Performance

Report

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| Name: | Highwood Court |
| Commission ID: | 3593 |
| Address: | 359 Warrigal Road, BURWOOD, Victoria, 3125 |
| Activity type: | Site Audit |
| Activity date: | 7 February 2024 to 9 February 2024 |
| Performance report date: | 7 March 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 2339 Highwood Court |

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 Highwood Court (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others.
* other information held by the 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treated consumers with dignity and respect and valued their identity, culture, and diversity. Staff understood the identity and background of consumers and adjusted the provision of their care to meet their individual needs. The service had organisational policies and procedures to guide staff conduct and staff were observed consistently treating consumers with dignity and respect.

Consumers and representatives confirmed the service delivered culturally safe care and services and they felt staff genuinely valued their culture. Staff could identify the diverse cultural backgrounds of consumers and articulate how they customised care to meet their cultural needs and preferences. Care planning documents explicitly noted the cultural needs and preferences of each consumer.

Consumers and representatives said the service actively supported consumers to make and communicate choices about their care and services, choose who else was involved in their care, and maintain important relationships. Staff explained how they empowered consumers to make decisions about their care and who provided it. Care planning documents captured consumers' choices and identified the significant individuals in their lives.

Consumers and representatives confirmed the service actively encouraged and supported consumers in taking risks to enhance their quality of life. Staff explained how they supported consumers to comprehend the potential risks and benefits of making choices involving risks. Dignity of risk documentation confirmed consumers' choices entailing risk-taking and outlined risk mitigation strategies. The organisation had documented policies and procedures which outlined the risk management systems guiding staff practice.

Consumers and representatives felt well-informed about care, activities, events and other services through newsletters, emails, staff communication and bulletin board notices. Staff described regularly informing consumers about daily events and promptly updating them about any changes to activity calendars or menus. Weekly lifestyle calendars, newsletters and notice boards were observed throughout the service.

Consumers and representatives affirmed consumers' privacy was upheld, and personal information was kept confidential. Staff detailed how they maintained consumers’ privacy when providing care and kept computers containing personal information locked and secured when not in use. The service maintained a privacy policy which was included in the resident handbook and provided to consumers and representatives upon entry to the service.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in the assessment and planning of consumers’ care and services which identified their needs, preferences and risks which may impact on their health and well-being. Management and staff described how the assessment and care planning process informed the delivery of safe and effective care and services, including identifying the risks which needed to be managed. Care plans showed comprehensive assessment and care planning processes were undertaken in accordance with the relevant policies and procedures.

Consumers and representatives said the assessment and care planning process captured consumers’ current needs, goals and preferences, and advance care and end-of-life plans. Staff and management demonstrated an understanding of consumers’ individual needs and preferences and described how they approached end of life and advance care planning conversations. Consumers’ care plans identified their current needs, goals and preferences, and their end of life plans.

Consumers and representatives confirmed assessment and care planning was based on an ongoing partnership between them, staff and external service providers, they wished to involve. Consumers’ care documents detailed the involvement of consumers, representatives, medical officers and other allied health professionals and showed appropriate consent was sought.

Consumers and representatives confirmed the service always offered them a copy of the consumers’ care plan, and effectively communicated the outcomes of assessments and any updates to their care plan. Management and staff explained how they regularly communicated with consumers and representatives about consumers’ health status and any updates to their care plans.

Consumers and representatives confirmed care and services were constantly reviewed and evaluated for effectiveness. Clinical staff explained how they evaluated the effectiveness of care and services through the quarterly care plan review process, and when clinically indicated, such as through an incident or decline in condition. Staff were guided by policies and procedures for the review of care which were embedded in the electronic care management system. Consumers’ care documentation showed care and services were regularly reviewed for effectiveness, when circumstances changed and when incidents impacted on the needs, goals, or preferences of the consumer.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the personal and clinical care provided was safe, right for them and met their needs and preferences. Staff described how they delivered best practice personal and clinical care, tailored to consumers’ individual needs and preferences. Care documentation confirmed staff followed documented strategies and clinical care policies to deliver care that optimised the health and well-being of consumers.

Consumers and representatives said the high impact and high prevalence risks to consumers were effectively managed by the service. Management and staff explained the high impact and high prevalence risks to relevant to consumers in the service and the strategies in place to manage risks. Care documentation showed evidence of appropriate risk management strategies in place for each consumer.

