Performance

Report

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| Name of service: | Hope Aged Care Swan Hill |
| Service address: | 39-41 Acacia Street SWAN HILL VIC 3585 |
| Commission ID: | 3796 |
| Approved provider: | Sixth Eastway Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 8 March 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 Hope Aged Care Swan Hill (**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; 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.
* the provider’s response to the assessment team’s report received 8 March 2023.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said consumers were treated with dignity, respect and the service supported consumers’ independence and decisions regarding care and services. Staff were observed interacting with consumers in a respectful manner and demonstrated an understanding of consumers’ preferences.

Consumers said care and services were tailored to respect their culture, religion, identity and beliefs. Staff were knowledgeable of consumers’ cultural and religious preferences and encouraged consumers to decorate their rooms with culturally significant items. Care documentation reflected consumers’ diverse practices and choices.

Consumers provided positive feedback regarding the service supporting their choices, who was involved in their care and if the consumer wished to maintain personal relationships. Staff described the processes to identify and review consumer choices and the various options available to ensure choices were met. Care documentation evidenced consumer choice which supported independence.

Consumers described how the service supported them to take risks. Staff advised consumers of potential risk consequences and dignity of risk forms had been completed to demonstrate informed consent had been obtained. Risk management policies and procedures supported consumer to engage with activities with potential risk.

Consumers said they were involved in meetings, encouraged to ask questions about their care and received information in a way they could understand. Activity schedules were in consumers’ rooms and communal areas, and menus, COVID-19 updates and visitor requirements were made available. Staff described strategies to communicate information to consumers with poor cognition, visual or auditory deficiencies.

Consumers said staff respected their privacy and personal information. Staff were observed knocking on doors and seeking consumer permission prior to entry and refraining from cleaning personal items unless requested by the consumer. Consumer information was secured in a password protected electronic management system and hard copy consumer files were locked inside nurses’ stations.

# 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

Following previous assessments of performance against the Quality Standards, the service was found non-compliant with Requirement 2(3)(a) and Requirement 2(3)(b), as assessment and planning processes did not adequately identify risks to consumers and interventions recorded within care plans did not reflect the needs goals and preferences of consumers.

The evidence within this Site Audit report demonstrated the service had undertaken corrective actions including assessing consumers to identify risks and had planned strategies to meet those care needs which were in line with the consumers goals and preferences. Consumer files evidenced a suite of validated assessment had been completed, care plans contained current information to support safe and effective care and supporting consent forms, where the consumer had chosen to engage with risk had been completed.

Consumers and representatives gave positive feedback regarding care provided by the service, including identification and management of risks which promoted their independence. Staff said assessment outcomes were documented in care plans and discussed between staff to guide safe and effective care.

Consumers and representatives said they had been provided opportunity to discuss consumers’ current needs, goals and preferences, including end of life planning and advance care directives. Care documentation supported consumers end of life wishes, their current care needs and care delivery preferences had been captured.

Consumers and representatives said they were involved in assessment and care planning, which further included specialists’ consumers chose to involve. Staff described the referral process to a variety of allied health professionals oversighting consumers’ clinical care. Care documentation evidenced integrated and coordinated assessment and planning, inclusive of medical officers, specialists, and allied health professionals.

Consumers and representatives said outcomes of assessment and planning, including changes to care, were communicated to them by the service and they were offered copies of care plans. Staff said they discussed care plans with consumers and representatives and answered questions. Care documentation evidenced consultation with consumers following assessment and planning.

Staff described the processes to review consumers’ care documentation routinely or in response to incidents. Care documentation reflected reviews undertaken every three months, in response to changes to consumer health, or following incidents. The service was guided by policies and procedures regarding review of care needs and 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

Following previous assessments of performance against the Quality Standards, Requirement 3(3)(b) was found non-compliant as unplanned weight loss had not been managed effectively.

