Performance

Report

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| Name: | Horton House |
| Commission ID: | 1037 |
| Address: | 1A Ravenswood Avenue, GORDON, New South Wales, 2072 |
| Activity type: | Site Audit |
| Activity date: | 22 May 2024 to 24 May 2024 |
| Performance report date: | 21 June 2024 |
| Service included in this assessment: | Provider: 1427 Twilight House  Service: 26094 Horton House |

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 Horton House (**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 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 relating to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with kindness, dignity, respect and made them feel valued. Staff were familiar with consumers’ backgrounds and cultures and were observed showing respect by using their preferred names during interactions. Care documentation evidenced consumers’ life history, spoken languages, food preferences, spirituality, people of significance to them and their interests.

Consumers confirmed their cultural identities were valued and staff recognised and respected their backgrounds. Staff said they were trained in cultural awareness and had knowledge of consumers’ cultural needs and preferences. Care documentation evidenced consumers’ cultural backgrounds were captured and demonstrated how care was tailored to their preferences.

Consumers and representatives confirmed consumers were their own decision maker, they were supported to appoint an alternate decision maker, they had choice in how their care was delivered and had identified which relationships were important to them to maintain. Staff demonstrated knowledge of consumers’ choices and confirmed decision making was supported through assessment and care planning processes. Consumer’s representatives were observed making decisions on consumer’s care needs with staff.

Consumers gave practical examples of eating foods which did not align with clinical recommendations, as how they were supported to take risks and live life as they chose. Staff were aware of consumers who wished to take risks and described the measures in place to promote individuals’ safety. Care documentation evidenced discussions with consumers and representatives about potential harms associated with consumers’ chosen risks, along with consents to mitigation strategies and agreed strategies to promote their safety.

Consumers and representatives gave practical examples of how they received timely and clear information which enabled them to make informed choices about consumers’ care and daily living needs. Staff explained when information was shared with consumers, they ensured it was understood, particularly when advising of changes to activities. Noticeboards, flyers and a newsletter promoted activities, menus, special occasions, upcoming events, with information observed to be current.

Consumers gave practical examples of how their privacy was respected, such as staff did not disturb their sleep during the night, as per their preferences, and personal matters were discussed in a private setting. Staff explained consumers’ personal information was kept confidential in a secure electronic care management system (ECMS). Staff were observed respecting consumers’ privacy by ensuring doors were closed when providing care.

# 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:

Staff described how risks to consumers were identified, and used to develop the care plan, which informed how they delivered care. Care documentation evidenced interim and comprehensive care plans were developed through an assessment process embedded in the ECMS, which included assessment tools to identify risk of skin, injuries, falls and continence. However, the assessment process did not included consideration of the risk of inappropriate environmental restrictive practice due to security measures in place overnight. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs changed. Consumer files contained an advance care directive and care documentation reflected consumers’ current daily needs, goals and preferences.

Consumers and representatives confirmed their ongoing involvement in the assessment, planning and review of consumers’ care and services. Staff advised input from consumers, representatives, medical officers and allied health professionals contributed to the assessment and planning of consumer’ care. Care documentation evidenced a multi-disciplinary approach to care planning, in consultation with consumers and their representatives.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had access to a copy of the consumer’s care plan. Staff explained, and documentation confirmed, consumers and representatives were advised of assessment outcomes, including after scheduled reviews. Consumer’s care documentation was observed to be readily accessible via the ECMS.

Consumers confirmed their care and services were reviewed regularly and in response to incidents, following which their changed needs were reassessed or reviewed by medical officers, if required. Staff explained consumers care and services were reviewed every 4 months and incidents may result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were regularly reviewed and reassessment occurred when their health status, preferences or circumstances changed.

