Performance

Report

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| Name: | Hudson House |
| Commission ID: | 2691 |
| Address: | 8 Fachin Avenue, COOMA, New South Wales, 2630 |
| Activity type: | Site Audit |
| Activity date: | 11 June 2024 to 13 June 2024 |
| Performance report date: | 23 July 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 1048 Hudson 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 Hudson House (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information held by the Commission.

# 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 assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, and staff made consumers feel valued as individuals. Staff spoke about consumers in a respectful manner and were familiar with their individual backgrounds and preferences. Care planning documents outlined consumers’ background and identity, and staff were observed interacting with consumers respectfully.

Consumers and representatives said staff recognised and respected consumers’ cultural background and provided culturally safe care. Management and staff described how the consumer's culture influenced how they delivered their day-to-day care and services. Care plans detailed consumer’s cultural backgrounds, and their cultural needs and preferences. The service had policies to guide staff on providing culturally safe care.

Consumers and representatives said they were supported to make independent decisions about their care and services, choose who was involved in their care, and to maintain important relationships. Staff described how they supported consumers to make independent and informed decisions about their care and services, and to maintain their chosen relationships. Care planning documents confirmed consumers’ care delivery choices and their important relationships.

Consumers and representatives described how the service supported consumers to take risks, to live the best life they could. Staff were aware of the risks taken by consumers and outlined how they supported them to understand and minimise risks through completing risk assessments in consultation with consumers and their representative. Care planning documents included risk assessments and risk mitigation strategies. The service had a policy to guide staff in empowering consumers to make choices involving risks.

Consumers and representatives confirmed receiving current, clear and easy to understand information which enabled them to make decisions about their care and services. Staff described how they provided accurate and current information to consumers, including consumers with cognitive and sensory impairment, to help them make informed decisions about their care and services. Current information about the choices available to consumers was displayed throughout the service.

Consumers said staff respected their privacy and kept their personal information confidential. Staff said they received annual mandatory training on privacy and confidentiality, and described ways they protected consumers’ privacy and personal information. Staff were observed knocking before entering consumers’ rooms and using computers with personal information in secure areas.

# 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 assessed as Compliant.

Representatives were satisfied the assessment and care planning process considered risks to consumers’ health and well-being, and informed the delivery of safe and effective care and services. Management and staff detailed the care planning process and how it informed the delivery of safe and effective care. The service had documented policies and procedures to guide the assessment and care planning process.

Representatives said assessment and planning captured consumers’ needs, goals, and preferences, including end of life plans. Management and staff described how assessment and planning reflected consumers’ current care preferences and how they approached conversations around end of life care planning. Care planning documents included end of life care plans, where applicable. The service had written policies to guide staff in the planning and delivery of end of life care.

Consumers and representatives described being involved in the assessment and planning of consumers’ care. Management and staff described conducting case conferences with consumers and representatives and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives and other health professionals were involved in the assessment and planning of consumers’ care and services.

Representatives described how they were regularly updated on consumers’ care and services and confirmed having a copy of the consumer’s care plan. Management and staff described the processes for documenting and communicating the outcomes of assessments to consumers, representatives and other health professionals involved in providing care. Care planning documents showed outcomes of assessment and care planning were effectively communicated to consumers, representatives and others involved in providing care.

Representatives confirmed consumers’ care and services were reviewed regularly and reviewed when circumstances changed, or incidents occurred. Management and staff explained the process for reviewing care plans monthly and 3-monthly, and when circumstances changed. Management explained how they would complete some scheduled care plan reviews that had been disrupted by a recent COVID-19 outbreak. All care plans reviewed had been reviewed at least 3-monthly.

# 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 assessed as Compliant.

Consumers and representatives said the personal and clinical care provided was safe and effective, met consumers’ needs and preferences, and optimised their health and well-being. Management and staff understood individual consumer’s personal and clinical care needs and explained how they applied best practice principles in care delivery. Care planning documents demonstrated comprehensive personal and clinical care that was safe, effective, and tailored to the specific needs and preferences of the consumer. The service had policies, procedures, and tools to guide staff in the delivery of best practice personal and clinical care.