Consumers and representatives confirmed consumers’ advance care directives and end of life needs, goals and preferences were discussed with them. Consumers who chose not to have an advance care directive or end of life care plan in place, had a resuscitation and hospital transfer directive. Consumers and representatives expressed confidence in the end of life care provided by the service. Staff provided examples of how they supported consumers during end of life care and managed their comfort and dignity.

Consumers and representatives reported the service identified and responded appropriately to a deterioration in consumers’ condition in a timely manner. Staff described the escalation process, initially to a registered nurse, when they noticed a deterioration or change in consumers’ condition. Written policies and procedures were accessible to guide staff in the clinical escalation process.

Consumers and representatives said information about consumers’ condition, needs and preferences was effectively communicated between staff and others involved in providing care, and consumers received the care they needed. Staff said current information related to consumers’ condition, needs and preferences was documented in the electronic care management system and communicated effectively between staff at shift handovers. Care documentation confirmed the input of medical officers and allied health professionals.

Consumers and representatives confirmed they had access to relevant other health services and timely and appropriate referrals were made. Care planning documents showed timely referrals to other health care providers with consent from the relevant consume or representative. Staff described the process for referring consumers to other health professionals and how this informed the ongoing care and services provided.

Consumers and representatives were satisfied with the infection prevention and control measures in place, and how the service managed COVID-19 outbreaks. Staff and management demonstrated an understanding of infection prevention and control measures and the steps they could take to minimise the use of antibiotics. The service had an identified infection prevention control lead and there were documented policies and procedures to guide staff practice in the areas of antimicrobial stewardship and infection control 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective services and supports for daily living that met their needs, goals and preferences. Staff had a solid understanding of what was important to specific consumers and what support they needed to maintain their independence and quality of life. Care planning documents recorded what was important to consumers, and the supports needed to optimise their quality of life, health, well-being, and independence.

Consumers and representatives said their emotional, spiritual and psychological needs were well supported by the service. Staff described how they supported consumers’ emotional, spiritual and psychological needs, such as by providing satisfying activities, maintaining strong friendships, church services and spending one-on-one time with them. Care planning documents contained detailed information about consumers’ emotional, spiritual and psychological well-being and how staff could best support them. Staff were observed sitting and talking with consumers in a friendly and supportive manner.

Consumers and representatives said they were supported to maintain important relationships, do things of interest and participate in their community both within and outside the service. Staff described how they supported consumers to participate in activities and events of interest, inside and outside the service, and make and maintain social relationships. Care planning documents detailed each consumers’ lifestyle needs and interests and identified the people important to them.

Consumers and representatives said current information about consumers’ needs and preferences for daily living was effectively communicated between staff and others involved in providing care and support. Staff said they received daily updates on consumers’ needs through shift handovers, accessing the electronic care management system and staff briefings. Care plans contained comprehensive information about consumers’ current condition, and their lifestyle needs and preferences.

Consumers and representatives confirmed the service provided timely and appropriate referrals to external providers of services and supports for daily living. Lifestyle staff said they actively engaged external services to provide additional services and supports to consumers. Care documentation provided evidence of the service collaborating with external providers to address the diverse daily living needs of consumers.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of the meals provided. Care planning documents comprehensively recorded consumers' dietary needs, dislikes, allergies, and preferences. Staff demonstrated knowledge about specific consumers' dietary needs and preferences, and this aligned with their documented care plans. The service had established processes empowering consumers to influence the menu and provide regular feedback. The kitchen appeared clean and tidy with staff adhering to food safety and workplace health and safety protocols.

Consumers and representatives said the equipment provided was safe, clean and they knew how to report maintenance issues. Staff described effective maintenance processes and knew how to access them. Maintenance logs showed reactive and preventative maintenance was up to date with no outstanding items. Equipment appeared to be safe, suitable, clean, and well-maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said they felt welcome and at home in the service. Consumers said they could personalise their rooms and navigate easily through the service. The service environment featured spacious common areas, wide, well-lit corridors, and handrails and clear signage and maps to aid navigation. Management and staff explained how they made consumers and visitors feel welcome and described features of the service that optimised consumers’ independence, interaction and function.

Consumers and representatives said the service was kept clean, well-maintained, and they could move around the service with ease, both inside and outside. Staff detailed established cleaning and maintenance schedules which were updated daily upon completion of tasks. Staff described the process for documenting and reporting maintenance issues. Consumers and visitors were observed moving freely throughout the service and enjoying different inside and outside areas.