# 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 and representatives confirmed consumers received the care they needed, which was individualised, safe and met their needs and preferences. Care documentation evidenced consumers received care in line with their assessed needs. Staff were knowledgeable about consumers’ personal and clinical care needs; however, the application of environmental restrictive practices had not been individualised to the needs of each consumer nor had consent for the restrictive practice been obtained. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed and prevented. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer nearing end of life, evidenced their wishes were to be kept comfortable through medications, with comfort care provided by staff. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained where consumers’ conditions deteriorated, changes were reported to clinical staff for review, and transfer to hospital or review under outreach services occurred, if needed. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as consumers received constant and reliable care. Staff explained changes in consumers’ care and services were communicated as needed throughout the day, during shift handovers and they accessed information in the ECMS. Care documentation contained sufficient information about consumers’ conditions which could be shared with medical officers and healthcare teams involved in their care.

Consumers and representatives confirmed consumers had access to other health care providers, such as dieticians and geriatricians, and referrals were timely. Staff explained the referral process, with consent gained from consumers and representatives prior to a referral being made. Care documentation evidenced consumers were promptly referred to medical and other health professionals.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed. Staff described how they minimised the use of antibiotics for consumers and explained infection control measures they used in their work practices, such as maintaining hand hygiene. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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 gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, such as art therapy, which optimised their independence and wellbeing. Consumers were observed participating in a range of well attended activities which met their diverse needs, whilst others were supported to pursue solo interests. Care documentation evidenced consumers’ lifestyle activity preferences and the supports needed to ensure these were met.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers by arranging pastoral care, visits from volunteers and spending one on one time with them when their mood was low. Care documentation evidenced consumers’ emotional, psychological and spiritual needs were captured, with strategies to enhance their wellbeing.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving independently to socialise with friends. Staff explained they supported consumers to make connections and maintain significant relationships by ensuring loved ones were seated together during activities, with family visits welcomed in quiet areas, both indoors and outdoors. Consumers were observed socialising with each other and participating in a range of activities.

Consumers and representatives said information was effectively communicated, particularly as staff understood their meal preferences and ensured these were met. Staff explained changes in consumers’ care and services were communicated during the day, at shift handovers, and via care documentation in the ECMS. Care documentation evidenced information about consumers’ health and wellbeing status was available for sharing with others who had responsibility for consumers’ supports and daily living services.

Consumers confirmed when additional support was needed, they were referred to other organisations and service providers. Staff explained volunteers were engaged to offer pastoral care, music therapy and provide consumers with companionship. Care documentation evidenced consumers were referred to individuals, organisations and other service providers to ensure their diverse needs were met.

Consumers confirmed meals were enjoyable, portions served were sufficient and their dietary requirements were met. Staff explained the menu was developed with consumers’ input and feedback was also sought during meal services. Meal service was observed to be calm, and consumers appeared to enjoy the food as they engaged with each other.

Consumers said they felt safe when using equipment and were comfortable raising any concerns with maintenance staff who were prompt in resolving issues. Staff explained equipment was assessed for safety and according to the needs of individual consumers. Staff were observed cleaning equipment after each use and mobility aids were observed to be clean and functioning appropriately.

# 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 said the service environment was welcoming, easy to understand and they personalised their rooms with their own belongings. The environment was observed to facilitate consumers’ independence through its wide, unobstructed hallways, with wayfinding signs to assist navigation of the service. Consumers were observed socialising with family in communal areas and their rooms.

Consumers said the service was safe, clean, well maintained and they could move freely between the indoors and outdoors. Staff described the maintenance process, and the maintenance schedule evidenced tasks were completed routinely. Consumers were observed to have free access to indoors and outdoors areas but exit to or entry from the community was restricted overnight, as the front door was locked and controlled by a keypad, with assessment processes to be amended to ensure any impact on consumers free movement was understood. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for their use. Staff explained how equipment, furniture and fittings were kept clean, with regular observations to ensure these were safe and suitable for consumers’ use. Furniture and equipment were observed to be clean, well maintained and maintenance schedules were up to date.

# 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 were encouraged to provide feedback and make complaints and gave practical examples of avenues available to them, such as by email, speaking with staff, completing a feedback form and attending meetings. Staff explained the complaints management process and said consumers were assisted to raise concerns and provide feedback, if needed. Complaints documentation and meeting minutes evidenced consumers and representatives were encouraged to provide feedback and make complaints.

