Performance

Report

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| Name of service: | Strathearn House |
| Service address: | 75 Gundy Road SCONE NSW 2337 |
| Commission ID: | 1028 |
| Approved provider: | HammondCare |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 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 Strathearn House (**the service**) has been prepared by M. Nassif, 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.

# 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 said consumers are treated with dignity and respect, and staff value their diversity. Staff demonstrated awareness of consumers’ backgrounds and how to make them feel valued supporting their choices and preferences on a day-to-day basis. Care planning documents outlined consumer’s backgrounds and personal preferences.

Consumers and representatives said the service recognised and respected their cultural background and provided care consistent with their cultural traditions and preferences. Staff identified consumers with diverse backgrounds and described how they adapt individual care of each consumer so they are culturally safe and respectful of each consumer. Care planning documents included information on consumers’ background and culture.

Consumers and representatives said consumers are supported to exercise choice and independence and maintain connections and relationships. Care planning documents identified consumer choices for care and services and supports for maintaining independence. Staff described ways in which consumers are supported to maintain relationships of choice.

Care planning documents described areas in which consumers are supported to take risks to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities and said the assessment of risk-taking activity occurred in consultation with the consumer, representative and health professionals and in line with the service’s risk management policies and procedures.

Consumers and representatives said they receive regular, updated information via the monthly activity planner, service’s newsletter, resident meetings and personal communication. Staff updated consumers and their representatives with information via appropriate methods to suit their needs which assisted in making choices regarding care and service delivery.

Staff described how they respect the privacy of consumers which aligned with feedback from consumers. Consumers described staff practices such as knocking on doors prior to entry. Staff were observed being respectful and knocked on consumer’s doors before entering their room.

# 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

The Service was found non-compliant in Standard 2 in relation to Requirement 2(3)(a) following a site audit in November 2020. Evidence in the site audit report dated 7 to 9 March 2023 supports that the Service is now compliant with this Requirement.

Care planning documents showed the involvement of specialists and allied health professionals in assessing risks and supporting risk-taking in line with consumers’ wishes. Consumers and representatives said they are partners in care planning and receive the care and services they need. Staff described the care planning process and how it informs delivery of care and services.

Consumers said they are given the opportunity to discuss current care needs, goals, and preferences, including end of life wished. Staff said end of life planning and advance care planning are discussed on admission, if the consumer or representatives are comfortable to, and during annual case conferences for consumers. Advance care plans and end of life plans contained holistic and up to date assessments based on consumers’ preferences.

Care planning documents reflected the involvement of consumers and representatives and other health professionals in the assessment, planning and review process. This was consistent with feedback from consumers, representatives and staff.

Consumers and representatives said staff explain information about care and services including when circumstances change. Staff said they communicate outcomes of assessment to consumers and their representatives and provide copies of care planning documents if requested and this was reflected in care planning documents.

Consumers and representatives said consumers’ care and services are reviewed regularly including when incidents impact on their care needs. Staff advised care planning documents are updated every 3 months or when consumers’ care needs change.

# 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

The Service was found non-compliant in Standard 3 in relation to Requirement 3(3)(a) following a site audit in November 2020. Evidence in the site audit report dated 7 to 9 March 2023 supports that the Service is now compliant with this Requirement.

Consumers and representatives said consumers are satisfied with the care and services which meets their needs and preferences. The service had policies and procedures in place to support the delivery of personal and clinical care which are in line with best practices. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, behaviour support plan and risk assessment.

Care planning documents demonstrated high impact and high prevalence risks are effectively managed, and staff implement strategies to minimise risks. Consumers and representatives said the service provided care that is appropriate and safe.

Care planning documents of consumers receiving palliative care reflected consumers’ comfort is maximised and their wishes and needs are supported. Management and staff said the changing needs of consumers who are receiving palliative and end of live care are communicated to staff during handover and staff meetings. The service had an end-of-life care policy and staff discussed how the service implemented individual preferences.

Staff described how they identify and respond to deterioration or change in consumers’ condition. Care planning documents demonstrated consumers’ deterioration or change in condition is recognised and responded to in a timely manner. Consumers and representatives said they are satisfied with the service’s response to any change or deterioration in consumer’s condition.

Consumers and representatives were satisfied with the communication of consumer’s conditions. Care planning documents reflected updates are provided to internal and external parties, as necessary. Staff described how information about consumers’ needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared.

Consumers and representatives said they are satisfied they have access to a range of health professionals. Staff described the process to refer clinical matters to other providers. Care planning documents reflected timely and appropriate referrals to a range of health professionals in accordance with processes maintained by the service.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 that services and supports for daily living meet their needs, goals and preferences and consumers receive safe and effective services to help maintain their independence, health, well-being and quality of life. Care planning documents recorded the needs and preferences of consumers. Staff described how they assist consumers to stay well, healthy and promote their independence.

Consumers said their emotional, spiritual and psychological well-being are supported. Care planning documents included information on consumers’ emotional, spiritual and psychological well-being. Staff gave examples of how they provide support for consumers’ emotional, spiritual and psychological well-being.