The evidence within this Site Audit report demonstrated the service weighed consumers each month and the resulting reports were reviewed by clinical staff with any instances of weight loss escalated to consumers’ medical officers for further investigation. Clinical data demonstrated consistent monitoring of consumers to identify fluctuations in weight and were weight loss occurred referrals to dieticians were made with any recommendations shared with catering staff.

Consumers and representatives gave positive feedback regarding care which was tailored to consumer needs and optimised health and well-being. Staff were knowledgeable of consumers’ personal and clinical care needs. Care documentation evidenced appropriate identification, assessment and management of restrictive practices, skin integrity and pain management. The service was guided by policies and procedures outlining best practice personal and clinical care.

Consumers and representatives confirmed staff had discussed end of life planning and understood consumers’ preferences. Staff were knowledgeable of procedures to ensure consumers were comfortable and free of pain during the palliative process. Care documentation evidenced appropriate assessment and monitoring of consumers nearing the end of their life, as well as consultation with representatives.

Consumers and representatives said staff recognised deterioration or changes to a consumer’s condition and promptly responded. Staff described processes to identify and respond to changes in a consumer’s condition, including hospital admission. Care documentation reflected various methods used to identify and escalate changes including progress notes and clinical charting.

Staff described sharing information regarding consumer needs or changes at handover, during meetings or by accessing care documentation. Consumer files evidenced documentation of consumers’ condition, treatment and interventions and communication between relevant staff and specialists.

Consumers and representatives provided positive feedback regarding the service’s referral process when engaging allied health professionals. Staff were knowledgeable of referral pathways and were guided by the service’s referral procedures. Care documentation evidenced referral to a range of specialists including physiotherapist, dieticians and podiatrists.

Staff were observed demonstrating infection control practices, including using personal protective equipment, practicing hand hygiene and screening staff and visitors for COVID-19. The service appointed a staff member to lead Infection Prevention Control and collaborate with clinical management to oversight infection control practices and procedures. Staff were guided by a suite of policies and procedures regarding infection control, antimicrobial stewardship and hand hygiene.

# 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 said the services and supports for daily living were safe, effective, and maintained their independence, well-being and quality of life. Staff were knowledgeable of consumers’ needs and preferred activities and used this information to develop tailored lifestyle plans. Care documentation reflected consumers interests, choices, social affiliations and spiritual needs.

Consumers said the service supported their spiritual and emotional well-being. Staff described offering consumers’ one-to-one care to support their psychological well-being and offered religious services applicable across various denominations. Care documentation evidenced consumers’ emotional and spiritual needs and the service’s responsive support strategies.

Consumers said they were supported to participate within the service and local community and to maintain relationships and interests. Examples were provided of consumers engaging in activities of interest or spending time with visiting family. Staff were knowledgeable and supportive of consumers’ community connections, relationships and interests.

Consumers were confident staff effectively communicated their needs and preferences within the service and to external providers involved in their care. Staff shared consumer care information during handovers and through the electronic care management system. Access to the care management system was available to external individuals or organisations involved in consumer care, such as allied health professionals.

Consumers said the service promptly referred them to appropriate organisations, support services and care providers, as required. Staff described consumers’ involvement in the referral process which included affirming consumer consent. The service demonstrated established links to service providers and care documentation reflected timely and appropriate referrals to a range of allied health professionals.

Consumers gave positive feedback regarding the variety, quality and quantity of meals provided by the service. Meal service was observed to be comfortable, appropriately paced and included staff assisting consumers, as required. Staff were knowledgeable of consumers’ preferences and dietary requirements. The service held routine meetings between staff and consumers to discuss catering, and meals were changed in response to consumer feedback.

Consumers said they felt safe using equipment and were aware of the reporting process for equipment requiring maintenance. Mobility aids such as wheelchairs and walkers were observed to be safe, clean and well-maintained. Staff described the availability of equipment at the service, or that equipment would be purchased to meet consumers’ needs.

# 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 said the service environment was welcoming, easy to navigate and optimised their sense of belonging and independence. Features included wide, level walkways and functional outdoor spaces with shaded areas and outdoor furniture. Staff encouraged consumers to decorate their rooms with personal belongings and hallways with crafts they made onsite.