Consumers and representatives understood how to access external complaints, advocacy and language supports. Staff described the external complaints, advocacy and language services available to consumers and said they assisted them to access these, if required. The consumer handbook and pamphlets in different languages spoken by consumers, promoted access to the Commission, advocacy support and language services.

Consumers gave practical examples of receiving more vegetables at mealtimes, as appropriate action taken in response to feedback about vegetable portions not meeting their individual preferences. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced appropriate action was taken in response to consumers’ feedback and complaints.

Consumers gave practical examples of how their feedback and complaints were used to improve the quality of care and services, such as a sewing machine purchased for members of the sewing group. Staff explained feedback and complaints were reviewed to identify trends and actions were taken to improve services. Complaints and continuous improvement documentation evidenced consumers’ complaints and feedback were used to improve the quality of care and services.

# Standard 7

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about staffing levels and said their needs were promptly met. Management explained the roster was developed based on consumers’ care needs, with a focus on consistency for consumers. Rostering documentation evidenced shifts were consistently filled by a mix of appropriately skilled staff to meet consumers’ needs, with a registered nurse always available.

Consumers and representatives said staff were kind, caring and respectful of consumers’ identity, culture and diversity when providing care. Management explained staff were expected to care for consumers in a kind way, with respect shown for their unique life experiences, preferences, needs and abilities. Staff were observed to be familiar with consumers’ identities, as they used their preferred names during interactions.

Consumers and representatives confirmed staff were suitably skilled and competent in meeting consumers’ care needs. Management explained staff competency was determined through observations, consumer and representative feedback, surveys and assessments made following in-house education sessions, and ensuring professional registrations and criminal history checks were current. Personnel records evidenced staff had position descriptions and held qualifications, experience and clinical registrations relevant to their roles.

Consumers and representatives gave positive feedback about staff training and confirmed they were equipped to perform their roles. Staff confirmed mandatory training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, incident management, infection control, cultural safety and the Quality Standards, with management arranging additional training in response to observations and audit findings. Training records evidenced high rates of completion for mandatory training topics.

Management advised, and staff confirmed, staff performance was assessed and monitored through probationary and annual performance reviews, with informal appraisals through observations, team meetings and feedback from consumers and representatives. Staff confirmed they participated in performance reviews and described the process as an opportunity for career development, training needs were discussed, and they were supported by management. Personnel records evidenced most staff performance reviews had been completed, with those outstanding scheduled for finalisation.

# 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 gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services, particularly through the resident advisory committee and quality care advisory body which provided feedback to the organisation’s board of directors (the board). Management advised consumers contributed to service evaluation through scheduled meetings and care plan reviews. Documentation evidenced consumers and representatives evaluated the service environment, personal and clinical care, lifestyle activities, food and meal service and overall satisfaction through meetings, feedback forms, surveys and informal discussions with staff.

The organisation’s board was accountable for service delivery and satisfied itself the Quality Standards were being met through monthly reporting on internal audit results, SIRS notifications, clinical indicators and operational updates, with subcommittees focused on clinical governance, finance and risk. Management explained board members fostered a culture of safe and inclusive care through attending service activities which allowed them to spending time with consumers, representatives and staff to gather their feedback, which informed improvements to care and services. Documentation evidenced the board implemented protocols to support consumers’ safety and inclusivity, with quality assurance measures underpinned by internal and external audit results.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance, feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

The clinical governance framework was found to include appropriate guidance to staff on antimicrobial stewardship, and the use of open disclosure when clinical incidents occurred. However, restrictive practice policies and procedures gave insufficient guidance to clinical staff on the assessment of environmental restrictive practices, when cognitive, sensory or manual dexterity impairments may prevent consumers from independently releasing the security mechanisms to exit the service, after hours. Management advised assessment processes relating to environmental restrictive practices would be reviewed and further staff training would be provided.

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)