Performance

Report

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| Name of service: | Highfields Manor Port Macquarie |
| Service address: | 1 Highfields Circuit PORT MACQUARIE NSW 2444 |
| Commission ID: | 1120 |
| Approved provider: | Palms Aged Living Management Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 February 2023 |
| Performance report date: | 21 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 Highfields Manor Port Macquarie (**the service**) has been prepared by Melissa Buhagiar, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment conducted on 1 February 2023, 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 28 February 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |

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 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 |

Findings

The Quality Standard does not have an overall rating and has not been assessed as only one of the specific requirements were assessed, which was found to be compliant.

The Assessment Team found that sampled consumers and representatives on their behalf said they receive personal and clinical care that is right for them, tailored to their needs and optimises their health and well-being. They report staff are kind and caring and understand their needs.

The Assessment Team observed staff practice to be compassionate, respectful and addressing consumers’ needs and preferences. Staff were observed asking consumers their choices for meals and assisting with meals and drinks in a respectful manner. An exercise class with the physiotherapist was observed. The registered nurse was observed during a medication round. They inquired about consumers’ pain levels when giving regular pain medications. Clinical staff were observed reporting on the progression of consumers’ wounds and asking for a second opinion with the deputy director of nursing.

The Assessment Team reviewed care planning documentation for consumers which demonstrates information mostly aligns with staff and consumer’s feedback, however there were some instances identified when care planning did not include interventions recorded to mitigate weight loss and behaviour support.

The service identified gaps in the process of monitoring psychotropic medications and identifying its appropriate use. While consumers who have changed behaviours all have behaviour support plans, management identified the information in the behaviour support plans does not align with best practice. A program of review is underway with priority being given to the consumers with the highest risk to rewrite their behaviour support plans.

The Assessment Team identified some gaps in the process of auditing psychotropic medication usage. Management said they are aware of inaccuracies and are reviewing the audit tools. The service is undertaking a review of psychotropic medication and ensuring medication is reviewed every 3 months with consumers or representatives’ consent being sought.

The approved provider responded to the Assessment Team’s report and acknowledged the gaps identified in the Assessment Team report. The approved provider responded with a Plan for Continuous Improvement to address the gaps noted in the report, additionally there is evidence of updated Behaviour Support Plans and consents, and the provider has implemented and embedded improvements to sustain compliance.

I have considered the approved provider’s response and the Plan for Continuous Improvement. I also acknowledge that the service had self-identified a number of the gaps and were in the process of remedying these when the Assessment Contact was conducted.

I find that the approved provider is compliant with this requirement.

# 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 |

Findings

The Quality Standard does not have an overall rating and has not been assessed as only one of the specific requirements were assessed, which was found to be compliant.

The Assessment Team interviewed consumers and representatives who confirmed the workforce is planned to enable the delivery of safe quality care and services and call bell response times were reasonable. Eleven staff interviewed confirmed they have enough time to provide safe quality care to consumers and explained they can always get support from other staff if they need it or handover to the next shift if required. Rosters and shift allocations are monitored by management and adjusted as required. The Assessment Team observed there were enough staff to assist consumers in the dining room for the midday meal and consumers dining in their rooms.

Consumers and representatives provided feedback including that the staff are kind, caring and respect consumers’ dignity, privacy, and confidentiality, overall positive feedback was received and advised that the only area from improvement could be the meals.

Management explained that the service commenced in June 2022 and the ramp up has halted at about the 49-53 consumers (of 106 allocated places) because of unavailability of medical officers and a further 6-8 week period for orientating a cohort of care staff members to be contracted from Fiji in the near future. Management confirmed that staffing is recruited and rostered first before new consumers enter the service. The service currently has a full complement of management staff (for 106 consumers) including a director of nursing, a deputy director of nursing and a clinical care coordinator. They also have two registered nurses rostered for the morning and afternoon shifts, and an additional enrolled nurse for the morning shift, two lifestyle officers from Monday to Friday, a bus driver for consumer outings two days per week and a consumer engagement officer for activities on Saturdays and Sundays. In addition, they have a physiotherapist employed for three days per week which will extend to five days per week as the number of consumers increases.

1. The preparation of the performance report is in accordance with section 68A– assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)