Performance

Report

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| Name: | Hillside at Figtree |
| Commission ID: | 0870 |
| Address: | 190 Princes Highway, Figtree, New South Wales, 2525 |
| Activity type: | Site Audit |
| Activity date: | 19 February 2024 to 21 February 2024 |
| Performance report date: | 15 March 2024 |
| Service included in this assessment: | Provider: 3433 Hillside Brae Pty Ltd  Service: 6377 Hillside at Figtree |

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 Hillside at Figtree (**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 conducted from 19 February 2024 to 21 February 2024. 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 this 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 consumers are treated with dignity and respect, and staff valued their backgrounds and identities. Staff understood consumers individual choices and preferences. Care plans captured consumers’ details regarding their identities, backgrounds and cultural practices.

Consumers and representatives said the care provided was culturally safe and met consumers’ care preferences. Staff knew consumers’ cultural and religious preferences and explained how care and services were tailored to ensure their care was culturally safe. Policies and procedures guided staff in providing culturally safe care and services.

Consumers were supported to exercise choice and independence, make decisions and maintain personal relationships. Management and staff described ways in which they supported consumers decisions and helped them maintain their chosen relationships.

Consumers confirmed they were supported to make informed choices about their care and services and maintain relationships of choice. Staff described supporting consumers to make choices and maintain connections with people important to them. Care documentation identified consumers’ individual choices around care and connections they maintained.

Consumers described how the service supported them to take risks to live the life they choose. Management and staff were familiar with consumers’ choices involving risks and the strategies implemented to minimise these risks to consumers. Care documents evidenced consultation, assessment, and consumer consent to engage with risk.

Consumers and representatives said the service kept them informed by providing current information in a way they could understand. Staff and management described how they utilise various communication methods to suit individual consumers’ needs. The service was observed to communicate information through notice boards, posters, printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers advised their privacy was respected, and personal information kept confidential. Management and staff explained how consumers’ privacy was respected and their personal information kept secure on password protected computers. The organisation has documented policies and procedures on the collection, disclosure, security, storage and protection of personal information of consumers.

# 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 were satisfied with the care provided said assessment and care planning considered risks to consumers’ health and well-being. Care documentation reflected a multidisciplinary approach to care delivery which considered risks and included strategies to reduce or eliminate them.

Consumers and representatives described how assessment and care planning identifies and addresses their current needs, goals, and preferences, and advance care and end-of-life plans, if they wished. Staff described how they ensure assessment and planning reflect each consumer’s current preferences and how they approach conversations around end of life care planning. Care plans identified consumers’ current needs, goals and preferences and advance care and end of life planning were included, if the consumer wished.

Consumers and representatives said they partnered with the service in assessment and planning. Care plans reflected current needs, and regular care conversations. Staff said care assessment and planning was undertaken in partnership with consumers, representatives, allied health professionals and other services, and this was evidenced in care documentation.

Consumers and representatives said staff were proactive in explaining information about their care and services, and they knew they could access a copy of the consumer's care plan, if they wanted. Staff described processes for documenting and communicating outcomes of assessments, including through the electronic care management system.

Consumers and representatives described how care and services were reviewed when circumstances change, or incidents impacted consumers’ needs, goals or preferences. Management and clinical staff explained care plans were reviewed every 3 months, and more frequently due to monthly ‘resident of the day’ reviews and if there is a change in a consumer’s health status. Consumers’ care plans showed review 3 monthly, following an incident, or if there was a change in health status or preferences.

# 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 said they receive safe and effective personal and clinical care that meets their needs and optimises their well-being. Management and staff described how personal and clinical care was consistent with best practice and responsive to the needs and preferences of consumers. Care documentation confirmed the personal and clinical care was safe, effective, and tailored to the specific needs and preferences of each consumer.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks associated with their care. Management and staff described the high prevalence and high impact risks at the service and could the mitigation strategies in place for individual consumers. Care planning documentation reflected individualised strategies to support the management of high impact high prevalence risks.

