Performance

Report

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| Name of service: | Hillgrove House |
| Service address: | 105 Upper Street BEGA NSW 2550 |
| Commission ID: | 2657 |
| Approved provider: | Sapphire Coast Community Aged Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 5 January 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 Hillgrove House (**the service**) has been prepared by K. Spurrell, 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.
* 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 | |  |
| 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 said consumers are treated with dignity and respect and staff value their identity, culture and diversity. Staff were familiar with individual identities of consumers and described treating consumers respectfully by using their preferred name, acknowledging their choices and knocking before they enter their room. Care planning documentation reflected detailed consumer information such as preferred names, background, work history, important associations, and religious affiliations. Staff were observed interacting with consumers in a kind, caring, friendly and respectful manner.

Consumers said they felt safe and comfortable, and their cultural practices and identity was respected. Care planning documentation reflected consumers’ cultural background and practices and staff identified each consumer’s cultural background and how care requirements aligned with care planning documentation. Staff have access to training modules relating to cultural awareness and inclusivity and a diversity and inclusion policy guides staff caring for diverse consumers.

Consumers reported they could make decisions and exercise choice and independence about the way care and services are delivered. Care planning documentation identified consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships. Staff described how they support consumers to exercise choice and independence in line with care planning documents.

Staff knew of risks taken by consumers and said they support the consumer’s wishes to take risks. Staff are guided by the consumer risk taking policy and procedure and were able to describe practices in line with policy and procedure. Care planning documented included signed dignity of risk forms and consumers confirmed they were aware of risks they were taking to live the life they choose.

Consumers and representatives said they are kept updated by management and staff when changes occur. Staff described and demonstrated various modes by which information is communicated to consumers and representatives including newsletters, emails, phone and verbally. Information was observed available in many locations around the service including menu boards, activity boards, notices, flyers pamphlets and newsletters.

Consumers said their privacy is respected by staff. Staff described how they protect consumers’ personal information and show respect for their privacy. The service has policy and procedures in place to ensure confidentiality and privacy of personal information. Staff were observed adhering to privacy practices, such as knocking on doors before entering consumers’ rooms and closing doors when providing personal care.

# 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

Consumers and representatives confirmed their involvement in the care planning and assessment process. Staff described the care planning process, and how it informs the delivery of care and services. Care planning documentation showed involvement of specialists and allied health professionals in assessing risks and supporting risk taking in line with consumers’ wishes. Policy and procedures support planning of care that considers consumers’ choices and right to take risks.

Consumers and representatives advised that assessment and planning address the consumer’s needs, goals and preferences. Staff were familiar with what is important to consumers in terms of their care preferences. Care planning documentation was individualised, and reflected a consumers’ individual needs and preferences, including advance care planning and end of life care as applicable.

Consumers said they are actively involved in the assessment, planning and review of their care and services, and they are partners in the care planning process. Staff described their role in partnering with consumers and representatives to assess, plan and review care and services. Care planning documentation evidenced integrated and coordinated assessment and planning involving a range of organisations, individuals and service providers with arrangements in place for external providers involved in planning care and services.

Consumers said staff have explained their care plan to them and they consider that it meets their needs, goals, and preferences and can access a copy of their plan if they wish. Staff described processes for documenting the outcomes of assessment and planning in care planning documentation. Staff said care and service plans are accurate, reflecting the outcomes of the most up-to-date assessments and reviews of consumer needs, goals, or preferences.

Consumers and representatives said they are notified when circumstances change or when incidents occur such as falls, injuries or incidents related to challenging behaviours. Staff said they report and record incidents in the electronic care management system. Management described how clinical incidents are reviewed monthly to identify strategies to minimise risk. The service maintains policies, procedures and staff training to ensure incidents are reported accurately and lead to care reviews when circumstances change, such as a change in health or risk.

# 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 said that consumer care needs are met and supports their health and well-being. Staff were aware of the personal and clinical needs of consumers. Care planning documentation evidenced the delivery of care that is safe, effective, and specific for each consumer. The service conducts various risk assessments and develops appropriate care and management plans for consumers, consumers subject to restrictive practices had an assessment in place, alternative strategies are trialled, behaviour support planning was in place and restrictive practices used as a last resort.

