Performance

Report

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| Name of service: | Heritage Queanbeyan |
| Service address: | 7 Campbell Street QUEANBEYAN NSW 2620 |
| Commission ID: | 2542 |
| Approved provider: | Heritage Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 January 2023 to 13 January 2023 |
| Performance report date: | 10 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 Queanbeyan (**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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treated them with dignity and respect. Staff were observed interacting respectfully with consumers and described consumers’ personal history and cultural needs. Consumer files included consumers background information, family values, culture, diversity and preferences.

Consumers said the service recognised and respected their cultural background and provided care consistent with their cultural traditions and preferences. Staff demonstrated knowledge of consumers’ cultural background and preferences, confirming these were documented at entry. Management stated the service’s recruitment process considered linguistic diversity and staff were observed speaking various languages with consumers.

Consumers said their choices were considered and respected by staff. Staff supported consumers’ choices regarding their activities for daily living. Care documentation evidenced consumers had exercised choice over when or how their care was delivered, who was involved in their care and how staff supported important relationships.

Consumers said they were supported to take risks. Care documentation evidenced risks had been assessed in partnership with consumers, consent obtained, and strategies identified to minimise risk. Staff were guided by a dignity and risk policy to encourage and support consumers to take risks at their discretion.

Consumers confirmed they received information in a way they could understand. Staff described the various ways information was provided to consumers and alternate methods used to compensate for cognitive or sensory deficits or diverse languages. Menus and activity calendars were displayed throughout the service to enable consumer choice.

Consumers said staff respected their privacy. Staff described various practices to respect consumer’s personal space or privacy by knocking on doors to seek consumer permission prior to entry and conducting handovers inside the nurses’ station. Staff were guided by privacy policies and procedures.

# 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 consumers received the care and services they needed. Staff described the assessment and planning processes and how these informed the delivery of care and services. Care documentation evidenced consumers’ needs, goals and preferences, including appropriate management of medical conditions.

Consumers and representatives confirmed their involvement in the assessment and care planning processes. Staff described discussing end of life planning during entry to the service, if appropriate, and when circumstances changed. Care documentation reflected up to date needs, goals and preferences relating to advance and palliative care.

Consumers and representatives said they were involved in initial and ongoing assessment, review and care planning processes. Staff described how they collaborated with allied health professionals to plan and assess care. Care documentation evidenced integrated and coordinated assessment and planning, inclusive of medical officers, specialists and allied health professionals.

Consumers and representatives said the service communicated changes to care, clarified clinical information and included them in routine care plan evaluations. Care documentation was made available to consumers and representatives at entry or upon request. The service’s assessment, care planning and evaluation policy supported partnership with consumers and representatives.

Care documentation evidenced it had been reviewed every four months, or in response to changes to consumer health or incidents such as falls. Consumers and representatives confirmed staff promptly updated care documentation in response to changes to meet consumer needs and preferences. Allied health professionals promptly attended to consumers following incidents to conduct a range of reviews and assessments.

# 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

Consumer files evidenced best practice management of restrictive practices and wound care. Staff described how they provided safe and quality care to meet the needs of individual consumers, including strategies to mitigate behaviours of concern. The service was guided by policies and procedures to ensure delivery of personal and clinical care was consistent with best practice guidelines.

The service identified high-impact and high-prevalence risks by analysing clinical data and identifying trends. Mitigating measures were put in place to manage identified risks, such as staff assisting consumers to mobilise to prevent falls. Policies guided staff to deliver pain management, fall prevention and wound care. Staff demonstrated knowledge of risk minimisation strategies which aligned with care plans for consumers who had been identified as at high risk.

Representatives said when consumers were receiving end of life care, they were consulted regarding care needs and the consumer’s pain was effectively managed. Care planning documentation reflected consultation between staff and representatives regarding advance care and end of life plans. The service had policies to guide staff in best practice management of end of life processes.

Staff described how they recognised deterioration or changes to a consumer’s condition, including changes to mobility, appetite, interest in activities and mood. Care documentation evidenced identification of change and the escalation pathway taken in response, including but not limited to, medical officer review or transfer to hospital, when required. Policies guided staff in the detailed actions to take in response to changes in a consumer’s condition.

Consumers said their care needs and preferences were effectively communicated between staff and they did not need to repeat their information. Care documentation contained detailed information regarding consumer’s needs and preferences and was regularly shared between relevant staff. Staff described sharing information regarding consumer needs or changes at handover, during meetings and within the electronic care management system.

Consumers and representatives said referrals to relevant health care professionals were timely and appropriate. Staff utilised the service’s electronic management system to organise and document referrals. Consumer files evidenced referrals to allied health professionals and corresponding progress notes.

Consumers and representatives said they observed staff demonstrating infection control practices, including using personal protective equipment and practicing hand hygiene. Staff demonstrated knowledge of key infection control practices, and these topics were also part of mandatory education for all staff. Policies, procedures and plans were in place to guide staff on infection minimisation and outbreak management.

# 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 provided positive feedback about the services and supports for daily living which met their needs, goals, preferences and optimised their health and well-being. Staff described consumers’ interests, social, emotional, cultural and spiritual needs which aligned with consumer’s care documentation. The service offered equipment to facilitate consumers’ interests and various activities were scheduled to optimise quality of life.

Consumers said the service supported their spiritual, emotional and psychological well-being. Staff described providing emotional support to consumers when needed and contacting family when appropriate. The service offered religious services relevant to consumer denomination and care documentation evidenced consumers’ emotional, spiritual and psychological needs, goals and preferences.

