Performance

Report

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| Name of service: | Performance report date: |
| Hill View House - Ashmore | 21 September 2022 |
| Commission ID: | Activity type: |
| 5297 | Site audit |
| Approved provider: | Activity date: |
| Hill View Aged Care Pty Ltd | 22 August 2022 to 24 August 2022 |

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 Hill View House - Ashmore (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 was considered in preparing the performance report:

* the Assessment Team’s report for the site audit conducted from 22 August 2022 to 24 August 2022; 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 | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers and representatives said staff treated them with respect and valued consumers’ identities and backgrounds. Staff understood consumers’ choices, confirmed they were supported and described how these influenced the delivery of care and services. A review of consumers’ care plans confirmed care was tailored to their cultures and backgrounds, which included respecting life experiences when providing care.

Consumers said they were supported to make their own decisions, which were respected by staff. Consumers maintained relationships of their choice and decided when others were involved in their care. Consumers said their families were welcomed at the service and care plans detailed relationships of importance to consumers.

The service supported consumers wishing to take risks, following a risk assessment which formed part of care plans. Staff described how taking informed risks assisted consumers to live the best lives they could. Consumers and representatives said the service kept them informed of changes via printed information, verbal reminders and electronic communication.

Consumers said their privacy and dignity was respected by staff when care was provided. Staff described the importance of consumers’ privacy and were observed respecting privacy by knocking on people’s doors and announcing themselves prior to entering.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service demonstrated consumers partnered in the assessment and planning of their own care, through an electronic care management system, the use of procedural guidance and the involvement of other health professionals in care planning. Sampled consumer files showed assessment and planning considered risks to consumers’ health and well-being, their individual goals, needs, preferences and end of life planning. Consumers and representatives confirmed staff spoke with them regularly about their care needs, which were reviewed every three months.

The service partnered with consumers and others with whom consumers wished to involve in their care. Consumers’ care plans showed their representatives, medical officers and allied health professionals were actively involved in assessment and planning. Clinical staff described the importance of consumer-centred care, the outcomes of which were effectively communicated to consumers and representatives. Consumers and representatives said they were involved if changes were made to their care plans.

Consumers’ needs were reviewed every three months or when a person’s circumstances changed. A review of consumers’ files confirmed their needs were reviewed regularly, and the process was supported by an electronic management system that monitored the scheduling of consumer reviews.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

The service demonstrated consumers received personal and clinical care that was safe and right for them, particularly with respect to complex care needs, pain and falls management, skin integrity and restrictive practices. Consumers’ files included assessments and care plans, progress notes, medication and monitoring charts, which confirmed care was tailored to people’s individual needs and preferences. High-impact and high-prevalence risks to consumers were effectively managed through clinical data monitoring and implementing risk mitigation strategies for consumers. Consumers and representative expressed satisfaction with how the service managed risks to individuals, and staff were aware of those risks.

The service demonstrated consumers nearing the end of their lives had their dignity preserved, whilst care was provided in accordance with people’s needs and preferences. Care plans included advanced care planning and staff described how palliating consumers were cared for in a way which focused on family contact, comfort and pain management.

The service demonstrated how changes in consumers’ capacities or conditions were recognised and responded to in a timely manner. Care plans included the identification of, and responses to, changes in consumers’ conditions, with strategies implemented to better meet their needs. Changes were communicated to those involved in caring for consumers, and this was confirmed by consumers and their representatives. Clinical staff said changes to consumers’ conditions prompted a medical review, the results of which were communicated at shift handovers and staff meetings.

The service demonstrated it made timely and appropriate referrals to other organisations and others, as and when required by consumers. Consumers and representatives said staff at the service made timely referrals to allied health professionals and medical specialists. Staff described a range of services available to consumers, as well as how they made referrals.

The service had policies and procedures which supported the minimisation of infection-related risks, such as a COVID-19 or influenza outbreak. The service had an infection prevention and control lead, who provided a copy of the service’s current outbreak management plan. The Assessment Team observed a storage area where personal protection equipment was kept, should an infectious outbreak occur. The service followed policies which promoted antimicrobial stewardship and thereby minimised the use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

The service provided safe services and supports to consumers which enabled them to participate in activities of interest to them and maintain their independence, which was evident through consumer feedback. Consumers’ emotional, spiritual and psychological well-being were assessed by lifestyle staff, who helped facilitate contact with families, attendance at religious services and the use of digital technology to enable consumers to maintain relationships with people of importance to them. Staff described how consumers were supported to participate in the community, such as arranged exercise therapy and visits from library groups.

