Performance

Report

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| Name of service: | Hixson Gardens Aged Care Facility |
| Service address: | 1A Hixson Street BANKSTOWN NSW 2200 |
| Commission ID: | 1018 |
| Approved provider: | Arete Health Care (Bankstown) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 20 April 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 Hixson Gardens Aged Care Facility (**the service**) has been prepared by G-M. Cain, 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, 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 | |  |
| 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 they felt staff treated them with dignity and respect, and they felt valued as an individual. Staff described how they respected consumer choices by taking the time to understand consumers, their backgrounds and life history. Care planning documentation noted consumers’ culture, diversity, identity and personal preferences. The consumer handbook referenced the Charter of Aged Care Rights, which included the right for consumers to be treated with dignity and respect.

Consumers and representatives said staff recognised, respected and provided culturally safe care and services. Staff identified consumers from culturally and linguistically diverse backgrounds and provided care information consistent with their care plans. Care planning documentation reflected the consumer’s cultural background and linguistic abilities. Observations showed staff speaking to consumers in their native language.

Consumers and representatives said staff supported them in exercising choice and independence, including how and when care was provided and with whom they wanted to maintain relationships. Staff described how they encourage and support consumers to make choices about their daily living and maintain their independence and relationships of choice. This was consistent with care planning documentation. Staff were guided by policies to support consumer-centred care and services.

Consumers described how the service supported them to take risks. Staff demonstrated awareness of individual consumer risk, including risk mitigation strategies and monitoring responsibilities. Risk assessments and dignity of risk forms reflected individualised risk mitigation strategies, informed consent and monitoring strategies to guide staff practice. Consumers who smoked were observed to be monitored by staff in the designated smoking area, in line with their risk assessments.

Consumers and representatives said they were provided information to make informed choices about their care and services. Staff described how they shared information with consumers with communication and sensory difficulties. Noticeboards with various information were observed throughout the service, including communal areas.

Consumers and representatives described how their privacy was respected by staff. Staff described practical ways they respected consumers’ privacy, including knocking before entering consumer rooms and not disclosing personal information to anyone other than staff. Consumers’ personal information on computers was observed to be secured with a password.

# 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 said they were consulted in the assessment and planning process and received the care and services consumers needed. Staff described the care planning process and how it informed care delivery and services. Care plans demonstrated assessment and care planning which identified consumers' needs, goals and preferences.

Consumers and representatives said staff involved them in the assessment and planning process, including discussing their end-of-life care needs, goals and preferences. Staff described how the service ensured that assessment and planning reflected consumers' current preferences. Staff were guided by policies and procedures regarding advance care planning, palliative and end-of-life care.

Consumers and representatives said they were involved in the assessment and planning process and identified who was involved in their care. Staff described the importance of consumer-centred care planning and their role in supporting it. Allied health professionals described how they were involved in consumers' assessment and planning process. Care planning documentation evidenced involvement from consumers, representatives and a diverse range of external providers.

Consumers and representatives confirmed that care plans were provided and easily accessible. Clinical staff explained how they updated representatives in person, by telephone or electronic mail correspondences. Progress notes evidenced regular communication between staff and representatives about care outcome updates.

Representatives confirmed that staff regularly discussed consumer care needs and that any changes requested were addressed in a timely manner. Clinical staff described how and when consumer care plans were reviewed and updated. Clinical schedules showed how the service managed comprehensive reviews of consumers' care plans.

# 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

The performance report dated 8 February 2023, found the service non-compliant with Requirement 3(3)(a) and Requirement 3(3)(b). Deficiencies related to consumers not receiving safe and effective clinical care, including consumers subject to chemical restrictive practice, pain and skin integrity management, and several key high-impact and high prevalence risks that are not effectively managed, including fall management and behaviour management.

The Site Audit report provided evidence that the service has acted to improve its performance under these requirements. Actions included, the service reviewed the restrictive practices policies and psychotropic register during medication advisory committee meetings, provided additional clinical training modules and implemented weekly meetings to review wound care and pressure injury data. Sampled care plans reflected the delivery of safe and effective clinical care tailored to consumers' needs, optimising their health, including pain management and minimising the use of restrictive practice.