Consumers said they are supported to participate in the community within and outside the organisation’s service environment, to maintain their social and personal relationships and to participate in activities of interest to them. Care planning documents identified what activities consumers were interested in and the people important to individual consumers. Staff provided examples of consumers who were supported to maintain their relationships and to participate in activities of interest to them.

Staff described how communication of consumers’ condition, needs and preferences occurs via care planning documents and shift handovers. The service had processes in place for identifying and recording each consumer’s condition, needs and preferences for daily living, including changes recorded in care planning documents. This was consistent with information contained in care planning documents.

Staff explained the process of referrals and identified individuals, organisations and providers where referrals were made. Consumers said the service involved them with the referrals process, including obtaining their consent.

Consumers said meals provided were of good quality and quantity. A variety of different meals on the menu of the day were observed and staff were aware of consumers’ dietary needs. Lists of consumer’s likes and dislikes were available in the kitchen for staff preparing and serving meals. Eating and drinking guidelines were observed displayed to support staff in meeting nutrition and hydration needs for consumers.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained. Staff said they ensure consumer mobility equipment is safe and suitable and described how maintenance issues are reported. Consumers and representatives confirmed that equipment provided by the service was safe, clean and well maintained and they knew the process for reporting equipment requiring repair.

# 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 said they could move around freely at the service and were observed enjoying private conversations with each other. The service environment included features to reflect dementia enabling principles of design such as sufficient lighting and handrails to support consumers to move around. Consumer rooms were personalised by photo frames and furniture from home.

The service was observed to be safe, clean and well maintained consistent with feedback from consumers and representatives. Consumers were observed moving freely inside and outdoors which were tidy and free of hazards. Staff described the process for the management of hazards, safety issues and cleaning. Maintenance issues and cleaning are completed in a timely manner which was reflected in the service’s electronic reporting system.

Furniture throughout the service was observed to be safe, clean and well maintained. Consumers and representatives said they were satisfied with cleaning services they received. Maintenance documentation demonstrated records of work completed, including the servicing of technical equipment, and regular auditing and replacement of furniture and equipment.

# 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 said they feel encouraged, safe and supported to provide feedback and make complaints with staff. Staff were aware of the process to follow when an issue is raised with them directly. Feedback and complaint forms were observed at the front foyer and lounge area locations.

Consumers said they were aware of the complaints and escalation process. Staff demonstrated understanding of the process to engage advocacy and language services available to consumers should they be required and how to assist consumers who have communication difficulties. Posters and other material informing consumers of advocacy services available to them and consumer’s rights were observed.

Consumers and representatives said their concerns and complaints are resolved and staff provide apologies when things go wrong. Staff and management described and provided examples of the process followed when feedback or a complaint is received and demonstrated understanding of open disclosure principles.

Consumers and representatives reported their feedback is used to improve quality of care and services. Management advised feedback and complaints are gathered through verbal communication to staff, feedback forms, consumer meetings and external complaints which assist to inform continuous improvement. This was consistent with the service’s plan of continuous improvement. Staff described changes and improvements that had been made at the service as a result of consumer feedback and complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives were satisfied with the response by staff to consumers’ requests for assistance including answering call bells promptly. A review of rosters demonstrated allocation of staff across all shifts with a combination of staff utilised by the service to provide care across a 24-hour period. Management explained how call bell data is monitored and any identified trends of concern are investigated and addressed.

Consumers said staff are kind, caring and respect their identity, culture, and diversity. Staff were observed being caring and respectful to consumers. The service had policies and procedures to guide staff practice and outlined how care and services are to be delivered in a person-centred approach.

The Service was found non-compliant in Standard 7 in relation to Requirement 7(3)(c) following a site audit in November 2020. Evidence in the site audit report dated 7 to 9 March 2023 supports that the Service is now compliant with this Requirement. Consumers and representatives said staff are skilled and know what they are doing to meet consumers’ needs. The service had records demonstrating systems in place to ensure staff are appropriately qualified and skilled for their roles, which they were observed performing in an efficient and organised manner.

The service’s records confirmed staff completed a wide variety of education and training to assist in the delivery of outcomes required by the Quality Standards and staff recruitment and onboarding processes are transparent and thorough. Documentation evidenced required qualifications of staff. Staff said they are supported by management to complete further training.

Management said staff performance is monitored through observations, feedback from consumers, representatives, other staff members and the service’s analysis of data recording staff competencies. Staff described how their performance is monitored through annual performance appraisals which included discussion and feedback on professional development.

# 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 said the service consistently engaged with them in the development, delivery and evaluation of care and services. Meeting records evidenced consumers and representatives are engaged by the service on an ongoing basis.

Management described how the governing body received various consolidated reports generated by the service, which outlined information including internal audits, consumer and staff feedback and clinical and incident data analysis. The governing body used this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, as part of management’s business planning, a budget is established each year and the budget and finances of the service are reviewed monthly.

The service had policies and procedures to support effective risk management in relation to managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best lives, and managing and preventing incidents. Staff confirmed that they had received education on these topics and were able to provide examples of their relevance to their work.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff provided examples of how it applied to their day-to-day work.

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)