Performance

Report

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| Name: | Hudson House |
| Commission ID: | 2691 |
| Address: | 8 Fachin Avenue, COOMA, New South Wales, 2630 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 5 December 2023 to 6 December 2023 |
| Performance report date: | 22 December 2023 |
| 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 Katrina Platt, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 21 December 2023.

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# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements were assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |

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

# 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 |

Findings

Consumers and consumer representatives said they were treated with kindness and dignity and staff were respectful with care provision. Care planning documentation evidenced consumer cultural and spiritual needs and preferences. Staff were knowledgeable about consumer needs, preferences and backgrounds connected to religious and spiritual beliefs, and described the support provided to consumers to ensure their identity, culture and diversity were incorporated into daily care provision. Staff were further guided by policies about diversity, dignity and respect.

# 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 |

Findings

Consumers and consumer representatives discussed their involvement in care and services planning, which commenced on entry. Management confirmed collaboration with consumers and those involved in their care, including their medical officers, and initial and comprehensive assessments with resultant individualised care plans which incorporated medical histories and medications.

Staff described care planning processes and the ‘resident of the day’ program ensured consumer clinical and non-clinical needs were continually assessed and met. Risk assessments incorporated individual consumer decisions on risk-taking and mitigation strategies, and staff guidance on supporting consumer choice. Care planning documentation demonstrated effective and comprehensive assessments were undertaken and a quality improvement action supported transition to a new electronic management system and review of all outstanding care plans.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and consumer representatives said they received well-managed and appropriate care, which was consistent with their needs and preferences. Behaviour management and restrictive practices incorporated non-pharmacological strategies and personalised strategies for changed behaviour management, supported by medical officers and Dementia Support Australia. Charts and observations informed the evaluation of effective behaviour management strategies and care provision, and restrictive practice use was reviewed regularly.

Consumers experiencing complex pain were managed effectively, with pain assessments, monitoring and non-pharmacological interventions like massage and repositioning utilised. Specialised care provision for consumers with complex care needs was evidenced and tailored to their needs and preferences for wound management, diabetes management, continence management, catheter management and personal care provision. Staff were knowledgeable about behaviour management strategies, pain monitoring including non-verbal cues for consumers with cognitive impairment and personalised interventions for complex care needs.

Consumers and consumer representatives reported incidents were promptly investigated and strategies effectively implemented for risk reduction. Falls management using a multidisciplinary approach was evidenced, with physiotherapy assessments completed post-fall, for mobility changes and when increased falls risks were identified, and observation programs for consumers with additional support needs. Wounds and skin integrity issues were managed effectively, and wound management plans evidenced detailed wound care instructions, dressing type and frequency, wound photography and increased healing strategies like repositioning, surrounding skin management and pain considerations. Referrals to wounds specialists were made for complex and chronic wounds.

Diabetes management plans captured blood glucose level monitoring, insulin administration, signs, symptoms and management of hypoglycaemia and hyperglycaemia and appropriate referrals. Medication incidents were investigated and consumer allergic reactions managed with hospital referral and monitoring, with additional education provided to medical officers and staff. Management and staff described high-impact and high-prevalence consumer risks for clinical and personal care, with individualised consumer knowledge from clinical and care staff about significant clinical and personal care risks. Falls management strategies, wound care and diabetes management were also described by staff.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Consumers and consumer representatives expressed confidence in the workforce, and referenced their competency and skill in care provision. Staff discussed core competency training and records evidenced core competencies and capabilities for distinct roles, and mandatory training programs including competency-based assessments. Professional registrations for clinical staff were current. Management advised of dedicated screening processes which ensured skill suitability prior to employment and care delivery, and additional training and toolbox talks provided to address competency gaps when identified.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)