Performance

Report

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| Name of service: | Horton House and Warmington Lodge |
| Service address: | 41 Castor Street YASS NSW 2582 |
| Commission ID: | 2784 |
| Approved provider: | Yass Valley Aged Care Limited |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 11 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 Horton House and Warmington Lodge (**the service**) has been prepared by G.Hope-Simpson, 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 said their identity, culture and diversity were understood, and they were accepted and valued. Staff understood consumers’ backgrounds in accordance with their care planning documents, and described how they made consumers feel valued, such as by using their preferred name. Staff were observed assisting consumers in a dignified manner.

Consumers said they received care and services tailored to their needs and culture. Staff explained how consumers’ culture and preferences influenced how care and services were delivered, including by facilitating activities culturally important to consumers. Care planning documents included information on consumers’ background and culture.

Consumers were supported to exercise choice and independence when making decisions about their care, and encouraged to connect and maintain relationships important to them. Staff described how they supported consumers to make choices, such as times for getting out of bed and showering. The Assessment Team found however; one consumer was not supported with their time for showering. Management advised they would educate staff and update the consumer’s preference.

Consumers said the service understood what was important to them, and they were supported to take risks which enabled them to live their best lives. Care planning documents evidenced risks were identified through risk assessments and were discussed with consumers and/or their representatives.

Information provided to consumers was current, accurate and timely, communicated clearly, easy to understand and enabled them to exercise choice. Staff described how they provided information to consumers with communication barriers, such as being at eye level, talking slowly, using hand gestures, and pen and paper.

Consumers’ privacy was respected, and their personal information kept confidential. The service had protocols in place to protect consumers’ privacy, such as locked staff rooms, password protection of computers and knocking on consumers’ doors prior to entering.

# Standard 2

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

Findings

Care planning documents demonstrated the service effectively considered risks to individual consumer’s health and well-being, and used this information to inform the delivery of care and services. Staff described how the assessment and care planning process developed a holistic care plan. Advance care and end of life planning were included in care plans where the consumer wished.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Consumers and representatives confirmed their active involvement in the process.

Consumers said staff explained information about care and services, and they could access a copy of their care plan when they wanted to. Staff said care plans were accurate, and reflected outcomes of assessments. Management advised the service was clearing a backlog of assessments due to COVID-19 lockdowns, and staffing issues.

Documentation reviewed indicated care plans were reviewed three monthly, and when changes in conditions, or incidents occurred. Consumers and representatives said they were notified of changes in a consumer’s clinical or cognitive health or when incidents occurred.

# 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

Most care plans reflected safe and effective care in relation to skin care and pain management, and showed care was tailored to the specific needs and preferences of the consumer. However, the Assessment Team identified not all consumer’s subject to chemical restraint had their consent forms updated three-monthly as per the service’s procedure. For example: one consumer had a GP review for a chemical restraint, however, the consumer’s consent form had not been updated 3 monthly. The service acknowledged this area for improvement and undertook immediate steps to address the issue during the Site Audit. Restrictive practices were otherwise managed in line with legislative requirements.

High-impact and high-prevalence risks were managed through regular clinical data monitoring, and implementation of suitable risk mitigation strategies for consumers. All consumers assessed as high risk for falls were reviewed by the physiotherapist regularly and as needed. Each consumer had a manual handling sheet in their room with pictures.

Consumers felt confident the service would support them to be free from pain, have those important to them with them, and have their social, cultural, and religious preferences considered with their end of life journey. Staff respectfully described the end of life care process, and how they support consumers’ and their representatives during end of life care.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff described the escalation process should they notice a change in a consumer. Consumers were confident staff would identify a change in their condition, and respond appropriately.

Information about consumers conditions, needs and preferences were documented and effectively communicated with those involved in the care. Progress notes, care and service plans provided adequate information to support effective and safe sharing of the consumer’s care. Consumers said they benefited from multiple agencies working together, and the service sharing information about their preferences and care needs.

The service had a network of approved individuals, organisations or providers they can refer consumers to. Care planning documents reflected referrals to other health professions were timely and occurred when needed. The workforce understood the process to refer matters to other providers.

The service had policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff understood precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics. The service had an Infection Prevention Control lead to support the service’s preparedness in the event of an outbreak, together with an Outbreak Management Plan.

# 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 considered the services and supports for daily living supported their lifestyle needs. Consumer feedback was used to develop the lifestyle program and the activities offered at the service. Care planning documents included information on what was important to consumers, and the supports needed to do the things they liked to do.

Consumers said their emotional, spiritual, and psychological needs were supported, and they celebrated days that were meaningful to their culture and religion. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as one-to-one conversation, and encourage them to communicate with their families. Care planning documents included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers were supported to participate within and outside the service environment, stay connected with people important to them, and do things of interest. For example: two siblings who isolated separately due to COVID-19, were assisted to stay in touch through video and phone calls. Care plan documents reflected how consumers participated in things of interest to them.