Consumers and representatives said consumers’ preferences, needs and conditions were communicated within the organisation, and with others where responsibility for care was shared. Staff described how information was shared to ensure they were informed of changes to consumers’ conditions. For example, care staff accessed care plans and received updates from clinical and other staff during shift handovers.

Consumers and representatives were satisfied with the quality, quantity and variety of meals provided by the service. Consumers said the service promptly acted upon any feedback about food offered at the service. Staff described how they supported consumers’ food choices, such as knowing what their preferences were and arranging alternate meals to ensure preferences were respected.

Where equipment was provided, it was safe, suitable, clean and well maintained. Consumers said they had access to mobility aids and staff confirmed they had access to equipment needed to provide care. Staff described how equipment was kept clean, safe and well maintained. The Assessment Team observed equipment in consumers’ rooms was accessible and in good condition. Maintenance staff said equipment was regularly cleaned and consumers’ personal equipment was repaired and replaced as required.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

The service environment was safe, comfortable and welcoming to consumers and their representatives. The environment supported consumers’ enjoyment, independence and function. The service environment incorporated dementia-friendly design principles, clear signage, well-developed gardens and seated areas for the enjoyment of consumers and their loved ones. Feedback from consumers confirmed their satisfaction with the service’s living environment.

Consumers said they were satisfied with the maintenance and cleanliness of the service. The Assessment Team viewed preventative, planned and ad-hoc maintenance and cleaning schedules. Consumers said they were able to move freely inside and outside of the service, with staff available to escort them when required. The Assessment Team observed furniture, fittings and equipment were safe, clean, well maintained and suitable for the use of consumers.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

Consumers and representatives said they understood how to make a complaint or provide feedback and were comfortable doing so. Management and staff described the service’s feedback and complaints process, which included consumer meetings and one-on-one consultation with affected consumers. Consumers confirmed the service encouraged feedback via written form, during planned meetings and via formal and informal discussions with staff.

Consumers said the service made them aware of advocacy and language services which could be accessed if needed. Management advised information about advocacy, language services and dementia support were available throughout the service, as well as in a consumer handbook. The Assessment Team observed brochures promoting advocacy and support groups were placed throughout the service.

Consumers and representatives said the service responded positively to complaints and took appropriate action when incidents occurred. Staff understood the open disclosure process and said they would apologise to a consumer if something went wrong. Management described how open disclosure formed part of the service’s complaints process and contributed to its continuous improvement plan. Consumers confirmed their feedback was used to make improvements at the service. The Assessment Team reviewed the service’s complaints register which confirmed appropriate responses were made, consistent with policies and procedures.

**Standard 7**

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| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service demonstrated its staff had the necessary skills to meet consumers’ needs. The service had adequate staffing levels and though consumers said staff were busy, there were enough rostered to provide care and services. Management said clinical staff were on-site and on-call 24 hours a day, seven days a week. Consumers said staff were kind, caring and gentle when providing care. Staff showed familiarity with consumers’ individual needs and identities and greeted consumers by their preferred names.

Consumers and representatives said staff were sufficiently skilled and able to provide effective care. Management advised staff completed annual mandatory training for key competencies associated with their roles. Staff held qualifications and registrations relevant to their roles and the Assessment Team sighted an up-to-date record of this information.

Clinical and care staff confirmed they were provided with mandatory and other training to support the delivery of quality care to consumers. The Assessment Team viewed mandatory training records which confirmed high levels of staff completion. New staff completed induction training which addressed hygiene, the use of personal protective equipment and manual handling skills. The service conducted annual performance reviews for staff and the Assessment Team sighted an up-to-date review schedule.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

The service had processes in place which supported consumer engagement in the development, delivery and evaluation of care and services. For example, the service regularly sought feedback from consumers and representatives via monthly meetings, a food focus group and involvement in internal audits. Management said internal audits asked consumers to comment on issues such as pain management, food and lifestyle, so satisfaction levels could be understood and deficits amended. The service had a strategic plan which guided, monitored and reported on ongoing business operations. Management and staff said the service’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for service delivery. For example, monthly clinical audits were conducted and identified trends were reported to the organisation’s director. The Assessment Team sighted meeting minutes from previous director meetings.

The service demonstrated appropriate processes were in place for effective organisation wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management policies and procedures that facilitated the management of high-impact or high-prevalence risks associated with the care of consumers. The service used an electronic management system to record and review serious incidents.

The Assessment Team viewed the service’s clinical governance framework, which was developed to align with the Quality Standards. The service had policies relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure, and staff understood and followed those policies and procedures.

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-2)