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: | Site Audit |
| Activity date: | 7 June 2023 to 9 June 2023 |
| Performance report date: | 14 July 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 G.Hope-Simpson, 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
* other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# 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 reported feeling respected by staff, and said they were treated with dignity and their cultural needs were met. Care plans documented consumers’ backgrounds, personal preferences, identity, cultural practices and requirements. Staff demonstrated understanding of those consumers from diverse background and were knowledgeable about consumers’ values and life stories. Policies and procedures were in place to support staff in identifying cultural needs to support provision of cultural safe care.

Consumers confirmed they were supported to make decisions about their care, be independent and takes risks. They said they were supported to communicate their decisions and encouraged to maintain relationships of choice. Staff explained how consumers exercised choice and how staff supported them to do so. Care planning showed use of relevant professionals to complete risk assessments and support consumers to understand the risks entailed in activities they wanted to pursue. Documentation showed consumers were involved in identifying risk mitigation measures and care plans recorded these for staff to implement.

Consumers were satisfied they received up-to-date information to support their daily decision-making. Staff described, and observations showed the service informed consumers of activities, menus and events through calendars, newsletters, notices, meetings, and direct conversation. Staff described how consumers’ privacy and confidentiality was protected, observations confirmed this in practice. Consumers felt their privacy and personal information was protected.

# 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

Relevant policies and procedures provided guidance on initial and ongoing assessment and care planning, including consideration of risks. Consumers, representatives and staff confirmed the service completed assessment and planning in partnership with consumers and representatives. Review of sampled care plans demonstrated the service used a range of appropriate, validated risk assessments to identify needs and risks, and to plan care for consumers, with input from relevant external professionals and services. Care plans consistently identified consumers’ current needs, goals and preferences. Advanced health directives and end of life wishes were documented, and the service had advanced care and end of life policies in place to guide staff practice in this area.

Consumers and representatives considered that the outcomes of assessment and planning were properly communicated to them and said they agreed with their care and services plans. Staff confirmed copies of care plans were offered as a matter of policy and described ways they maintained regular contact with representatives. Care documentation reflected regular, ongoing review of consumers’ care and services, needs, preferences and goals. Service policy and procedure required 3 monthly care plan reviews, and there was an established process in response to changing consumer condition, or changed needs and preferences. Consumers and representatives confirmed reviews occurred regularly and when needed. Documentation review confirmed 100% of consumer care plans were up to date at the time of site audit.

# 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 reported feeling safe and receiving the care and services they needed. Care plans reflected tailored care that was safe and effective. Review of care planning documentation, interviews with and observations of consumers demonstrated effective personal and clinical care for skin and wounds, safe and compliant use of restrictive practices and effective, collaborative care to manage consumers’ changed behaviours. Staff understood the policies and procedures in place to guide practice in these areas.

Consumers and representatives were happy with how the service managed risks associated with their care. Care planning documents reflected the use of appropriate assessments to identify consumer risks, with staff guided by high impact, high prevalence risk policies covering falls, pain, nutrition, and hydration. Care documentation demonstrated staff followed procedures and managed risks related to falls; weight management strategies and pain management plans were followed by staff.

Care plans documented consumers’ end of life needs, goals and preferences for care. Consumers nearing end of life were satisfied with the care they were receiving, and staff demonstrated understanding of how care changed toward end of life to emphasise comfort and dignity. The service partnered with consumers and representatives in planning end of life care.

The service had a deterioration and health changes policy which staff demonstrated their familiarity with. Staff understood their responsibilities to escalate changes and deterioration in a timely manner. The service provided a 24-hour clinical decision/ escalation on-call line, to support registered staff when a change in consumers’ condition was identified.

Consumers and representatives said the service understood their needs and communicated these effectively within the service. Staff confirmed information about consumers’ condition, needs and preferences were shared via daily handovers and the electronic care management system (ECMS). Care documentation showed communication between staff and others involved in care. Medical Officers and health professionals had access to the ECMS, to complete documentation. An observed handover showed shared understanding and effective communication of consumer needs between staff.

The service made timely and appropriate referrals to other services, professionals and organisations. Staff understood referral processes and care documentation confirmed timely referrals and review by external allied health professionals. Consumers confirmed they were supported with referrals when needed. The service ran a Saturday telehealth clinic with a Medical Officer, who also attended on site clinics at the service.

