Performance

Report

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| Name of service: | Hill View House Aged Care Facility |
| Service address: | 45 Hillview Street WOY WOY NSW 2256 |
| Commission ID: | 1119 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 May 2023 to 3 May 2023 |
| Performance report date: | 20 June 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 Hill View House Aged Care Facility (**the service**) has been prepared by J. Howard, 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 conducted from 1 May 2023 to 3 May 2023; 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 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

Consumers and representatives confirmed staff treated them with dignity and respect, and respected their views. Staff described what was important to consumers and demonstrated how they interacted with consumers to promote dignity and respect.

Consumers and representatives confirmed the service recognised and respected their cultural preferences. Care planning documentation captured information regarding consumers’ cultural needs and preferences.

Management and staff described how they supported consumers to make choices, maintain independence and relationships of choice. Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships.

Care planning documentation captured consumers’ decisions regarding activities which involved risks and the strategies in place to mitigate the identified risks. The Assessment Team sighted the service’s policy which guided staff practice in relation to supporting consumers to take risks.

Consumers and representatives confirmed the service communicated information to assist them to make informed choices and they received communication that was timely, clear and easy for them to understand. The Assessment Team noted information was printed and made available within the service to consumers.

Consumers and representatives described how their privacy was respected at all times; for example, their doors were kept closed when receiving care. The Assessment Team observed staff knocked on bedroom doors and waited for a response prior to entering, and closed doors when providing personal care assistance to consumers, to maintain their privacy.

# 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 service demonstrated its assessment and planning process was tailored to the risks, needs and preferences of consumers, supported the delivery of care and services and optimised consumers’ health and well-being. Care planning documentation included the consideration of risks to consumers’ health and well-being.

Management and staff demonstrated an understanding of consumers’ individual needs and preferences and described the service’s approach to end-of-life and advance care planning discussions. Care planning documentation identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end of life planning.

Consumers and representatives advised they felt they were partners in the assessment and planning process. Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Care planning documentation reflected outcomes of assessment and planning were communicated with consumers and representatives.

Consumers and representatives confirmed they were involved in the regular review of consumers’ care plans with staff, medical officers and allied health therapists. Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred.

# 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

Care planning documentation showed consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies, procedures and tools in place which guided staff practice and supported the delivery of care.

Consumers and representatives advised staff explained the risks to their heath and well-being and they had input into the management of these risks. Management and staff demonstrated how they identified, assessed and managed high impact or high prevalence risks for the safety and well-being of each consumer.

Management and staff described changes made to the delivery of care for consumers requiring end-of-life care and the practical ways in which consumers’ comfort was maximised and dignity preserved. The service had policies and procedures in place regarding palliative care and end-of-life care which guided staff practice.

Consumers and representatives indicated the service promptly responded to deterioration or changes in consumers’ conditions. The service had policies and procedures in place to recognise clinical deterioration and to guide staff practice.

Care planning documentation provided adequate information which supported effective and safe sharing of consumers’ information to assist the provision of care. Staff reported information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system and communicated via the shift handover process.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Staff outlined the process for referring consumers to health professionals and how this informed the delivery of care and services for consumers.

Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and other infection control practices. The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control and the management of a COVID- 19 outbreak.

# 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

Consumers were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Care planning documentation accurately identified consumers’ needs, goals and preferences.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. The Assessment Team observed staff were caring and kind, and supportive of consumers’ emotional, psychological and spiritual well-being.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. The Assessment Team observed lifestyle calendars displayed in communal areas and within the rooms of consumers.

Staff advised information regarding the consumers’ needs and preferences was documented and updated via the service’s electronic care management system. Consumers and representatives indicated information regarding their daily living choices and preferences was effectively communicated with staff and others where responsibility for care was shared.

The Assessment Team reviewed the service’s referral directory which included contact details for various health care and service providers. Staff described the external organisations involved in the provision of lifestyle services and supports for consumers.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Care planning documentation evidenced the meals provided were consistent with the dietary needs and preferences of consumers.

The Assessment Team noted the service’s maintenance and cleaning schedules were up to date. Staff described the process for cleaning equipment provided to consumers and the process to log maintenance requests.

# 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

Consumers and representatives felt welcome at the service and advised the service environment was clean, well maintained and simple to navigate. The Assessment Team observed consumers’ rooms were personalised and reflective of their interests, and included photographs and pictures of people who were important to them.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. Staff described the process for recording hazards and maintenance requests in the electronic care management system and advised maintenance requests were promptly actioned.

Staff outlined their roles and responsibilities in relation to cleaning consumer equipment at the point of use and the process for logging maintenance equipment for defective furniture, fittings and equipment. The Assessment Team noted there were multiple equipment storage areas within the service which were well equipped, clean and well maintained.

# 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

Consumers and representatives stated they felt comfortable and understood how to provide feedback or make complaints. Management and staff described the avenues available to consumers and representatives if they wanted to provide a feedback or make a complaint.

The Assessment Team observed information regarding advocacy and language services displayed throughout the service. Management and staff outlined the process to access translation services and described how they used tools such as communication cards for consumers that primarily spoke a language other than English.

Consumers and representatives indicated the service took appropriate action in response to complaints and staff understood and utilised an open disclosure process when dealing with complaints. The Assessment Team noted the service’s feedback register and continuous improvement plan demonstrated the use of open disclosure and the timely management of complaints in accordance with the service’s policy.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. Management and staff described how feedback and complaints were recorded, analysed and used to improve the quality of care and services.

# 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

Consumers and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Management and staff described how they ensured there were enough staff to provide safe and quality care through a master roster which included the classification and role of each staff member and was designed to cover the care needs of consumers.

The service demonstrated staff interactions with consumers were kind and caring, and staff were respectful of each consumer’s identity, culture and diversity. Staff understood consumers’ needs and preferences, which was consistent with information contained in care planning documentation.

Consumers and representatives considered staff were capable, and had the knowledge to provide the appropriate level of care and support. Staff advised they were well supported by management to undertake orientation training and utilise buddy shifts to support their transition into the service.

The service demonstrated staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. Staff confirmed they received orientation education and ongoing training, including annual mandatory training and completing core competencies, and felt comfortable to request additional training to enhance their skills.

The service demonstrated the workforce’s performance was regularly assessed, monitored and reviewed. Staff confirmed they received regular reviews, particularly in instances where they mistakenly did not follow best practice.

# 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

Consumers and representatives considered the organisation was well run and confirmed they were aware of opportunities to participate in the development, delivery, and evaluation of services. The Assessment Team sighted the minutes of consumer and representative meetings, food focus meetings, and newsletters which showed information provided to consumers and representatives was current and accurate, and informed them of all happenings within the service.

Consumers and representatives advised they felt safe at the service and received regular updates in relation to the outcomes of care and services. Management described the involvement of the governing body in the promotion of a culture of safe, inclusive service and described the way the Board was kept informed by the service.

There were organisation wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The Board monitored and reviewed routine reporting and analysis of data related to incident management, workforce requirements, and complaints.

The service had policies and procedures in place when guided staff practice in relation to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents. Staff described how they utilised the service’s policies, procedures and practices to minimise risks, such as falls and infections, and to report serious incidents.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and the application of these policies in a practical setting.

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)