Approved provider: | Heritage Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 30 January 2023 to 1 February 2023 |
| Performance report date: | 28 February 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 Pennant Hills (**the service**) has been prepared by D. McDonald, 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.
* the provider’s response to the assessment team’s report received 24 February 2023.

# 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 they were treated with dignity and respect, and the staff valued their identity, culture, and diversity. Staff spoke about consumers, demonstrating respect and an understanding of their personal circumstances, life experiences, and culturally diverse backgrounds. Staff were observed to treat consumers with dignity and respect, using their preferred names, and knocking on doors before they entered consumers' rooms.

Consumers and representatives said the service provided culturally safe care and services. Staff identified consumers with individual preferences and care needs and explained how care was delivered with respect. Care documentation reflected the consumer’s cultural needs and preferences including who was important to them, information on their life journey, cultural background, spiritual preference, and individual personal preferences.

Consumers and representatives stated they felt supported to make choices regarding their care, the way services were delivered and whom they want to be involved in their care. Staff described how consumers were supported to maintain relationships, such as regular family visits and taking consumers on outings. Policies, procedures, and training guided staff in upholding consumers’ rights to make choices, enabling consumers to live according to their preferences.

Consumers and representatives stated the service supported them in taking risks to enable them to live the best life they could. Staff demonstrated an understanding and provided examples of how consumers took risks. Risk assessments were conducted to ensure consumers and representatives understood the potential harm when making decisions about taking risks.

Consumers and representatives advised they received up-to-date information about activities, meals, and special events at the service. Staff advised the service provided newsletters and other regular communication, which were sent by email to all representatives and hard copies were made available within the service for consumers. A monthly activity calendar and menu printed in English with Cantonese and Mandarin translations was observed in the reception, lounge, and dining area, as well as in each consumer’s room.

Consumers and representatives reported their privacy was well respected, and they were confident their personal information was kept confidential. Staff described how they maintain consumer privacy when providing care as well as keeping computers locked and using passwords to access consumers’ personal information. Staff were observed knocking on doors and waiting for a response before entering, and closing doors when providing 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 said the service completed assessments and care planning to deliver safe and effective care to consumers. The service had a policy stating assessments were to be completed during entry and whenever there was a change in the consumer’s health, as well as every 4 months. Assessments and care plans reviewed included risk assessments and identified effective interventions relevant to those risks.

Consumers and representatives said advance care planning was completed during entry to the service and discussed regularly during case conferences. Consumers’ end-of-life care needs were also discussed to provide consumer-centred care. Care documentation reviewed included consumers’ needs, goals, and preferences along with advance care planning.

Consumers and representatives said the service involved consumers and representatives and people important to them, in the assessment and care planning processes. Staff advised they conducted care conferences for each consumer regularly and on an as need basis when there was a change in the consumers' health. Care documentation demonstrated the service involved representatives during the assessment and care planning process.

Consumers and representatives said the service communicated the outcome of the consumer assessment and care plan promptly, and the consumer and representative were provided with a copy of the care plan. Care documentation showed the care plan was relevant to the consumer’s care, and the outcomes of assessments were regularly communicated with the consumers and representatives. Staff stated they informed consumers and representatives when they were reviewed by a medical officer, allied health, or any specialist medical service and added they always document communication in the electronic care management service.

Consumers said the service conducted reviews regularly and when there was a change of circumstance, goal, or preference. Care documentation demonstrated the service had a system of reviewing consumers every 4 months or when there was a change. The service had policies and procedures stating the service reviewed consumer assessments and care plans every 4 months or when there was a change in consumer health or an incident 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 said consumers’ care was safe and right for them and they were happy with the care and service they received. Staff described individual consumers' care as designed to meet consumers’ needs, how the care was delivered according to the consumer preference, and fulfilling their wishes. Staff practice and interactions with the consumers were observed and confirmed the personal and clinical care delivered was in line with the individual consumer's care plans.

Consumers and representatives said they were happy with the management of risks, including falls, behaviour management, medication management, diabetes management, wound management, and pressure area care. Staff described how high-impact high prevalent risks were managed for consumers including consultation during case conferences and clinical reviews. The service had policies and procedures related to high impact and high prevalence to guide staff.

Management described the process for preparing consumer advance care directives and advised the topic was discussed at every case conference as a standard agenda item. Staff explained end-of-life care for consumers was provided to maximise comfort and preserve dignity through regular nursing interventions such as repositioning, pain management, mouth and eye care, and spiritual support. Care documentation evidenced consumers had current advance care plans.

