Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Hunters Hill Village |
| Service address: | 8 D’Aram Street HUNTERS HILL NSW 2110 |
| Commission ID: | 0074 |
| Approved provider: | Twilight House |
| Activity type: | Site Audit |
| Activity date: | 6 March 2023 to 8 March 2023 |
| Performance report date: | 20 April 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 Hunters Hill Village (**the service**) has been prepared by J. Howard, 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

|  |  |
| --- | --- |
| 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

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

Findings

Consumers and representatives felt staff treated consumers with dignity and respected and made them feel valued as individuals. Staff spoke respectfully of consumers and demonstrated they were familiar with consumers’ backgrounds, life stories and preferences.

Consumers and representatives confirmed the service valued and respected their cultural backgrounds and delivered care in a manner that respected their cultural needs and preferences. Care planning documentation captured information regarding consumers’ cultural needs and preferences.

Consumers and representatives stated they were provided with choices when care was provided and their choices were respected. Care planning documentation identified consumers’ individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships.

The service demonstrated consumers were supported to make choices and take risks that enabled them to live their best lives. Staff were aware of the risks taken by consumers and how consumers were supported to take these risks to live the way they chose.

Consumers and representatives confirmed they were kept informed through printed information sources, verbal reminders and through email and text correspondence. The Assessment Team observed information being provided and updated in a clear way that supported informed decision making.

The service demonstrated an understanding of appropriate conduct to ensure each consumer’s privacy was maintained during the delivery of care and services. Consumers confirmed their privacy and dignity was respected by those providing care.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers and representatives confirmed they received the care and services they needed and described their involvement in the assessment and planning process. Care planning documentation included the consideration of risks to the consumer’s health and well-being.

Care planning documentation included information regarding the consumer’s current needs, goals and preferences, including end-of-life and advanced care information where consumers chose to discuss this information. Staff described how the service ensured the assessment and planning reflected the current needs of each consumer.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Staff outlined how assessment and planning of care was completed in partnership with consumers and described the importance of open communication between the service, consumers, and external providers to ensure consumers received quality care.

Management and staff described how they effectively communicated outcomes of assessment and planning to consumers and their representatives and described the systems in place to ensure they regularly maintained contact with individuals involved in the care of the consumer. Consumers and representatives confirmed the service was proactive in communicating changes relating to care and services with them, and staff explained things if needed.

Care planning documentation showed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. The service’s assessment and care planning policies identified the review, reassessment and monitoring processes, including the responsibility of staff to ensure assessment and planning reflected consumers’ current care needs.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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

Consumers and representatives advised consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation demonstrated comprehensive care plans which included assessments, progress notes, medication and other relevant charting that reflected individualised care which was safe, effective, and tailored to the specific needs and preferences of each consumer.

The service demonstrated that high impact or high prevalence risks were identified and effectively managed through regular clinical data monitoring, trending, and reporting. Management and staff demonstrated an understanding of the high impact or high prevalence risks to related to consumers’ care and the strategies in place to manage these risks.

Consumers and representatives confirmed the service held end-of-life planning conversations with them and recognised their wishes. Staff described how they approached conversations relating to end-of-life care and maximised the comfort of consumers undergoing palliative care.

Consumers and representatives indicated the service recognised and responded to changes in consumers’ conditions in an appropriate and timely manner. Clinical staff explained how the service recognised, responded to and managed deterioration.

The Assessment Team observed a shift handover, involving clinical and care staff, where staff were seen discussing changes relating to each consumer, including any incidents, appointments, and medication changes which occurred in the previous shift. Staff described how information about consumer needs, conditions, and preferences was documented and communicated within the service and with others where responsibility for care was shared.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Management and staff described how care and services were supplemented by external providers of care and services.

Consumers and representatives expressed satisfaction in the management of infection-related risks and advised staff used the appropriate personal protective equipment and practiced hand hygiene. Management and staff described the infection prevention and control measures in place at the service and outlined how they followed best practice for antibiotic prescribing.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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 felt supported to pursue activities of interest to them and which optimised their independence. Management and staff outlined how the service partnered with the consumer or their representative to conduct assessments which identified the consumer’s likes, dislikes, leisure interests, social, emotional, cultural or spiritual needs, and any traditions important to them.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Staff advised the consumer’s emotional, social and psychological needs was supported in ways including facilitating connections with people important to them, the chaplain and lifestyle staff support, church and religious services.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Care planning documentation identified the individuals of importance to consumers and their preferred activities.