Consumers and representatives said the service was cleaned regularly and maintenance was undertaken promptly. Consumers were observed moving with ease between various internal areas of the service and outside. Documentation evidenced cleaning schedules for each unit and communal areas, including procedural guidelines regarding cleaning frequency and focus areas.

Consumers said equipment was well-maintained and clean. Maintenance staff promptly attended to equipment issues, or engaged specialist contractors, if required. Staff were observed checking and cleaning equipment after each use and documentation evidenced preventative and corrective maintenance, testing and tagging.

# 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 said they understood how to provide feedback or make a complaint and were confident to do so. Staff described available avenues for feedback and complaints which included resident meetings, feedback forms and lodgement boxes. Documentation evidenced staff training regarding feedback and complaint mechanisms.

Consumers and representatives said they were aware of advocacy and complaints services and how to access them. Staff described providing consumers with information regarding advocacy, language and complaint services at entry, during care consultations and at consumer meetings. Policies and procedures outlining supports were provided to consumers and representatives.

Consumers provided positive feedback regarding action taken by the service in response to feedback and complaints. Staff described the complaints process and the principles of open disclosure. Documentation evidenced registration of, and response to, complaints, including acknowledgement of open disclosure principles throughout the process.

Consumers provided positive feedback regarding improvements to the service in response to their feedback and complaints. The service reviewed consumer feedback and complaints to identify areas for improvement. Staff were guided by relevant governance frameworks to ensure consumer feedback and complaints were appropriately used to inform improvements to 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

Consumers and representatives provided positive feedback regarding the number of staff and time taken for staff to attend to consumers. Staff said they worked together to ensure care needs were met. Management utilised support staff to fill gaps in service or enlisted the assistance of staff from a nearby service. Call bell data evidenced response times within the service’s mandated timeframes.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services, and respected consumers’ identity and diversity. Staff were knowledgeable of consumers’ needs and preferences, and positive interactions between staff and consumers were observed. Care documentation reflected consumers’ individual needs and staff were guided by the service’s code of conduct.

Consumers and representatives said staff were sufficiently skilled to meet consumer’s care needs. Management described staff undertaking medication administration training and observed and audited staff to ensure ongoing competency. Records demonstrated the service recruited appropriately qualified applicants who held current registrations and security clearances.

Consumers and representatives stated staff were adequately trained and skilled to deliver safe and quality care and services. Management confirmed staff participated in annual mandatory training and responsive training for topics including, but not limited to, manual handling, infection control practices and serious incident reporting. Records evidenced high rates of completion for mandatory training.

Management described monitoring staff performance through observation, consumer satisfaction surveys, complaints and annual appraisals. The service is led by a workforce governance framework consisting of policies, procedures and guidelines in relation to expected staff conduct.

# Standard 8

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

Findings

Consumers provided positive feedback regarding their involvement in the development, delivery and evaluation of care and services. Management advised consumers were involved in the design and delivery of services through feedback, meetings, care consultations and complaints which ensured consumers were provided opportunity to raise concerns. The service evidenced improvements made to care and services in response to consumer feedback.

The service’s governing body promoted a culture of safe, inclusive and quality-driven care and services on the basis of clinical indicators, serious incidents, feedback and complaints provided by the service. Management conducted audits to ensure compliance and information regarding service operations was communicated to consumers through hard copy documentation.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff described key principles in relation to workforce governance, regulation and feedback and complaints. To ensure compliance, the service was guided by policies and procedures relevant to each governance system.

The service demonstrated systemic management of high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of risk management processes, including identification and mitigation strategies. The service was guided by a risk management framework and systems to monitor incidents, hazards, falls, pressure injuries and weight loss.

The service was guided by a clinical governance framework and policies for antimicrobial stewardship, restraint minimisation and open disclosure. Staff described corresponding processes, including monitoring antibiotic use, authorisation and review of restrictive practices and using open disclosure principles following incidents. Management advised staff had undergone training in relation to the framework and policies.

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)