Consumers said they were supported to participate in activities within the service or the community and the service encouraged ongoing social and personal connections. Care providers were observed escorting consumers to participate in activities outside the service. Care documentation evidenced consumers’ continued involvement in the community and maintenance of personal and social relationships.

Consumers said staff effectively communicated their needs and preferences. Staff shared consumer care information during handovers and meetings and through the electronic care management system. Care documentation evidenced information to support safe and effective service and supports for daily living.

Consumers said they were supported by other organisations, support services and care providers. Staff were familiar with the appropriate individuals, organisations and providers to whom they could refer consumers, or could supplement lifestyle activities within the service. Care documentation evidenced referrals supportive of consumer’s diverse needs and preferences.

Consumers said the service provided varied meals of suitable quality and quantity. Staff advised options other than those offered on the menu were available to allow greater choice. Staff were observed assisting consumers during mealtimes, where required. Care plans reflected consumer dietary needs and preferences, and these were clearly communicated between staff with amendments made following consumer feedback.

Consumers said they had access to safe, clean and well-maintained equipment. Staff said shared equipment and personal mobility aids were cleaned daily and required maintenance was promptly addressed. Equipment was observed to be safe, clean, maintained and appropriately stored.

# 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 described the service environment as welcoming and signage enabled easy navigation. Features such as wide corridors, flat even flooring and handrails supported movement between rooms, and gardens and balconies were observed as places of rest for consumers. Staff were supportive of consumers who preferred to bring their own furniture and decorative items to personalise their bedrooms.

Consumers said they could move freely between indoor and outdoor areas of the service, and the environment was observed as clean and well maintained. Documentation evidenced cleaning of the internal environment was attended to routinely, regular maintenance was scheduled and completed, and urgent repairs were attended to promptly.

Consumers said equipment was clean and they felt safe using it. Equipment was observed to be clean, operational, well maintained and appropriately stored. Staff said they cleaned consumers’ personal equipment and reported any maintenance issues which were recorded and rectified.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they understood how to provide feedback or make a complaint and were encouraged to do so by staff. Staff described the feedback and complaint processes available, including feedback forms, meetings, email, the service’s website or raising matters directly with them. The service’s complaints policy outlined a commitment to encouraging consumers to raise concerns or make suggestions about their care and services.

Consumers and representatives said they were aware of external advocacy and complaints services and how to access them. Staff described advocacy, language and external complaint services and links to community services to support diverse consumer needs. Brochures detailing advocacy and external complaint services were readily available and feedback forms were translated into multiple languages.

Most consumers and representatives said appropriate actions were taken in response to their complaints and the service practiced open disclosure. Staff described actions taken in response to complaints and examples were provided where the service implemented further staff training in response to complaints. Complaints documentation confirmed open disclosure principles were followed to manage and resolve complaints and matters were escalated as required.

Consumers provided positive feedback regarding improvements to the service in response to their feedback or complaints. Management gave examples of complaints received and the actions taken in response, as well as how feedback and complaints have been used to information continuous improvement across the service. The service demonstrated procedures to record and monitor feedback and complaints with improvement actions noted in a continuous improvement plan.

# 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 said there were sufficient staff to meet consumer needs with calls for assistance attended to promptly. Rostering documentation evidenced a mix of staff and if agency staff were engaged, the service requested those who had previously worked at the service. Management described extending some shifts during mealtimes in response to consumer feedback.

Consumers and representatives said staff engaged with consumers in a respectful, kind and caring manner. Staff were knowledgeable of consumers’ needs and preferences, and positive interactions between staff and consumers were observed. Management monitored staff interactions with consumers through observation, feedback and complaints processes.

Consumers and representatives were confident staff were qualified to meet the consumer’s care needs. Records demonstrated the service recruited appropriately trained and qualified applicants and current staff registrations were up to date. Management advised new staff underwent induction and orientation and were paired with experienced staff to ensure competence in the delivery of safe, quality care.

Consumers and representatives were confident staff were skilled and qualified to deliver safe and quality care and services. Training records regarding restrictive practices, antimicrobial stewardship and serious incidents evidenced high staff completion rates with an action plan in place to address outstanding training requirements.

Staff participated in annual performance reviews in which the service provided feedback and discussed professional and personal development. The service also used the review process and staff feedback to identify focus areas for further training, providing opportunity to enhance skills and competencies in certain areas of care. The performance appraisal schedule evidenced completion of annual appraisals for all staff employed longer than 6 months.

# 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 said the service supported and encouraged them to be involved in designing and improving care and services. Management advised consumers were included in monthly meetings through which their feedback informed the service’s continuous improvement in areas such as food services and activities. Minutes from consumer meetings evidenced discussion and consideration of consumer feedback.

The service’s governing body promoted a culture of safe, inclusive and quality driven care and services by routinely considering the service’s performance data and consumer feedback. Governing body members were each assigned care and service focus areas to ensure required standards were met. Information from the governing body was communicated to the service through routine meetings, emails and memorandums.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Information regarding consumer care and regulatory changes was communicated to staff and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

Staff understood the care needs of consumers vulnerable to high-impact or high-prevalence risks and the service’s procedures to mitigate risk. Staff were knowledgeable of policies and procedures relating to elder abuse, neglect and reporting serious incidents. A monthly report demonstrating clinical incidents relating to high-impact or high-prevalence risks informed further staff training to ensure the health, safety and well-being of consumers.

The service’s clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Management provided examples relating to these policies including appropriate use of antibiotics and alternative interventions. Staff were knowledgeable about antimicrobial stewardship, using restrictive practices as a last resort, and the open disclosure process.

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)