Consumers and representatives said the service identified changes in the health and function of deteriorating consumers through regular assessment. Staff described the process of identifying changes in deteriorating consumers and reporting those changes for escalation. Care documentation showed the system for recognising the changes in deteriorating consumers and how to respond to those changes by the service.

Consumers and representatives said the service communicated effectively about consumer care within and outside the organisation, with those who were responsible for consumer care. Management said the communication within the organisation was shared in different ways, such as in handover, email, and through an electronic care management system. Care documentation showed regular case conferences with consumers and representatives to communicate changes in consumer health conditions and to update consumer needs, goals, and preferences.

Consumers and representatives said the service enabled appropriate referrals when there was a need for consumer care. Staff explained the importance of external service providers and how input from the external service provider was arranged. Care planning documentation showed timely and appropriate referrals and the contributions of external services to consumer care.

Consumers and representatives said they observed staff performing infection control procedures such as wearing gloves and masks, washing hands, and maintaining standard and transmission-based precautions. Staff explained the reasoning behind antimicrobial stewardship and were aware of the processes to be taken prior to the ordering and administration of antibiotic medication. Staff were observed practicing infection control and prevention techniques, including hand hygiene use of masks and gloves when attending consumer care.

# 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 described how they were supported to do the things they want to do, and had support available to allow them to be as independent as possible and participate in activities promoting their well-being and quality of life. Care documentation aligned with consumer feedback, identifying consumer choices, what they liked, and information about the support they needed to do the things they wanted to do. Staff demonstrated knowledge of consumers and described how they program activities tailored for consumers to maintain their independence, health, and quality of life.

Consumers said they felt supported to maintain the social, emotional, and spiritual connections important to them. Staff said they started each day with a one-on-one room visit to consumers to discuss how they were feeling and what they would like to do that day. Staff were observed communicating individually to consumers in the cultural language of the consumer.

Consumers felt supported to participate in activities within the service and in the outside community as well as have personal relationships and do things of interest to them. Care documentation identified the people important to individual consumers and activities of interest. Staff highlighted a strong connection to the community with regular visits from volunteers.

Consumers and representatives reported they felt information about their condition was effectively communicated and staff who provide daily care understood their needs. Staff explained how care and other needs were shared internally at handovers and recorded in the service’s electronic care management system. Care documentation identified the condition of consumers and their needs and preferences.

Consumer’s care documentation demonstrated collaboration with external providers to support the diverse needs of consumers. The service had an arrangement for twice weekly visits from volunteers from the Community Visitors scheme who could converse in Mandarin and Cantonese languages with the consumers one on one. Staff said it was very beneficial for consumers living with dementia to have one on one activities.

Consumers were happy with the variety, quality, and quantity of food being provided through the rotational seasonal menu, which was revised every 3 months. The service had mechanisms in place to ensure consumers could participate and contribute to the development of the menu, such as food focus meetings. Care documentation confirmed consumer dietary requirements and preferences were captured and were consistent with what consumers said.

Equipment used to support consumers' engagement with activities of daily living, and lifestyle activities were observed to be safe, suitable, clean, and well-maintained. Staff described the processes for identifying equipment that requires maintenance. Daily maintenance logs reviewed showed no outstanding requests.

# 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 the service environment was open and welcoming and they felt at home. Staff described how, and observations confirmed, consumers could move independently, and freely between their rooms, the lounge, and dining areas for meals and activities. The service was light-filled, with wide hallways and handrails for support, and clear signage was placed throughout to assist consumers with navigating the service.

Consumers and representatives provided feedback the service environment was clean, well maintained, and comfortable, and also said they can move freely indoors, to the outdoor courtyard, and move outside with a key code. The internal maintenance log and the routine inspections for various areas and the furniture and equipment maintenance undertaken by maintenance staff was signed off with comments. The logs showed maintenance issues were addressed in a timely manner.

Consumers and representatives said the equipment provided by the service for consumers to use was well-maintained, safe, and clean. Management described and demonstrated how maintenance was scheduled and carried out for routine, preventative, and corrective maintenance requirements. Electrical equipment was observed to be tested and tagged, and the fire equipment was up to date and recently inspected.

# 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 said they were supported to provide feedback and complaints and felt comfortable doing so. Staff described the means available for consumers and representatives if they wished to make a complaint or provide feedback. The service had processes and documentation in place for consumers to raise concerns about their care and services and posters displayed throughout the service with both internal and external feedback process information.