Consumers and representatives considered the service demonstrated effective infection prevention and minimisation practices. Staff understood their roles and responsibilities in relation to standard precautions, COVID-19 risk mitigation and responsible antibiotic use. The service had appointed a qualified infection prevention control lead (IPCL), with multiple staff qualified to perform the role. The Assessment Team observed COVID-19 screening processes, staff wearing appropriate personal protective equipment (PPE) and using hand hygiene practices.

# 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 received emotional, spiritual, and psychological support and were supported to do things of interest, participate in group activities and independent activities of choice. Staff described how they support consumers’ needs, goals, and preferences and provided one-to-one emotional support. Assessments carried out on admission and afterwards identified consumers’ social, emotional and wellbeing needs and preferences. Consumer care planning documentation detailed individual services and supports which aligned with consumers’ needs, goals, and preferences. The Assessment Team observed various group and independent activities, and noted the service had strong links with local churches who also provided support to consumers.

Consumers described how the service supported their relationships and ensured they could pursue activities of interest inside and outside the service. Lifestyle staff described regular bus trips and how staff supported consumers to stay in touch with people important to them. Care documentation demonstrated information about important people in consumers’ lives, and their individual interests. Observations showed consumers were engaged in socialising and group activities throughout the site audit. Various groups were run at the service, including for knitting, gardening and reminiscing.

Consumers and representatives said in formation about consumers’ daily living preferences was well communicated across the care team. Staff confirmed they had access to lifestyle and daily living information throughout the ECMS and handovers. Sampled care plans contained accurate information about consumers’ lifestyle needs and preferences.

The service used various external services and organisations to enhance the lifestyles of people living at the service. For example, the service partnered with churches and religious advocates, pet therapy organisations, volunteers, a hairdresser, dementia support services, advocacy organisations and a counselling service. Collaboration with other services was also evidenced in care planning documents.

All consumers and representatives who spoke to the Assessment Team said they were happy with the quality and quantity of food provides to them at the service. Staff were knowledgeable about sampled consumers’ dietary preference and requirements. Menus were developed in partnership with consumers and a dietician, and meals were prepared on site in the main kitchen. Care plans reflected consumers’ dietary needs, likes and dislikes, allergies and cultural or religious meal requirements. Dining rooms were observed to be calm and pleasant with soft music and a range of beverages served.

Consumers said they felt safe when using equipment to support them in daily living. Staff understood how to request maintenance for equipment and said that most maintenance requests were actioned immediately. Preventive maintenance logs showed regular planned maintenance of equipment such as beds, wheelchairs, commodes and 4-wheled walkers. The service had a wash bay for cleaning consumers’ 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

The service’s physical environment was pleasant, new and spread across 3 levels. Floors contained single rooms and ensuites, multiple dining areas, kitchenettes and several easily accessed outdoor areas for consumers to socialise. Consumer mobility was supported with spacious, hand-railed corridors, good lighting, and signage. Consumers and representatives said the service was welcoming and easy to get around. Communal areas were well-used, and consumers’ rooms were personalised.

The service was observed to be clean, maintained and a comfortable temperature, with consumers moving about freely. Consumers and representatives said the service was kept clean and well-maintained and they confirmed consumers could move about freely, both indoors and outdoors. Staff understood how to request maintenance and the service had effective preventative and reactive maintenance systems in place. Staff explained the service’s cleaning procedures, which included daily tidying of consumer rooms with a thorough clean completed weekly and communal areas cleaned daily.

The Assessment Team observed, and consumers sampled confirmed, the furniture, fittings and equipment were kept clean and safe. Staff confirmed they had adequate and sufficient equipment required to provide consumer care. The service demonstrated effective, and prompt reactive maintenance processes and routine maintenance was up to date. Contractors were scheduled to regularly clean furniture and carpets.

# 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 were comfortable to raise concerns and feedback, and they knew how to do so. They confirmed the service promptly addressed their concerns when they had complained in the past and apologised when warranted. Staff explained how they handled feedback and complaints, by ether addressing immediately where feasible or escalating to management in a timely manner. The service had complaints management policies in place, which included prompts to practice open disclosure when things went wrong. The service maintained a whistle blower policy to encourage staff to provide honest and open feedback and complaints and support open disclosure without concerns of discrimination. Documentation review showed complaints were logged electronically and actions recorded.