Consumers and representatives confirmed the service had initiated end of life planning conversations with them and they expressed satisfaction with how the service provides care to consumers nearing end of life. Staff described tailored care delivered for consumers nearing the end of their life, including comfort care and pain management. Care documentation for a consumer who had recently passed away evidenced the consumer’s needs and preferences had been met during the palliative process.

Consumers and representatives said the service is responsive to changing care needs and would inform them of any deterioration in health, along with planned management strategies. Staff described how they identified consumer changes and responded to these in a timely manner. Consumers care plans and progress notes reflected the identification of, and response to deterioration or changes in condition. The service has a written policy for recognition of clinical deterioration, which includes indicators of clinical deterioration.

Consumers and representatives said information about their condition, needs and preferences were documented and communicated between staff and external providers involved in their care. Clinical staff explained how current information about consumers’ condition, needs and preferences would be communicated between staff and others providing care. Care plans and handover reports provided adequate information to support effective and safe care.

Consumers and representatives said referrals were timely and appropriate, and they had access to a range of other organisations and health services to meet their care needs. Management and clinical staff described how other providers of care and services were utilised to supplement the care delivered at the service and ensure quality outcomes for each consumer. Care plans confirmed timely referrals to appropriate other health service providers.

Overall, consumers and representatives said infection control practices were effective and staff always practiced good hand hygiene. Some consumers expressed concern about some visitors completing COVID-19 antigen testing properly prior to entry. The service had an Infection Prevention and Control Lead, and documented policies and procedures to guide staff in relation to infection prevention and control and antimicrobial stewardship. Staff understood the service’s approach to minimising the use of antibiotics, including initiating non-pharmacological strategies first.

# 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 said the services and supports for daily living met their needs, goals and preferences and optimised their independence and quality of life. Management and lifestyle staff confirmed developing activities in partnership with consumers and representatives to ensure their needs, goals and preferences were met. Care documentation captured information about what was important to consumers, and supports needed to do the things they liked to do.

Consumers and representatives said they are supported when they are feeling low, and described how the service promotes their emotional, spiritual and psychological well-being. Staff described how they recognise changes in consumers’ mental well-being and supported their emotional, social and psychological needs, such as by facilitating important relationships or delivering religious services. Care plans detailed the religious, spiritual and psychological needs of consumers and the supports needed.

Consumers and representatives said consumers are supported to participate in their community within and outside the service, keep in touch with people who are important to them, and do things of interest to them. Staff describe how they supported consumers to maintain relationships, engage in activities of interest, and participate in the community. Care documents contained information about consumer interests and personal relationships.

Consumers said the service effectively shared information about their current condition, needs and preferences with those involved in their care. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover processes. Care planning documents provided adequate information to support safe and effective services and supports for daily living.

Consumers and representatives said they are referred to other organisations and providers of other care and services. Care planning documentation identified referral to other organisations and services. Staff could describe consumers who were accessing other individuals and organisations providing care and services. Documentation showed that consumers receive timely referrals and support from other providers of services and supports.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided, and said they can provide feedback on the food which is acted upon. Staff described how they ensured consumers’ dietary needs and preferences were met in accordance with their care plans. Hospitality staff advised menus were developed in response to consumer feedback and demonstrated knowledge of consumers’ dietary needs and preferences. Meal services in all areas were punctual and organised with consumers being assisted by staff, if required.

Consumers said the equipment was safe, suitable, clean and well maintained. Management and staff explained the cleaning and maintenance of equipment and how the received training to use equipment correctly. Equipment was observed to be suitable, clean and in good condition.

# 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 found the service environment welcoming, homely, and easy to navigate. Consumers’ rooms were decorated with personal items, which promoted a sense of belonging. Management and staff explained the strategies to promote a sense of belonging, and support consumers’ independence interaction and function. The service environment appeared welcoming, with sufficient lighting, handrails, and clear signage throughout.

Consumers and representatives said the service was safe, clean, and well-maintained and allows them to move around freely, as they wish. Staff advised routine cleaning and maintenance was undertaken through scheduled programs. Cleaning and maintenance documentation evidenced cleaning was attended and repairs occurred quickly.