The service updated clinical management policies, delivered additional training sessions and held meetings to identify trends for high-impact and high-prevalent risks. A representative confirmed they were informed after each fall incident and have been involved in fall management strategies. Staff identified mitigation strategies for consumers with high impact and prevalent risks. Sampled care plans demonstrated regular wound charting, with images including an appropriate measuring apparatus, consistent with the service's guidelines and procedures on wound management.

A representative said the service delivered clinical care in accordance with the consumers' end-of-life wishes. Care planning documentation included end-of-life care plans which outlined consumers' needs, goals and preferences. Staff provided practical examples of maximising consumers' comfort and preserving their dignity.

Consumers and representatives said the service recognised and responded to changes in condition in a suitable and timely manner. Staff explained how deterioration would be discussed during handovers and trigger reviews by medical officers, hospital transfers or care plan reviews. Care planning documentation and progress notes evidenced the identification of and response to deterioration or changes in consumers' condition.

Consumers and representatives said their care needs and preferences were effectively communicated between staff and external providers. Staff described, and observations confirmed, how information was shared when changes occurred through staff meetings and handover. Care planning documentation had adequate information to support safe and effective care delivery.

Consumers and representatives said referrals were timely, appropriate and occurred when needed. Staff provided examples of referrals to individuals and other organisations and providers of care. Care planning documentation and progress notes confirmed the input of others and referrals where needed. The referral book included referrals made to speech pathologists and dietitians.

Consumers and representatives said they had seen staff using personal protective equipment and practising safe hand hygiene techniques. Staff demonstrated knowledge of key infection control practices and antimicrobial stewardship. Staff were guided by policies and procedures to support minimising infection-related risks. All staff, visitors and contractors completed entry screening processes.

# 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 and representatives said they were supported to participate in activities they liked and were supported to optimise their independence. Lifestyle staff described how they supported consumers to participate, attend and do things of interest to them. Lifestyle assessment processes capture individual preferences and interests in care plans. Consumers were observed engaging in various activities demonstrating high participation rates.

Consumers said the service supported their emotional, spiritual and psychological needs. Staff described how they supported consumers’ needs through technology and referrals to external emotional and psychological support services, including religious services. The activities calendar included church services and one-on-one visits by lifestyle staff.

Consumers and representatives said they were supported to participate in activities within and outside the service, maintain relationships of choice and do things of interest. Staff identified specific consumers who engaged in activities outside the service. Care planning documentation reflected consumers’ continued involvement in their community and how they maintained personal and social relationships.

Consumers and representatives said information was communicated within the service and with others where care responsibilities were shared. Staff described how consumers changing care needs and conditions were communicated through handover, staff meetings and the service’s electronic care management system. Care planning documentation reflected consumers’ needs and preferences for daily living activities.

Consumers said other organisations, support services and external providers of care and services supported them. Staff described how the service worked with external organisations to help supplement the lifestyle activities offered within the service and identified specific consumers who utilised them. Care planning documentation evidenced lifestyle strategies implemented following referrals to specialist dementia services, and that consumers are supported by various external services such as a visiting hairdresser and local church services.

Most consumers and representatives said they were satisfied with the quantity, quality and variety of meals provided at the service. Staff described how the seasonal menu provided consumers with multiple meal options and explained how consumers could request alternatives anytime. Care planning documentation reflected dietary needs and preferences. Observations showed meals being enjoyed by consumers.

Consumers said staff checked their personal equipment regularly for safety and to ensure cleanliness. Staff said they had access to equipment when needed and described how they kept it safe, clean and well-maintained. Preventative maintenance records and observations demonstrated that equipment was regularly cleaned, maintained, and serviced.

# 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 the service environment was easy to understand, they felt safe in it, and it felt homely. Management said they encouraged consumers to feel at home by personalising rooms and living areas. Observations confirmed consumers' regular use of communal areas, signage and sufficient lighting and handrails to assist movement.

Consumers and representatives said rooms were cleaned regularly, they could move freely, and they had no concerns raising maintenance requests. Staff described regular cleaning schedules and how maintenance was scheduled and managed. Observations confirmed the service to be clean and well-maintained, and consumers are supported and able to move freely.

Consumers said the equipment was checked, cleaned, and maintained regularly. Staff said they supported consumers by cleaning and maintaining equipment, including preventative maintenance. Observations confirmed equipment appeared in good condition, was used by various consumers, and was included in the preventative maintenance schedules.