Representatives expressed satisfaction with the way high-impact and high-prevalence risks to consumers health and well-being were managed. One representative expressed concern about a consumer’s weight loss however, management arranged a conference to explain the strategies in place. Staff described the high-impact and high-prevalence risks impacting on consumers at the service, and how they prevented and managed these risks. Care planning documents showed risks associated with the care of individual consumers had been identified, and effective mitigation strategies put in place. The service had written policies and processes to support staff in identifying and managing risks to consumers’ health and well-being.

Representatives confirmed they had discussed consumers’ advance care and end-of-life care with staff, and they were confident in the end of life care provided by the service. Staff described how they adjusted care delivery for consumers nearing the end-of-life, to maximise their dignity and comfort and provide emotional support to families. Care planning documents included documented advance care and end of life care plans.

Representatives said the service recognised and responded appropriately to deterioration or changes in consumers’ condition, and informed them in a timely manner. Staff described how deterioration or change was recognised, responded to, and managed in partnership with other relevant health professionals. Care planning documents evidenced the timely identification of, and response to, deterioration or changes in condition. The service had policies and procedures to guide staff on recognising and responding to deterioration and changes in consumers’ condition.

Representatives confirmed current information about consumers’ condition, needs and preferences was shared effectively between staff, and external providers involved in their care. Staff described how current information about consumers’ condition, needs and preferences was documented and shared within the organisation and with external care providers. Staff were observed discussing any changes to consumers’ preferences, needs and condition at shift handover.

Representatives said the referral of consumers to other organisations and health professionals were timely and appropriate. Management and clinical staff described the processes for referring consumers to other health care providers when appropriate. Care plans confirmed the input of other individuals and organisations providing care and services to support consumers.

Representatives expressed confidence in the infection prevention and control measures at the service. Management and the infection prevention and control lead explained how the service followed the outbreak management plan and trained staff in infection prevention and control measures and antimicrobial stewardship. The service had a dedicated infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant.

Most consumers and representatives confirmed the services and supports for daily living met consumers’ needs, goals, and preferences, and promoted their independence and quality of life. Two representatives said they would like to see more trips out into the community for consumers with limited mobility. Management followed up appropriately with the representatives. Staff described how the lifestyle assessment documented the supports needed by each consumer to meet their needs, goals, and preferences for daily living. Care planning documents captured consumers’ life story and detailed the services and supports they required to optimise their independence, quality of life, and well-being.

Consumers and representatives described how the service promoted their emotional, spiritual and psychological well-being and staff supported them when they felt low. Staff explained how they supported consumer’s emotional, psychological, and spiritual well-being such as by providing religious services or spending one on one time with consumers. Care planning documents included information on supporting consumers' emotional, psychological, and spiritual well-being.

Consumers and representatives said consumers were supported to participate in their community, within and outside the service, to do things of interest, and maintain social and personal relationships. Staff described how they supported specific consumers to participate in their community, do things of interest, and maintain personal relationships. Care planning documents detailed the support consumers needed to maintain their interests, participate in their community, and maintain important relationships.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was effectively communicated within the service, and with others involved in providing services and supports. Staff described how they communicated current information about consumers’ condition, needs, and preferences at shift handovers and through the electronic care management system. Care planning documents detailed sufficient current information to provide suitable services and supports for daily living.

Consumers and representatives confirmed the service provided prompt and appropriate referrals to other individuals and organisations providing services. Staff described how they engaged external individuals and organisations to provide additional services and supports to consumers. Care planning documents showed consumers had been referred to other organisations and services to enhance consumers’ lifestyle.

Most consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided. Two consumers expressed dissatisfaction with aspects of the food however, management demonstrated they were actively consulting the consumers and taking action to address their concerns. Consumers confirmed staff knew their dietary needs and preferences and said they could request alternative meals and provide feedback about the food. Staff explained how the menu was developed to meet consumers’ dietary needs and preferences and consumers could have snacks at any time. Management explained various ways consumers could provide feedback about the food and input the menu such as through food focus meetings. The main kitchen was observed to be clean and tidy and meal service was timely and well organised.

Consumers said the equipment provided was safe, clean and suitable. Staff described the processes in place for keeping the equipment safe, clean, and well maintained. The equipment appeared to be safe, suitable, clean, and well-maintained.

