Performance

Report

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| Name: | Hillview Bunyip Aged Care Inc |
| Commission ID: | 3212 |
| Address: | 22 A'Beckett Road, BUNYIP, Victoria, 3815 |
| Activity type: | Site Audit |
| Activity date: | 12 February 2024 to 14 February 2024 |
| Performance report date: | 1 March 2024 |
| Service included in this assessment: | Provider: 1638 Hillview Bunyip Aged Care Inc  Service: 1971 Hillview Bunyip Aged Care Inc |

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 Hillview Bunyip Aged Care Inc (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives and others
* the provider’s response to the assessment team’s report received 1 March 2024 including a Plan for continuous improvement, meeting agenda, education calendar, personnel records and restrictive practice policy and procedure.

# 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 found Compliant as:

Consumers and representatives confirmed consumers were treated well by staff, who were respectful. Staff understood consumers’ personal circumstances, life experiences, and cultural backgrounds. Staff were observed to consistently treat consumers with dignity, respect and engage with consumers as individuals.

Consumers and representatives confirmed the unique cultural identities, beliefs and needs of consumers were recognised, and supported. Staff gave particle examples of how consumers’ culture, personal values, and diversity influenced the delivery of their care. Policies and procedures guided staff to provide culturally safe care.

Consumers and representatives confirmed consumers were supported to make decisions regarding their care, including the way it’s delivered, and who else was involved. Staff described consumers relationships, were supported by regular family visits, use of technology and married couples, shared a room. Care documentation evidenced consumers nominated representatives were recorded and consumers made choices, regarding their care.

Consumers and representatives confirmed the service supports consumers to live life the way they choose. Staff gave practical examples of consumers being supported to consume alcohol despite this increasing their risk of falls and the strategies implemented to promote consumer safety. Care documentation reflected risks to individual consumers, had been assessed, informed consent obtained, and staff practice was guided by a Dignity of risk policy.

Consumers and representatives confirmed they were provided with up-to-date information. Staff described various ways information was communicated to make sure it is easy to understand and accessible to consumers including for consumers with poor cognition or sensory impairments. Noticeboards displayed menus, activity calendars and information on upcoming events to enable consumers choice in their day to day lives.

Consumers and representatives confirmed consumers’ privacy was well respected, and they were confident, personal information was kept confidential. Staff gave practical examples of how the maintained privacy including keeping computers locked and using passwords to access consumers’ personal information. Staff were observed knocking on consumer bedroom doors and waiting for permission to enter before entering.

# 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 found Compliant as:

Consumers and representatives confirmed potential risks to consumers’ health and well-being such as risk of pressure injuries and falls were discussed, and solutions agreed to inform the delivery of care and services. Staff described using validated assessment tools to understand the risks to each consumer and develop their interim and comprehensive care plans, however care planning processes had not considered the risk of inappropriate restrictive practices being applied to consumers who resided within the memory support unit and who did not display exit seeking behaviours. Care documentation evidenced risks to consumers health and wellbeing had been identified and responsive strategies had been planned, including commencing the assessment of those consumers who resided within the memory support unit for restrictive practices.

Consumers and representatives confirmed consumers care goals, and preferences, including for end of life had been discussed with them. Staff demonstrated knowledge of consumer’s needs and preferences, which were recorded in care documentation. Care documentation evidenced it was individualised to each consumer needs and contained advance care directives, where these had been provided.

Consumers and representatives confirmed their active involvement in assessment and care planning processes. Staff confirmed it was their practice to inform consumers and representatives of changes to consumers’ care needs and ask for their consent prior to referrals to other allied health professionals. Care documentation evidenced the involvement of consumers and representatives, medical officers, and other allied health professionals, who were observed assessing or reviewing consumers.

Consumers and representatives confirmed the care plan had been explained to them and they were offered a copy. Staff stated care consultations were completed quarterly and outcomes of assessment were communicated to the consumer and their representative. Care documentation was readily accessible to staff and visiting medical or health professionals, via the electronic care management system.

Consumers said and care documentation evidenced, their care had been reviewed, including after sustaining a recent fall, with changes made to their care strategies. Care documentation evidenced care strategies were evaluated every 3 months and care plans were updated if clinically indicated. Staff knew that when an incident or change in condition occurred this may trigger reassessment or a review of the planned care.

# 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 found Compliant as:

Consumers said they received personal and clinical care that was safe, right for them, met their needs and was delivered in line with their preferences. Staff described consumers’ individual skin integrity needs, pain management preferences, and restrictive practices were used in line with consumers’ care plans. Care documentation evidenced staff were following recorded strategies and clinical management policies to deliver personal and clinical care. However, some consumers were not assessed to understand if they were at risk of inappropriate restrictive practices, which was considered under Requirement 2(3)(a).