Consumers indicated they felt comfortable raising concerns directly to the service and were aware of external avenues to approach if needed. Management confirmed arrangements with third-party advocacy and language services were in place. Brochures and posters were displayed in the service, and the staff and consumer handbooks include information about open disclosure, internal and external complaints, and available translation support services.

Consumers stated when feedback was provided, the service responded appropriately to concerns raised. The feedback register demonstrated open disclosure was used, and management investigated and followed up with complaints as per the complaints and feedback procedure. Staff discussed what open disclosure meant to them and how they practice this when addressing consumer and representative feedback, or when things went wrong for consumers.

Consumers and representatives stated feedback and complaints were used to improve care and services. Staff described how feedback and complaints had resulted in service improvements including behaviour management training, and the purchase of disposable toilet seat covers for shared and communal toilets. Monthly clinical reports were prepared and submitted to executive management and the Board containing all consumer feedback and actions, incidents and strategies, and the continuous improvement plan progress.

# 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 indicated staff had time to attend to the consumers’ needs and they did not feel the service was short-staffed. Staff indicated they felt there was enough staff to provide the care and they worked closely as a team to ensure a high standard of care was provided to the consumers. Management advised they had several initiatives in progress to ensure the sustainability of their workforce and were working with local TAFE schools and universities for student placements and future recruitment.

Consumers and representatives said all the staff treated them with dignity and respect and the staff were very caring and considerate towards each consumer's needs. Staff were observed to treat consumers with care, dignity, and respect when providing care to them during activities, meal services, and general interactions. Care planning documentation showed each consumer's individual needs and interventions were documented and personalised to support staff in understanding the consumer's needs and limitations.

Consumers and representatives stated staff were qualified and had the skills to perform their duties. Management described how they monitor and ensure staff met the minimum qualification and registration requirements for their respective roles. Staff files across the different roles contained adequate documentation confirming their qualification, experience, and clearance to work, and included job descriptions confirming the duties against which they were employed.

Consumers and representatives said they believed staff had the necessary knowledge, training, and skills to perform their work. Staff confirmed they received regular training which supported their ability to deliver quality care and services to consumers, confirming adequate training programs were undertaken yearly as part of their mandatory training. A review of the mandatory training sessions showed staff had completed the modules as required, including manual handling, fire and evacuation, infection control, elder abuse, and incident reporting.

Staff commented positively about the performance appraisal process, indicating it provided them with an opportunity to evaluate their own performance and receive feedback on what they were doing and how they could improve. The service had policies and procedures to support the management of staff performance and instructed management when issues in performance were identified. The organisations head office maintained a register to track performance appraisals completed and due dates.

# 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 involved and engaged with the development and delivery of their care and services through both individual care meetings and consumer and representative meetings. Staff confirmed the service keeps consumers and representatives informed of changes in care or when things went wrong, to ensure effective communication and engagement. The service had various committees by which it engaged the consumers in the development, delivery, and evaluation of the processes at the service.

Consumers and representatives said they felt safe at the service and said they received regular updates in relation to outcomes of care and services. The organisational structure provided support through the designated quality teams to ensure the board and senior managers were aware and accountable for the service delivery. The service was required to report on all aspects of care and services including clinical, leadership, risks, plan for continuous improvement, financial, lifestyle and leisure, hospitality, maintenance, recruitment, and staffing on a monthly basis.

The Board satisfied itself that systems and processes were in place to ensure the right care was being provided in accordance with the Standards. Staff demonstrated they were familiar with the resources and learning requirements for each section of this requirement, for example advising they had easy access to the information they needed to perform their roles. Policies and procedures relating to open disclosure, cultural diversity, and clinical governance policy were reviewed and they all reflected the relevant legislative requirements.

Effective risk management systems and practices were in place to identify and manage risks to the safety and well-being of consumers. Staff were aware of these policies, had undergone training regarding what it meant for them in a practical way, and could demonstrate a sound understanding of these policies. Documentation demonstrated risk management was embedded throughout the operating system, including standing agenda items for both quality and operational meetings, policies and procedures, and learning and development.

The organisation’s clinical governance framework included policies and practices covering antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff confirmed they had been educated about the policies and provided examples of their relevance to their work. The service had embedded formal training modules for restraint and minimising the use of restraint, antimicrobial stewardship, and open disclosure.

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)