# 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 assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand, and staff supported consumers to personalise their rooms and feel at home. Management and staff described features of the service environment that optimised consumers’ sense of belonging, independence, interaction, and function. The service had handrails and clear signage to aid navigation, and staff were observed interacting with consumers and visitors warmly.

Consumers and representatives expressed satisfaction with the cleanliness and maintenance of the service environment, and said consumers could move around freely, both indoors and outdoors. Management and staff described how they ensured the service environment was safe, clean, and well maintained. Some reactive maintenance requests had not been completed due to the maintenance officer being on unplanned leave. Management explained the interim arrangements in place for maintenance. Consumers were observed freely accessing all areas of the service both inside and outside.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining, the furniture, fittings, and equipment at the service. The furniture, equipment and fittings appeared to be safe, clean, well maintained, and suitable for use.

# 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 assessed as Compliant.

Consumers and representatives said they felt safe and supported to provide feedback and make complaints through various mechanisms such as completing feedback forms, attending meetings, and talking to management or staff. Management and staff described how they encouraged and supported consumers to provide feedback and make complaints through a variety of methods. Information about complaints processes, feedback forms and lodgement boxes were observed around the service. The service had a documented feedback and complaints policy to guide staff practice.

Consumers and representatives were aware of the language, external complaint, and advocacy services available to them but said they preferred to raise any issues directly with staff. Management and staff described how they actively promoted external advocacy, complaint, and language services to consumers. Information regarding alternative complaint avenues, the Commission, and advocacy services was displayed around the service.

Consumers and representatives said the service promptly addressed and resolved their complaints and used open disclosure when an incident had occurred. Management and staff explained how they recorded and resolved complaints using an open disclosure process. Complaints and incident reports confirmed appropriate action was taken in response to complaints, and an open disclosure process was followed. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives confirmed their feedback and complaints were used to improve the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify opportunities for improvement. The continuous improvement plan and documents confirmed feedback and complaints were recorded and 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 assessed as Compliant.

Consumers and representatives expressed satisfaction with the staffing levels and call bell response times. Staff said there were enough staff to meet all consumers care and service needs. Management described the rostering system and how they ensure there was enough staff to provide safe and quality care. Documentation confirmed shifts were filled and the service met the regulations for care minutes and registered nurse coverage. Staff were observed attending to consumers in a timely manner and did not appear to rush the delivery of care.

Consumers and representatives said staff were kind, caring, and respectful and gentle providing care. Management and staff were familiar with each consumer’s identity, culture, and needs and explained the training support provided. Staff were observed always interacting with consumers in a kind, caring, and respectful manner.

Consumers and representatives said staff were knowledgeable and competent in their roles. Management described how the recruitment processes ensured staff were competent and met the qualification, registration, and security requirements before they commenced. Workforce records confirmed competencies, qualifications, professional registrations and security checks were monitored and current.

Consumers and representatives felt staff had the appropriate training and support to deliver safe and quality care and services. Management described the initial and ongoing mandatory training and competencies must complete. Staff confirmed receiving orientation and ongoing training and support to perform their roles effectively and delivery quality care and services. Training completion records confirmed active staff training was up to date.

Management described how the performance of staff was continually monitored, assessed, and reviewed through formal performance appraisals and informal monitoring and discussions. Staff confirmed they had completed annual performance appraisals with management. Records showed the service had effective systems in place to regularly assess, monitor, and review the performance of the workforce. The service had a suite of policies, procedures and training related to managing the performance of staff.

# 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 assessed as Compliant.

Consumers said the service was well-run and they had input into the development, delivery and evaluation of the care and services. Management described how consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through various meetings, feedback mechanisms, consumer surveys and newsletters. Documentation showed consumers and representatives actively participated in the development and improvement of the care and services.

Management described the structures in place and how the Board promoted a culture of safe, inclusive, and quality care and services. Management and records showed the Board received regular reports and oversighted the performance of the service and was accountable for compliance with the Quality Standards.

Management described effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. The Board ensured the governance systems and processes were effective in delivering care and services in accordance with the Quality Standards. Management and staff were aware of the governance policies and confirmed the policies were implemented in practice.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management demonstrated an applied understanding of these policies and how they implemented them.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Management and staff explained how they received training and applied these policies and procedures in the delivery of care and services.

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)