Consumers and representatives said risks for each consumer are effectively managed, including managing delirium, pressure injuries, hydration and nutrition, medications, pain and restrictive practices. Care planning documentation contained effective identification of risk, and strategies to manage these were recorded in assessment tools, care plans and progress notes. Staff accurately described risk for consumers and demonstrated knowledge of restrictive practices, behaviour support and the serious incident reporting system.

Care planning documentation identified consumers personal choices and preferences including containing an advance care plan. Staff are equipped to provide end of life care, registered nurses are available to support care staff, an external palliative care clinical nurse consultant visits the service fortnightly and attending medical officers are available on call.

Changes in consumers’ condition and care needs are recognised and responded to in a timely manner by the service as consumers and representatives confirmed the service recognises deterioration or changes in the consumers’ condition. Staff were familiar with recent cases of deterioration or change in consumer’s conditions and described being responsive in reporting those changes. Care planning documentation, progress notes and charting demonstrated deterioration in a consumer’s health, capacity and function are recognised and responded to.

Consumers and representatives said the service communicates effectively regarding any changes to a consumers’ condition. Staff described how changes in consumers’ care and services are communicated through verbal and written handover processes, accessing care plans and through electronic notifications. Staff were familiar with current changes in consumer care needs and knew where to access current information via the electronic care management system.

Consumers and representatives said they are satisfied with the delivery of care, including referral processes. Staff described the process for referring consumers to health professionals and allied health services. Care planning documentation reflected the involvement of other care providers such as physiotherapists, podiatrists, speech pathologists and referrals to a range of health professionals.

The service has policies to guide infection control practices and staff receive training on infection control practices, including donning and doffing and handwashing. Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff said they had received training on infection minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes. Clinical staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately.

# 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 described activities they found enjoyable and made them happy and confirmed they get the services and supports for daily living that meets their needs, goals and preferences. Staff demonstrated knowledge of consumers’ needs and preferences and care planning documentation identified consumers’ interests and preferences and provided information about the services and supports for each consumer. Consumers were observed engaging in a range of activities supported staff, including group activities such as playing bingo, watching movies, knitting and singing and one-on-one activities such as, playing pool and playing the piano.

Staff described strategies used to support consumers who are feeling low including chatting, offering activities, going for a walk, having a cup of tea or soup or referring consumers for clinical assessment. Care planning documentation reflected consumers’ spiritual needs and religious associations. The environment was observed to be peaceful and provided both indoor and outdoor spaces for quiet reflection and group activities.

Consumers described how staff support them to participate in activities within the service and outside the service, several married couples were accommodated at the service all of whom are provided with double rooms. Staff described how they support consumers to engage in the community and maintain social and personal connections that are important to them and do things of interest to them. Care planning documentation identified people important to individual consumers as well as activities of interest to them. Consumers were observed engaging in group activities and individual activities.

Consumers said staff are aware of their needs and preferences and they don’t need to repeat their preferences to multiple staff members. Representatives said they receive regular and timely updates when consumer conditions change. Staff advised information about consumer care and needs is shared regularly between staff members and during handover. Progress notes in the electronic records system recorded both routine services and changing conditions and support needs.

Consumers and staff provided examples of referrals to external providers of care and services. Care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers, staff described the process for referring consumers to other organisations in line with policy and procedure. Flyers and pamphlets describing services available were observed to be available throughout the service.

Consumers said they are satisfied with the variety, quantity and quality of meals provided. The service provides sandwiches, soup, and special meals available as alternatives to menu items and to access outside of meal service times. Staff were familiar with individual consumer’s dietary needs and preferences in line with care planning documentation, meals were observed to be of good quality and quantity.

Consumers and representatives reported consumers have adequate access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities. Staff said they can access equipment when they need it and described how equipment is kept safe and clean and process for reporting equipment that requires maintenance. The lifestyle staff demonstrated a range of equipment and resources to support the lifestyle program including craft activities, board games, pool table, piano and a range of audio-visual devices. Consumers were observed enjoying movies and listening to music on various audio-visual devices and playing the piano.

# 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

Consumers and representatives said that they find the service welcoming and easy to move around. Consumers said they appreciated having access to a range of spaces where they could welcome family and visitors or enjoy the company of other consumers. Staff described strategies they use to ensure consumers feel they belong, such as assisting consumers to find their own special places where they enjoy spending time, and strategies to welcome visitors, such as greeting them and knowing their names. Consumers and visitors were observed moving around the service with confidence and being greeted and welcomed by staff.