Staff advised information about consumers’ condition, needs and preferences was shared via the handover process and recorded on the electronic care management system. Care planning documentation provided adequate information to support the delivery of effective services and safe care.

Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers. Care planning documentation identified the involvement of other organisations and providers of care and services.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided at the service. Staff indicated they were aware of consumers’ dietary needs and preferences as consumers’ information was captured upon admission to the service.

Consumers and representatives confirmed they had access to equipment such as mobility aids, lifting equipment and resources and equipment for lifestyle activities and daily living. Staff stated they had access to equipment when they need it and could describe how equipment is kept safe, clean, and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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 Assessment Team observed the service was welcoming, spacious and created a sense of belonging. Management and staff described various aspects of the service environment that made consumers feel welcome and optimised their independence, interaction and function.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. A review of maintenance records evidenced all scheduled maintenance had been carried out including fire equipment inspections, thermostatic mixing valve checks and testing of residual current devices.

The Assessment Team observed furniture, fittings and equipment was safe, clean, well maintained and suitable for consumer use. Staff outlined their equipment maintenance and cleaning responsibilities.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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

Management described how they encouraged and supported consumers to provide feedback and make complaints through various systems such as the service’s feedback form, discussions at meetings and directly to staff. The Assessment Team observed suggestion boxes and feedback forms on display and accessible throughout the service.

Management outlined the advocacy services available to consumers at the service and demonstrated that advocacy services were a part of the agenda for consumer meetings. A review of documentation and observation made by the Assessment Team confirmed the service actively promoted advocacy services with the information easily accessible to consumers and representatives.

Consumers and representatives advised the service responded to and resolved their complaints and concerns when they were raised or when an incident occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer and their representatives in the event of something going wrong.

The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Consumers reported their feedback was valued and provided examples of how their complaints were used to improve care and services.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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

Management demonstrated how they had adapted their workforce planning to ensure there were adequate staffing levels, and a review of documentation showed the service planned staffing levels to meet the needs of consumers. Staff advised they felt staffing levels were appropriate and met consumers’ care needs.

Consumers and representatives felt staff were kind, caring and gentle when providing care. The Assessment Team observed staff greeting consumers by their preferred names and staff demonstrated they were familiar with consumers’ individuals needs and identities.

Consumers and representatives advised staff effectively performed their duties and were confident staff were sufficiently skilled to meet their care needs. Position descriptions for staff included key competencies and qualifications that were either desired or essential for each role, and staff were required to have relevant qualifications.

Management described how they supported staff to ensure they received the training they needed to perform their roles in relation to the Quality Standards. Staff advised the service provided mandatory and supplementary training to support them to provide quality care.

Management described the performance appraisal process where staff complete a formal discussion with management on an annual basis. The service had a performance and development framework which stated staff members had an opportunity to discuss their development and learning goals to assist them to grow further in their current role or future roles.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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 and representatives advised they were engaged in the development, delivery and evaluation of care and services through a variety of mechanisms including regular meetings, committees, verbal discussions, and surveys. The Assessment Team reviewed meeting minutes for consumer meetings, which showed consumers were encouraged to participate and to provide feedback.

The service demonstrated it had centralised policies, procedures and tools developed with the governing body to promote a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management described a robust organisational structure and governance to ensure the delivery of quality care and services.

Management and staff described the processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The service demonstrated a robust system for feedback and complaints by supporting consumers and staff with procedural guidance and tools to ensure that complaints were encouraged, investigated, actioned and used to drive continuous improvement.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Management and staff provided examples of these risks and how they were managed within the service.

The service was able to provide frameworks, policies and guidelines regarding antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Management and staff demonstrated an understanding of open disclosure, explaining how they were open and transparent in communications, apologised when things went wrong and investigated incidents to prevent reoccurrence.

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)