# 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 and representatives felt safe and comfortable providing feedback, raising complaints and describing how to do so. Staff said they supported consumers in providing feedback and complaints by encouraging and assisting them. Observations confirmed that information was available in various languages in multiple locations on how to raise complaints and provide anonymous feedback. The complaints register showed feedback raised from a variety of sources.

Consumers and representatives said they knew of and had access to advocacy and language services. Staff explained how they assisted consumers in accessing advocacy and interpreter services if required. Observations confirmed information in various languages throughout the service about accessing language and advocacy services.

Consumers and representatives said the service responded to and resolved complaints when they were raised. Staff described how they supported consumers by apologising and explaining when things went wrong and how this was communicated to representatives. Electronic mail correspondences confirmed the service provided explanations and apologies and outlined steps to remedy when things went wrong.

Consumers and representatives said their concerns were addressed when raised, resulting in change. Management described and provided practical examples of how feedback and complaints were used to support continuous improvement. A review of the service’s plan for continuous improvement demonstrated actions taken to improve care and services delivered for all consumers.

# 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 there was enough staff, and consumers did not wait long for call bells to be answered. Management said they filled unplanned leave and additional shifts with staff from other service locations. Staff personnel records confirmed that the service engaged an adequate mix of registered and care staff. Review of call bell reports for the period November 2022 to February 2023, that that all response times were less than 7 minutes.

Consumers and representatives confirmed that staff were kind, caring and respectful of their culture, diversity, and identity. Training records showed the culture and diversity training module completed by all staff. The Assessment Team observed multiple kind and respectful encounters between staff and consumers during the Site Audit.

Consumers and representatives said they were confident that staff were sufficiently skilled to meet their needs. Staff said the training provided had equipped them with the knowledge to deliver care and services for consumers. Staff records evidenced current registrations, position descriptions and police checks.

Consumers and representatives said staff had the appropriate skills and knowledge to ensure the delivery of safe care and services. Management said staff received mandatory and ad hoc training via an electronic learning management system. Staff demonstrated an understanding of the Serious Incident Response Scheme, open disclosure and restrictive practices. Training records evidenced that all mandatory training modules had a completion rate of 100%.

Staff described the annual performance appraisal process and the outcome of their last performance appraisal. Management described using a collaborative, non-punitive approach to performance issues to help staff members improve. The appraisal tracking list evidenced a 100% performance appraisal completion rate for staff members.

# 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

The performance report dated 8 February 2023, found the service non-compliant with Requirement 8(3)(d). Deficiencies related to the organisation’s risk management system not effectively managing risk of harm to consumers, this includes the areas of falls management, management of pain, changed behaviours, wounds, and minimising the risk associated with psychotropic medication considered a chemical restrictive practice.

The Site Audit report provided evidence that the service has acted to improve its performance under this requirement. Actions included, the service implemented a risk management framework which included an updated Serious Incident Response Scheme policy, strategies to identify high prevalent and high impact risks and weekly meetings with the quality and compliance management team to analyse trends in incident data for reporting to the governing body. Staff described their responsibilities in reporting incidents, and incident data showed management's identification of high prevalent risks.

Consumers and representatives said they were satisfied with the management of the service and felt involved and supported in their care. Management said consumers and representatives were engaged in delivering care and services through feedback forms, monthly consumer meetings and care plan reviews. Meeting minutes showed that changes to the delivery of allied health services were discussed with consumers and representatives.

Management described how incident data and clinical indicators trends were discussed, reviewed, and actioned at weekly meetings with senior management. Internal audits, feedback, clinical indicator reports, continuous monitoring, and observations informed the strategic planning process. A quality and compliance manager position was introduced and filled to provide additional support to the service.

Management and staff described processes and mechanisms in place for effective organisation-wide governance systems related to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The service had an effective plan for continuous improvement, an electronic care management system, and established financial and workforce governance. Management was able to demonstrate effective policy for feedback and complaints. Legislative updates and guidance were observed to be displayed throughout the service. Staff described how feedback and complaints provided information to support continuous improvement.

The service had a clinical governance framework that included policies relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Clinical staff described how they communicated in a manner that reflected open disclosure. The restrictive practices policy was updated to reflect legislative changes and guide staff practice.

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