Consumers and representatives said they are satisfied with the cleanliness and maintenance of the service. Cleaning staff said they have a schedule to follow to ensure all rooms are cleaned on a weekly basis and communal areas are cleaned daily. Staff described the preventative and maintenance schedule and explained how external contractors were managed. The service environment was observed to be clean, safe and well maintained with easy access for consumers to enjoy both indoor and outdoor areas.

Consumers reported that furniture and equipment such as audio-visual equipment and lifestyle equipment was in working order and suited their needs. Consumers said staff and management were responsive to requests for equipment and repairs. Staff described the process for reporting maintenance issues in the electronic system and that maintenance issues are addressed promptly. Furniture, fittings and care equipment were observed to be clean and in good repair.

# 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 said they are encouraged and supported to make complaints and provide feedback and feel comfortable talking with staff should they have a concern. Staff said management ensures staff are aware of feedback and improvement processes. Information regarding complaints and feedback was observed on noticeboards and in service publications.

Consumers and representatives said they are aware of external avenues for raising complaints. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, and assisting consumers to complete feedback forms as required, including supporting consumers living with a cognitive impairment or have difficulty communicating to provide feedback.

Consumers and representatives said if they had a complaint, it would be dealt with by the management team effectively and in a timely manner. The service has policies and procedures that guide staff through the complaints management and open disclosure process. The services feedback folder and register s showed that feedback and complaints within the service are managed appropriately.

Consumers and representatives knew of several ways to provide feedback, make a complaint or a suggestion and confirmed that complaints and feedback are used to improve how care and services are provided. Complaints and feedback data demonstrated the service has systems in place to record and trend complaints, feedback, compliments and suggestions, reports and meeting minutes used to improve service.

# 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

Consumers and representatives said that staff respond to consumers’ requests for assistance, and they are satisfied with the quality of care provided. Staff said they are supported by management to get their tasks done, management described how the workforce is planned to have an adequate mix of skills to deliver safe and effective care to consumers.

Consumers and representatives said staff engage with consumers in a respectful, kind, and caring manner, and that they are gentle when providing care. Staff demonstrated knowledge and understanding of individual consumers, including their needs and preferences. Management advised they monitor staff interactions with consumers and representatives through observations, and formal and informal feedback and complaints processes utilised by consumers.

Staff said they have the necessary skills to perform their role and are supported by senior staff. Registered staff were observed providing guidance and support to care workers. Consumers and representatives said that staff are well trained and meet the needs of consumers in a friendly and helpful manner. Records show that there are systems to ensure that staff are qualified and remain skilled for their role.

The service has a formal recruitment process in place including interviews, referee, and qualification checks. Management described training and development for staff during orientation, induction and throughout the year. Staff described ongoing development during daily huddles, weekly staff meetings, and learning from each other. Consumers and representatives said staff know what they are doing and are well trained.

Management said the performance of staff is reviewed through an annual appraisal process. Staff were familiar with development processes, including performance appraisals and documentation identified performance appraisals, mandatory training and competency assessments are scheduled and conducted annually.

# 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 said they provide ongoing input into how care and services are delivered via resident meetings, regular surveys, and face to face discussions. Management explained they engage consumers and representatives in case conferences to evaluate consumer care and services. Minutes of consumer meetings evidenced consumer input.

The board reviews clinical governance and quality reports to identify the service’s compliance with the quality standards and initiate improvement actions to enhance performance and monitor care and service delivery. The service drives improvements and innovations using data from internal audits, clinical indicator reports, incidents or near misses, and consumer/staff feedback. Management said that the service strives to improve its quality of care by being responsive to information from their data.

The service demonstrated effective systems in place for information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The Assessment Team observed an effective documentation system including policies and procedures to guide staff in the delivery of quality care was in place and the continuous quality improvement register was up to date and evidenced ongoing review.

The service has a risk management framework, including policies describing how high impact or high prevalence risks for consumers are managed, how the abuse and neglect of consumers is identified and responded to, how consumers are supported to live the best life they can, and how incidents are managed. Staff confirmed they had received education on these topics, could described the relevance to their work and were familiar with risk minimisation strategies.

The clinical governance framework ensures the quality and safety of clinical care, and promotes antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Management receives notifications of all incidents and ensures the correct process is followed. Open disclosure was evident in progress notes and incident reports in the incident management system include records of open disclosure. The board and its’ sub-committees meet regularly to ensure that clinical care is best practice and guided by the needs, goals, and preferences of consumers.

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)