Performance

Report

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| Name of service: | Performance report date: |
| Hippocrates Aged Care Centre | 6 July 2022 |
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| 0883 | Site Audit |
| Approved provider: | Activity date: |
| Fronditha Care | 17 May 2022 to 19 May 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Hippocrates Aged Care Centre (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

The following information 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 and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and Complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers confirmed they are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke of consumers in a respectful manner and were understanding of their personal circumstances and life journeys and demonstrated a shared understanding of consumer’s identity, culture and diversity. Care planning documentation identified the specific cultural needs of consumers.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff were able to provide examples of how they support consumers to exercise choice and independence.

Staff demonstrated an awareness of activities that included an element of risk to consumers and could describe the strategies in place to mitigate these risks. Consumers were able to describe the ways the service supports them to take risks to enable them to live the best life they can.

Staff were able to describe the various ways that the service provides information to consumers regarding their care and services that enables them to exercise choice. Consumers expressed they are provided with information to assist them to make choices about their care and services and what activities and outings they would like to be involved in.

Consumers confirmed their privacy and confidentiality is respected. Staff outlined the practical ways they respect the personal privacy of consumers, such as, knocking on consumers’ doors prior to entry and closing their doors during the provision of care.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

Consumers and representatives confirmed they are involved in assessment and care planning and stated the care delivered meets the consumer’s needs. Staff demonstrated an awareness of the assessment and care planning processes and how to identify the risks associated with consumer’s safety, health and well-being.

Care planning documentation evidenced that consumers and representatives were consulted throughout assessment and care planning, including advance health directives. Staff were able to describe how the consumer’s current needs, goals and preferences shape the way care is provided.

Care planning documentation demonstrated that consumers and representatives are consulted throughout assessment and care planning, and when required, input is sought from health professionals. Consumers and representatives confirmed they are consulted in the creation of care plans and staff regularly engage with them.

Consumers and representatives expressed that staff explain information regarding their care and services and they can access their care plans when needed. Staff described how changes to consumers’ care and services are communicated to staff, including how information is updated in the electronic care planning system which informs the handover information for staff.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. Consumers and representatives stated that care and services are reviewed as part of the three-monthly review process.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumers and representatives indicated that consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. Care planning documentation and progress notes include referrals and recommendations from specialist services and demonstrate directives are being implemented and followed.

The service had processes in place to manage and monitor risks associated with the care of consumers. Care planning documentation outlined the key risks to consumers, including falls, medication, wounds, weight loss, behaviours, pain and swallowing.

Staff described the way care is provided to consumers that are palliating and practical ways staff ensure the comfort of consumers. Care planning documentation included advance care planning and outlined the needs, goals and preferences of consumers in the event end-of-life care is required.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team.

Consumers and representatives indicated the service provides regular communication between consumers, representatives and allied health professionals and are satisfied the consumer’s condition, needs and preferences are documented. Staff demonstrated that changes in the care and services of consumers are communicated within the service through progress notes and handover processes, as well as electronic documentation system.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Staff described how information is shared when referrals are made to individuals, other organisations and providers of other care and services.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Staff demonstrated an understanding of antimicrobial stewardship and could provide practical examples how they minimise the unnecessary use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers and representatives felt that consumers received safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. Staff demonstrated a shared understanding of what is important to consumers and their preferred activities, this information was consistent with care planning documentation.

Care planning documentation included information about the emotional, spiritual and psychological needs of consumers and the strategies in place to support these needs. Staff demonstrated a shared understanding of consumer’s needs and outlined they would provide additional support to the consumer if they identify a negative change in the consumer’s mood.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Management were able to provide examples of how the service supports consumers to participate in community events and activities.

Consumers and representatives reported that information about their daily living choices and preferences is effectively communicated throughout the service, and staff understand their needs and preferences. The service uses an electronic care management system which encompasses all consumer care planning documentation. Access to the electronic care management system is available for all staff, and external organisations where services and supports for daily living is shared, such as allied health professionals.

Consumers confirmed that referrals to individuals, other organisations and providers of other care and services occur in an appropriate and timely manner. Staff described a variety of external organisations and volunteers that supplement the activities provided by the service.

Consumers provided positive feedback regarding the quality and quantity of the meals provided by the service and advised the meals aligned with their preferences and dietary requirements. Care planning documentation evidenced the identification of dietary requirements and meal preferences.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers and representatives expressed that they felt at home within the service, and the service optimises their sense of belonging and independence. The Assessment Team observed the rooms of consumers to be decorated with personal belongings which are important to them.

The Assessment Team observed the service to be safe, clean, well maintained and comfortable, consumers were able to move freely throughout the facility, both indoors and outdoors. A review of the completed reactive maintenance requests demonstrates that maintenance issues reported by staff and consumers are resolved in a timely manner. Consumers indicated the service environment is safe and comfortable.

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for the use of consumers, visitors and staff. Staff described how the shared equipment of consumers is cleaned and maintained. Maintenance said that all shared equipment is inspected for maintenance issues on a regular basis and is serviced in accordance with the preventative maintenance schedule to ensure that they are safe and fit for use.

# Standard 6

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| Feedback and Complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers felt encouraged, safe and supported to provide feedback and make complaints, and confirmed they can do so anonymously or with the assistance of staff. Staff were able to describe the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and the process that they follow should a consumer or representative raise an issue with them directly.

Consumers and representatives were aware of other avenues for raising a complaint, however felt comfortable raising concerns with the service and expressed confidence in the abilities of management to address the concerns raised to their satisfaction. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues available for consumers and representatives.

Consumers and representatives indicated that the service takes appropriate action in response to complaints. Staff demonstrated a shared understanding of the open disclosure process and described how they would apply these principles in practice.

Consumers advised that the service uses feedback and complaints to improve the quality of care and services and provided examples of service changes that have occurred as a result of feedback or complaints. A review of consumer and staff meeting minutes by the Assessment Team evidenced that complaints and feedback made by consumers and representatives are discussed at each meeting, and the actions taken by the service are evaluated.

# Standard 7

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

## Findings

Consumers and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Staff stated there are adequate staff for all shifts excluding during the COVID-19 lockdowns, however staff further expressed that management handled staffing issues extremely well.

Consumers and representatives expressed that workforce interactions are kind, caring and respectful of each consumer’s identity, culture and diversity, this feedback was consistent with observations made by the Assessment Team. Staff demonstrated a shared understanding of consumers’ cultural identities and provided examples of how they support and respect consumers’ diversity and culture.

Management expressed their commitment to training and education as the foundation for great care and service for consumers but also for retaining employees. Consumers and representatives expressed confidence in the competency of staff to perform their duties effectively and meet the care needs of consumers. Staff confirmed they have access to all the training they require to perform their roles, as well as additional training that assists them to pursue further education.

Staff indicated that access to training and further education was actively encouraged and constantly available and that they are supported to undertake training on-site, on-line and off-site. Consumers expressed that staff are well-trained and competent to perform their roles.

The service demonstrated an appropriate performance and development system that include the regular assessment, monitoring and review of staff performance. Staff expressed they felt supported, valued and listened to by management and the organisation is also very supportive of further education and training so they are able to provide high quality care and services for consumers.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers and representatives confirmed they are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Complaints and outcomes from consumer meetings are assessed and addressed by the management team and if required, escalated further.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and took accountability for their delivery through the service’s policies, procedures and open and transparent approach across the organisation.

The Assessment Team observed effective, organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities

The service was able to demonstrate a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)