The service’s furniture, fittings and equipment appeared clean, well maintained, and suitable for consumer’s needs. Staff described their role and the processes for cleaning and maintaining the equipment, furniture, and fittings in the service. Documentation demonstrated maintenance issues were addressed and resolved promptly.

# 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 feel safe and supported to give feedback and make complaints, and described various avenues available to do so. Management and staff described processes in place to encourage and support consumers and representatives to provide feedback and complaints. The service has policies, procedures and systems in place to support consumers and representatives to complaint and information about how to complain was displayed throughout the service.

Consumers and representatives were able to describe the advocacy services and external complaint avenues available to them. Management said consumers and representatives were made aware of external advocacy, language and complaints services through pamphlets and posters displayed throughout the service, as well as the consumer handbook. The Charter of Aged Care Rights and information about advocacy, interpreter and complaint services were observed throughout the service.

Consumers and representatives expressed satisfaction with how the service addresses and resolves their concerns or complaints, and confirmed open disclosure was used. Complaints processes guided staff what to do if feedback or a complaint was received and using open disclosure when things went wrong. Complaint records confirmed the service responded promptly to resolve complaints using open disclosure. The service has policies and procedures to guide staff in complaints management and use of open disclosure.

Consumers and representatives were satisfied the service reviewed complaints and used them to improve the quality of care and services. Management and staff described how complaints were used to inform actions on the Plan for Continuous Improvement and provided examples of improvements made. The service’s Continuous Improvement Plan and other documents showed feedback and complaints from consumers, representatives and other sources were reviewed and used to improve care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

Consumers and representatives said there were adequate staff to meet consumer needs in a timely manner. One representative expressed concern about staff sufficiency due to the consumer not wanting to divert staff to change batteries on their hearing aids. Management demonstrated this concern had been addressed and was not warranted as the workforce was planned and adequate to provide safe and effective care and services. Rosters evidenced adequate staff for each shift including registered nurses allocated across a 24-hour period and call bell records showed timely responses to requests for assistance.

Consumers and representatives said staff were kind, caring, respectful and gentle when delivering care and services, and were responsive to their needs. Staff demonstrated they were familiar with each consumer’s individual needs and identity. The service has a suite of policies, procedures and staff guidelines to guide staff practice and behaviour.

Consumers and representatives felt staff knew what they were doing, and they had the appropriate skills to perform tasks. Management described the processes in place to ensure staff were suitable and competent for their role. Records showed the service’s recruitment process included verification of minimum qualifications and registration requirements for respective roles.

Consumers and representatives said staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management and staff explained how staff were trained, equipped and supported to deliver care and services that met consumers’ needs and preferences. Documentation and training records confirmed staff were trained and supported to deliver the outcomes required by the Quality Standards.

Management confirmed staff performance was routinely monitored, assessed and reviewed through informal appraisals such as feedback from consumers, representatives and colleagues, and formal annual performance appraisals. Staff said they were supported by management during performance reviews and provided with opportunities for improvement. The service has a suite of policies, documents and training to inform the expected performance and behaviours 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 said the service was well run and they were engaged in the design, delivery, and evaluation of care and services. Management and staff described ways consumers and representatives are regularly involved in decisions about the development, delivery and evaluation of care and services. Feedback and suggestions made by consumers and representatives were included in the service’s Plan for Continuous Improvement.

Management confirmed the governing body promoted a culture of safe, inclusive and quality, care and services, and was accountable for their deliver. Management described the organisational and reporting structure and how the Board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback.

The organisation demonstrated appropriate governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff described how the governance systems were effective in supporting quality care and services. The organisation’s systems and processes complied with relevant legislation and the Plan for Continuous Improvement was monitored to ensure corrective actions were implemented.

Management detailed how the service has effective risk management systems and practices to manage high-impact and high-prevalence risks to consumers, identify and respond to abuse and neglect, support consumers to live their best lives, and manage and prevent incidents. Staff were knowledgeable of risk identification, reporting and mitigation processes. The service’s risk management and incident reporting frameworks provided direction on identifying and managing risks.

The organisation’s clinical governance framework included policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff explained how these policies and procedures were applied in the delivery of care and services.

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)