Consumers said the high impact risks to their health were effectively managed. Staff were knowledgeable of risks to consumers and the care they were required to provide to mitigate those risks. Care documentation evidenced medical officer directives were being followed, consumer’s conditions were being monitored and staff were observed implementing strategies to promote consumers health.

Staff knew how to care for consumers nearing the end of life to ensure their comfort and their dignity preserved. Staff were guided in end of life care by medical officers, the palliative care team and the consumer’s wishes. Care documentation for a consumer who recently passed away, confirmed provision of comfort care was monitored and pain was controlled through end of life medications.

Care documentation evidenced when a consumer experienced deterioration it was identified, promptly and responded to appropriately. Staff described the escalation process used when changes in a consumer, were noticed, including escalation to a medical officer to obtain further direction. Policies and procedures guided staff in the management of clinical deterioration.

Consumers confirmed their information was effectively shared as staff knew their care needs and preferences. Staff said they received up-to-date information about consumers during the handover and care documentation was readily accessible on the electronic care management system. Staff were observed to handover changes in individual consumers conditions and their care required between shifts.

Consumers and representatives said staff were quick to action referrals when they were required. Care documentation evidenced when consumers required review by specialist or allied health professionals, these were completed promptly. Staff demonstrated knowledge of referral pathways and confirmed their practice as guided by an allied health policy.

Staff were knowledgeable of infection prevention and control precautions, with an Infection prevention and control lead monitoring infection rates and promoting staff to adopt strategies to minimise infection risks. Policies and procedures guided staff practice to reduce antibiotic resistance and to manage infectious outbreaks. Consumer confirmed a recent COVID-19 outbreak was managed well and staff were observed adhering to protocols to limit infection transmission.

# 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 found Compliant as:

Consumers and representatives said consumers were supported to independently do things of interest to them. Staff described lifestyle assessment to determine the consumer’s individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural, or spiritual needs were conducted. Staff interviewed were knowledgeable about the sampled consumers’ interests and preferences.

Consumers stated staff provided them with emotional support and church services are held to support their spiritual practices. Staff explained how consumers were supported, through one to one interactions, when they were observed to be feeling low. Care documentation detailed individual emotional support strategies and how these were to be implemented by staff.

Consumers and representatives said consumers were supported to engage in activities of their choice, both within the internal and broader community. Staff explained how they facilitate and encourage consumers to pursue their interests, participate in various activities which foster social connections between consumers. Care documentation evidenced information on consumer interests was collected and those important to consumers were recorded.

Consumers said information on their conditions and needs was effectively communicated between staff of different departments. Staff said the handover process keeps them informed of any changes or updates to consumers service or support needs. Care documentation evidenced consumers’ conditions, needs and preferences were identified, and staff can access these via the electronic care management system.

Consumers gave practical examples of being referred to volunteer organisations to supplement their socialisation. Staff said the service engaged external services to provide specific activities consumers wished to participate in, which were of interest to them. Care documentation evidenced the service collaborates with external providers to support the diverse needs of consumers.

Consumers gave positive feedback on the quality of the meals and said there was sufficient variety in the menu. Care documentation contained consumers’ dietary needs, dislikes, allergies and preferences and staff were knowledgeable of same. Consumers were observed to enjoy the meals served, staff were offering choices and were available to assist those who were unable to eat independently.

Consumers said their mobility equipment was regularly cleaned, sanitised and was repaired quickly when needed. Staff said equipment was regularly maintained, cleaned and described processes to report when repairs were needed. Equipment used by consumers to engage in activities of daily living and lifestyle activities was observed to be safe, suitable, clean, with maintenance documentation evidencing mobility aids were checked routinely.

# 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 found Compliant as:

Consumers and representatives said they were made to feel welcome and were encouraged to personalise consumer’s rooms with their items of importance to them. Staff were observed greeting consumers in a friendly manner, keeping corridors free of obstructions and assisting consumers to navigate around as they wished. Navigational signs were displayed, and consumer rooms were observed to be decorated with their own photographs, artwork and furniture.

Consumers and representatives confirmed consumers were able to move around freely, come and go, as they wished. Staff described how following the cleaning schedule ensured the communal areas, as well as consumer rooms, stayed clean. Maintenance documentation evidenced fire safety systems were routinely inspected. Consumers were observed moving between indoor and outdoor areas, and following activation of the heatwave management plan, the internal temperature was comfortable.

Consumers and representatives confirmed consumers’ rooms were well maintained, the fittings within their rooms worked and were fixed promptly when broken. Staff demonstrated knowledge of how to log maintenance requests, with maintenance documentation evidencing repairs were attended promptly. Furniture, fittings, and equipment were observed to be clean and well-maintained, and suitable for use by consumers.