Interviewed consumers and representatives were aware of how to make complaints internally and externally if necessary, citing the Commission and advocacy services as external avenues they could pursue. Staff described how they would support consumers with communication barriers if needed and knew how to access interpreters. Information about internal and external complaints avenues was displayed throughout the service and in the consumer handbook.

Consumers confirmed they had seen the service implement changes in response to feedback and complaints. The service’s feedback and complaints were linked to the Plan for Continuous Improvement (PCI) where required and are a standing item in the monthly Board Report which was analysed to identify trends. The PCI demonstrated that feedback, complaints and incidents were recorded, actioned, resolved, and used to improve services.

# 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

Twenty one of 21 consumers/representatives confirmed the service has sufficient staff to meet their needs. Staff said they had the resources they needed to care for consumers, and staffing levels were adequate. The service had been innovative in ensuring sufficient number and mix of staff, including recruiting staff through the Pacific Australian Labour Mobility Scheme (PALMS), through block booking with agencies and use of a contracted Medical Officer (MO). Review of the roster showed a skill mix of RNs, enrolled nurses and care staff, along with recreation activity officers, support services and management staff. Call bell reports demonstrated an average call bell response time of 2 minutes.

Consumers reported staff were respectful, kind and caring and observations reflected this, with staff acting in a courteous and professional manner throughout the site audit. Staff detailed ways they demonstrated respect in daily interactions, such as by using preferred names and taking time to listen. Care plans recorded identity and diversity details of consumers and staff training on inclusion, equality and diversity and been provided.

Consumers and representatives felt staff had necessary skills and abilities to meet their care needs. The service managed staff compliance including qualifications and registration checking, criminal history checks, visa for work rights and checking the new banning register. Recruitment processes, induction and orientation included position duty lists and orientation modules; position descriptions were in place which specified expected qualifications and experience required for each role within the organisation. Training on commencement at the service also included buddy shifts, and there was mandated online training to be completed annually. The service monitored training completion.

Performance management policy and procedures were in place, with a requirement for annual appraisals. As the service was new, staff had not yet completed all annual appraisals, but staff explained their performance was monitored in other ways, including observations, mentorships and educational competencies.

# 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 were engaged in the design, delivery and evaluation of care and services, and explained how the service gathered their insights through meetings, feedback forms and surveys. This was confirmed through staff and management interviews. Governing body members confirmed plans to formalise consumer input through the use of consumer representatives.

The service’s governing body promoted a culture of safe, inclusive and quality care and was accountable for their delivery. The governing body maintained oversight of the service through regular reporting of clinical indicators, incidents and complaints. A Governing Body Leadership and Accountabilities policy was place, with a recent incident demonstrated positive steps taken by the board, in line with the policy, to promote a safe workplace and environment for diverse staff and consumers. Monthly quality meetings ensure the board, via the organisation’s senior management, are kept appraised of the service’s compliance with the Quality Standards.

Documentation review, staff, management, consumer and board member interviews demonstrated effective organisation wide governance systems in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Board members were closely involved and visible at the service and management reported a strong working relationship with the governing body.

The Assessment Team reviewed the organisation’s risk management framework, as well as policies and procedures relating to high impact or high prevalence risks, SIRS, incident management, and restrictive practices. The service had an effective incident management system. High impact and high prevalence risks were identified, and appropriate interventions that were tailored for each consumer were implemented. The service conducted clinical spot checks including reviews of pressure injuries, weight loss, restrictive practices, and pain; and staff had received mandatory training on the SIRS, including obligations in relation to abuse.

The service had a clinical governance framework in place that contained policies and procedures concerning antimicrobial stewardship, minimising the use of restraints and open disclosure. Staff had mandatory annual training modules in these areas and demonstrated shared understanding of the principles of responsible antibiotic use. Documentation review confirmed open disclosure was used in practice, and apologies provided when things went wrong. Use of restrictive practices at the service was in line with legal requirements and were used as a last resort.

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)