Performance

Report

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| Name of service: | Quakers Hillside Care Community |
| Service address: | 35 Hambledon Road QUAKERS HILL NSW 2763 |
| Commission ID: | 2693 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 February 2023 to 1 March 2023 |
| Performance report date: | 14 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 Quakers Hillside Care Community (**the service**) has been prepared by A. Douglas, 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 and representatives indicated they were treated with dignity and respect, with their identity and culture valued. Management and staff detailed how they worked to respect and understand consumers’ individuals needs and preferences.

Consumers and representatives advised the service provided culturally safe care and all staff members understood their cultural, religious, and personal needs and values. The service had policies and procedures to assist staff to identify consumers’ cultural needs.

The Assessment Team observed staff supporting consumers to be independent and exercise choice. Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships.

Care planning documentation demonstrated risks were identified using risk assessments. Management and staff advised the service had processes in place for assessing and mitigating risks.

Consumers and representatives indicated they were provided with timely and accurate information that enabled them to make choices and decisions related to their care. The Assessment Team observed the service’s monthly activities calendar on display within consumer rooms and on noticeboards.

Consumers and representatives felt their privacy was respected and the service kept their information confidential. Staff advised they received privacy and confidentiality training at orientation and on an annual basis as part of the education calendar and described the use of passwords to maintain privacy on all electronic documentation systems.

# 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

Consumers and representatives were satisfied with the service’s management of identified risks and indicated they were involved in the assessment and planning process. Staff described the initial care planning assessment and ongoing care review process which included the consideration of risks.

Consumers and representatives indicated the assessment and planning process met their current needs, goals and preferences, and confirmed advanced care was discussed if consumers were agreeable to do so. Staff discussed how they held end of life and advance care planning conversations with consumers during the admission process, at case conferences and as consumers’ needs changed.

The service demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Staff reported regularly liaising with consumers, multidisciplinary team members and family members to ensure partnership through the assessment and care planning process.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Staff confirmed they could access care planning documentation via the service’s electronic care management system.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Consumers and representatives confirmed staff regularly reviewed information relating to consumers’ health, well-being and needs.

# 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

Consumers and representatives said consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Management and staff described consumers’ individual needs, preferences, and their most significant personal and clinical care requirements.

Care planning documentation noted high impact or high prevalence risks were identified and effectively managed by the service. Staff demonstrated an understanding of the high impact or high prevalence risks to related to each consumer’s care and the strategies in place to manage these risks.

The care planning documentation for a recently deceased consumer evidenced the consumer received end of life care in accordance with their needs and preferences. Staff advised the representatives of this consumer were satisfied with the care and services their family member received.

The service demonstrated deterioration or change in a consumer’s health, cognitive function or capacity was recognised and responded to in a timely manner. Consumers and representatives felt confident the service would respond in a timely manner to effectively address any deterioration in the consumer’s health.

Staff reported information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system and communicated via shift handover. Consumers and representatives were confident consumers’ information was well documented and shared between staff and other services involved in providing care.

Management reported referrals were generated by the clinical leadership to the relevant providers of care and services. Care planning documentation reflected referrals were made to a range of services and providers.

Consumers and representatives stated they observed staff wearing their personal protective equipment. Staff demonstrated an understanding of infection control practices relevant to their duties and registered nurses discussed the outbreak management plan and how to implement it in the event of an outbreak.

# 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 and representatives were satisfied with the services and supports provided to meet consumers’ needs, goals and preferences and maintain their quality of life and independence. Staff outlined how they organised activities based on consumer and representative feedback.

Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them. Staff outlined how they supported consumers, including those who required one-to-one support in their rooms.

Consumers and representatives 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. The Assessment Team observed consumers participating in activities arranged by the service.

Consumers and representatives said information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared. Staff described how information regarding each consumer’s condition, needs and preferences was communicated through handover, various meetings, e-mails and phone calls.

Care planning documentation identified the involvement of other organisations and providers of care and services. The service had policies and procedures related to the referral process to external service providers and organisations.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. The Assessment Team observed staff assisting and encouraging consumers during mealtime.

A review of maintenance documentation and records evidenced scheduled and reactive maintenance was up to date. The Assessment Team observed equipment used to support consumers to engage in activities of daily living and lifestyle activities was 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

Consumers and representatives felt welcomed within the service and indicated the service environment was spacious and welcoming. The Assessment Team observed directional signage to be clearly displayed to assist consumers to navigate throughout the service.

Staff outlined how the cleanliness of the service environment was maintained and that consumers were enabled to move freely, both indoors and outdoors. The Assessment Team reviewed cleaning schedules and confirmed the service was regularly cleaned.

Consumers advised they had access to equipment to meet their needs, and could speak to staff if there were issues with the equipment provided. The Assessment Team observed furniture, fittings and equipment was safe, clean, well maintained and suitable for consumer 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

Consumers and representatives confirmed the service encouraged them to provide feedback and make complaints. Management described the avenues available to consumers and representatives if they wanted to provide feedback or make a complaint, including through feedback forms, direct discussions with staff and management and raising issues during consumer and representative meetings.

Consumers and representatives stated they were aware of other avenues for raising a complaint. Staff demonstrated an understanding of internal and external feedback and complaints methods and how they assisted consumers who required assistance in raising a complaint.

Staff confirmed having completed training on handling complaints and demonstrated their understanding of open disclosure procedures. Consumers and representatives confirmed the service promptly resolved any issues or concerns that were raised.

Consumers and representatives were confident the service used feedback and complaints to enhance the care and services they were provided. Staff provided examples of utilising feedback to improve the quality of 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

The service demonstrated the workforce was planned to enable the delivery and management of safe and quality care and services. Management outlined how they ensured there was enough staff to provide safe and quality care by having a master roster which was designated as per the classification of each staff member and designed to cover the care needs of consumers.

Consumers and representatives advised workforce interactions were kind, caring and respectful, and staff were gentle when providing care. Management stated the service had a range of documented policies and procedures to guide staff practice and workforce interactions with consumers.

The service’s human resources team undertook all the police, qualification and registration checks and assessed them prior to the commencement of orientation. Consumers advised staff were experienced, capable and had the knowledge to provide the care and support they needed.

Staff reported they received ongoing training, including annual mandatory training. The Assessment Team reviewed position descriptions which outlined the qualifications, necessary registration, knowledge, skills, and abilities required for staff, including roles and responsibilities.

The service had an annual staff appraisal cycle in place and provided direct feedback to staff following incidents, observations and the lodging of complaints or compliments. Staff described the performance appraisal process and confirmed they received feedback throughout the year at staff meetings and on an individual basis.

# 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 and representatives considered they were involved and engaged in the development and delivery of their care and services through various mechanisms. Management demonstrated the organisation had effective systems to engage and support consumers to be involved in the decision-making aspect of their care and services.

The service demonstrated how the governing body promoted a culture of safe, inclusive, quality care and was accountable for its delivery. Consumers and representatives said they felt safe at the service and received regular updates in relation to the outcomes of care and services.

The service demonstrated organisational wide governance was applied and controlled with a governance framework relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management advised that continuous improvement actions were drawn from a variety of sources, including feedback from consumer and representatives, an analysis of clinical and incident data, and the review of internal and external audits.

A review of documentation showed risk management processes were embedded throughout the service’s operating procedure including standing agenda items for both quality and operational meetings, policies and procedures, and learning and development. 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.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of the application of these policies in a practical setting.

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)