# 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 found Compliant as:

Consumers and representatives said they felt supported to provide feedback, make complaints and were encouraged to do so. Staff demonstrated knowledge of the various written and verbal mechanisms available which supported provision of feedback and complaints, including consumers meetings and surveys. Posters displayed prompted consumers to give feedback, with feedback forms and lodgement boxes observed to be readily accessible.

Consumers and representatives knew they could raise concerns externally, and seek advocacy support, but felt comfortable raising issues directly with staff. Staff knew how to access external complaints services and confirmed they would support consumers to access these services, if required. Posters and brochures promoted consumer access to external complaints, interpreter and advocacy services.

Consumers and representatives gave practical examples of how quickly their concerns were resolved when they lodged a complaint, confirming an apology was also given. Staff demonstrated knowledge of complaint resolution and open disclosure processes. Complaints documentation evidenced, feedback and complaints were registered, and managed in accordance with policies and procedures.

Consumers said their feedback is listened to and the quality of meat served and the accessibility of gardening equipment, has improved as a direct result. Staff advised feedback and complaints were reviewed to identify trends which were reported to senior management, and any opportunities to improve care and services were discussed at staff meetings. Continuous improvement documentation evidenced actions were registered, monitored and evaluated to ensure improvement has occurred, including in response to the feedback provided during the Site Audit.

# 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 found Compliant as:

Consumers and representatives said they felt there were sufficient staff to meet consumer’s needs following recent increases to care staff hours and when they call for assistance, staff attend promptly. Management confirmed staff allocations were based on the varying care needs of consumers and the required care minute targets were being met. Rostering documentation evidenced registered nurses, were continuously on duty, and strategies were in place to fill shifts when there was unplanned leave. Staff were observed promptly responding to call bells.

Consumers described staff as kind, friendly, caring and gentle when they provided care. Staff demonstrated knowledge of consumer’s identities and what was important to consumers to ensure their interactions were respectful and consumers were treated in a dignified manner. Staff were observed interacting with consumers with care and respect.

Consumers and representatives said the staff were skilful and competent in their roles. Management described orientation and induction programs were used to ensure staff have the appropriate skills and the required qualifications when the commence employment. Personnel records evidenced annual competency assessments were completed, with the currency of staff’s qualifications and continued suitability to work in an aged care setting, monitored.

Consumers and representatives felt staff were well trained and have a lot of knowledge. Staff described participating in a manual training program, on commencement, and additional training was scheduled as need arose. Education records evidenced staff were trained in emergency response, manual handling, infection control and hand hygiene, however training on restrictive practices had not been held, but was scheduled to occur in March 2024.

Consumers and representatives said they were encouraged to provide feedback on staff performance at consumer meetings. Management said this feedback, together with clinical data and audit results was used to monitor staff performance, with an annual performance review performed. Personnel records evidenced, staff performance reviews, were completed or due to be completed as scheduled, with plans actioned to appraise those staff who were overdue.

# 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 found Compliant as:

Consumers and representatives confirmed they were encouraged to give feedback on the delivery of care and services and to make suggestions at meetings and via surveys. Management confirmed consumers and representatives, assisted in the evaluation of care during care consultations. Continuous improvement documentation and meeting minutes evidenced consumer suggestions informed the design and development of the menu, with input informing flooring refurbishment and purchasing additional equipment.

Consumers expressed they felt safe, they lived within an inclusive environment, and they were kept informed of service operations. Management confirmed the Board is provided with regular reports to allow them to oversee the quality of care provided. Management advised members of the Board visit and the results of audits, clinical indicators and meeting outcomes were discussed. Staff confirmed cultural diversity and code of conduct training have been completed.

Organisational wide governance systems relating to continuous improvement, information management, financial and workforce governance, regulatory compliance, and feedback and complaints were effective with policies and procedures available to guide staff practice. Staff confirmed they knew their roles and responsibilities; had access to the right information, except on what was needed to ensure legislative requirements were met for environmental restrictive practice. Management confirmed funding was available to support continuous improvement actions identified in response to consumer feedback, and continuous improvement was initiated and in progress to address deficiencies in environmental restrictive practice guidance.

An effective risk management system, including policies and practices was in place to identify and manage risks for the safety and well-being of consumers. Staff were aware of these policies, had undergone training and demonstrated understanding of how to translate policy requirements into practice. Consumer risks were discussed at quality and operational meetings to inform effective management and support consumers to engage with risk. Incident documentation evidenced incident data was regularly reviewed to ensure staff were identifying and reporting serious incidents including elder abuse.

The clinical governance framework consists of policies, procedures and other tools to guide staff in antimicrobial stewardship, restrictive practice, and open disclosure. Consumers and representatives confirmed staff implement the principles of open disclosure in response to adverse events. Staff and management described how oversight and monitoring of antibiotic prescribing supports antimicrobial stewardship and restrictive practice is used as a last resort. Care documentation demonstrated compliance with the service’s policies for AMS, minimising the use of restraint and open disclosure.

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)