Consumers were provided services consistent with their care needs, and staff were aware of consumers’ needs and preferences. Staff said information, changes, and other requirements for consumers were shared at shift handovers, through care plans and via the service’s electronic care management system (ECMS).

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care where required. Care planning documents showed the service collaborates with external services to support the needs of consumers.

Consumers said meals served were of good quantity and quality. Consumers were involved in the planning of the menu and had multiple options to choose from the menu. The service accommodated individual dietary needs and preferences. Mealtimes were observed to be calm and organised, with consumers chatting and background music playing.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well maintained. Consumers and staff said they had access to equipment to assist with daily living activities and knew how to report maintenance concerns.

# 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

The service was warm and welcoming with multiple communal and private areas for consumers and visitors. Consumers said they were encouraged to personalise their room with photos and furniture. The Assessment Team observed environments that reflected dementia enabling principles of design, and sufficient lighting and handrails to support consumers to move around.

Consumers said the service environment was clean and well-maintained, and they were able to move around freely both indoors and outdoors. Although the service had a scheduled maintenance program for reactive maintenance, maintenance staff advised the current logging of maintenance jobs was not being used effectively by staff. The Assessment Team reviewed the service’s Plan for Continuous Improvement (PCI) which evidenced the service was integrating to an electronically maintenance log system for staff to enter maintenance logs more conveniently, including options to scan a QR code to log the maintenance request.

The Assessment Team observed, and consumers confirmed, the service’s shared equipment, such as mobility aids and hoists, were clean, in good condition, and stored safely. Mobility aids were observed to be within reach of consumers and staff were observed to attend to call bells in a timely manner. Documentation reviewed evidenced all scheduled maintenance work had been carried out.

# 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

The service had multiple methods for consumers to provide feedback and make complaints including feedback forms, speaking with management and at consumer meetings. Most consumers confirmed they were encouraged and supported to provide feedback and make complaints.

Consumers and representatives said although they were aware of other avenues for raising a complaint, they were comfortable raising concerns with management and staff. Brochures and other written information in relation to advocacy and language services were displayed. Although at the time of the Site Audit no consumers required interpreter services, members of the workforce knew how to access interpreter services if required.

Consumers who had provided feedback or complaints were satisfied that appropriate action was taken by staff and management. Staff described the feedback and complaints handling process and understood open disclosure. Documentation reviewed confirmed the service acted in response to complaints and an open disclosure process was applied.

Feedback and complaints were reviewed and used to improve the quality of care and services and linked to the service’s PCI. Management described how feedback and complaints were used to drive continuous improvement across the service. Review of Resident and Relative meeting minutes evidenced changes and improvements made at the service were discussed at the monthly meetings.

# 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 expressed satisfaction with the staffing. The service ensured there were adequate staffing levels and mixes to meet the needs of the consumers. Review of call bell data indicated one extended response times, which management advised was due to ineffective sensor pads falsely alerting the call bell system. There was no identified impact to clinical care or risk to consumers, and the service’s PCI indicated the system would be updated, more effective sensor pads sourced and the newly created quality coordinator position to undertake call bell investigations.

Consumers said staff were respectful, kind and caring. The Assessment Team observed several kind and respectful interactions between staff and consumers, including staff addressing consumers by their preferred name and being jovial with them.

Consumers and representatives felt staff were sufficiently skilled to meet their care needs. The service had clear position descriptions that outlined competencies and registrations required for each role.

The service had systems and processes to ensure appropriately skilled staff were recruited and supported to deliver quality care and services. Review of training records indicated most staff had completed their mandatory training, however due to COVID-19 outbreaks and staff shortages, some mandatory training had not been completed. Management expected staff to complete by end-February. The Assessment Team evidenced training reminders sent to staff.

Staff confirmed they had completed performance appraisals, and offered development opportunities. Staff files evidenced performance appraisals were conducted.

# 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 were satisfied with their level of engagement in the development, delivery and evaluation of care and services. The service had a number of consultation methods to involve consumers such as, participating in meetings, forums, surveys and care plan reviews.

The governing body was accountable for and promoted the delivery of safe, inclusive care and services. Policies and other documents published by the organisation, guides management and staff and promotes safe, inclusive quality care and services.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example: the organisation monitors changes to legislation and accesses external industry peak bodies to ensure they are up to date with changes to legislation and regulations.

The service maintained a comprehensive risk management framework and risk register that identified and managed high impact or high prevalence risks, responded to potential and actual abuse and neglect, and enabled consumers to experience the best life possible. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff used practice examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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)