Consumers and representatives said the furniture, fittings and equipment was suitable, safe, clean and clean well-maintained. Management and staff explained how the furniture, fittings and equipment were assessed for suitability and kept clean and serviced. The reactive maintenance log was up to date. Staff knew how to document maintenance issues and were proficient in requesting maintenance through the electronic maintenance request system. The furniture, fittings and equipment were observed to be safe, clean and well-maintained.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt safe and encouraged to provide feedback and make complaints through avenues such as talking to staff, using feedback forms and attending Resident and Representatives meetings. Management and staff outlined ways they encouraged feedback and supported consumers and representatives to make complaints. The service displayed information in common areas about providing feedback along with forms and a lodgement box. The service had a written policy and processes detailing how provide feedback or make a complaint.

Consumers and representatives knew they could raise concerns externally and access advocacy services, but they felt most comfortable raising any issues with management and staff directly. Management and staff were aware of internal and external complaint avenues and language and advocacy services, and described how they supported consumers to access these services. The service had posters and leaflets advertising the Commission and other advocacy and translation services.

Consumers, representatives and staff described examples of using open disclosure when things went wrong and confirmed the service had responded promptly. Management described how appropriate actions were taken to resolve complaints including the application of open disclosure processes. Staff confirmed they received training in managing complaints and the use of open disclosure. and management demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Records showed complaints had been followed up in a timely manner using open disclosure.

Consumers and representatives confirmed the service used feedback and complaints to improve the care and services. Management and staff explained how feedback and complaints were investigated and used to inform continuous improvements to the care and services provided. The Continuous Improvement Register showed complaints were used to identify areas for continuous improvement.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied with the level of care provided and felt there were sufficient staff to meet their needs. Staff and management all stated number and mix of staff to deliver the care required. Management described how they planned the workforce and used feedback from staff and consumers, along with clinical indicators to inform the regular review of staffing levels. Management confirmed there was 24/7 nursing and rosters showed vacant shifts from unplanned leave were filled. Average call bell wait times were under 2 minutes and management monitored and investigated excessive delays.

Consumers and representatives said staff were kind, respectful and caring when providing care. Staff knew consumers personally and understood their background, identity, needs and preferences. Staff were observed treating consumers and representatives with kindness and respect. Management described how the service promoted a culture of respect through available resources and training. The service had written policies, procedures and training to guide staff in supporting consumers’ identity, culture and diversity.

Consumers and representatives said staff were capable and had the knowledge to provide the care and support they required. Management described how they ensured all staff had the required knowledge, qualifications, registrations and security checks for their roles. Staff said they received orientation and were well trained and supported by management. Position descriptions set out the responsibilities and duties for each role.

Consumers and representatives considered staff had the appropriate training and support to deliver safe and quality care and services. Staff confirmed receiving initial and ongoing training, completing core competencies, and said they felt comfortable requesting additional training to enhance their performance. Management said staff would not be rostered if they had not completed mandatory training by the specified due date. Records confirmed mandatory training was completed within the required timeframes.

Consumers and representatives expressed satisfaction with the quality and performance of staff. Management described how they continuously monitored and assessed the performance of staff through team meetings, feedback processes, observations, and consumer feedback Management and staff described the formal annual performance review process. The service had a suite of documented policies and procedures which guide the management of the workforce, the selection and recruitment of staff, orientation, and probationary processes, monitoring of staff performance and the performance management of staff.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they could inform the design, delivery, and evaluation of care and services. Management explained how consumers and representatives were encouraged to provide input into the development, delivery and evaluation of care and services through various meetings, care plan consultations, care champion roles and the feedback and complaints process. Records showed input from consumers and representatives resulted in improvements to the quality of care and services.

Consumers and representatives said the service provided a safe and inclusive environment providing quality care and services. Management described how the organisation’s Board was accountable for proactively monitoring the performance of the service and promoted a culture of safe, inclusive and quality care and services. The Board received reports on all aspects of the performance of the service and was accountable for the delivery of quality care and services and compliance with the Quality Standards.

The organisation had an effective governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. The Board satisfies itself the systems and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Risks and incidents were identified, managed and reported on regularly.

The service’s clinical governance framework included policies promoting antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Management and staff were aware of the clinical governance framework and said they were supported by a range of policies, procedures and training including those related to antimicrobial stewardship, restrictive practices 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)