



Performance Report

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Name of service:	HammondCare - Darlinghurst
Service address:	118A Darlinghurst Road DARLINGHURST NSW 2010
Commission ID:	0990
Approved provider:	HammondCare
Activity type:	Site Audit
Activity date:	11 October 2022 to 13 October 2022
Performance report date:	21 November 2022

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 HammondCare - Darlinghurst (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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.
- the provider's response to the assessment team's report received 2 November 2022.
- the Performance Report dated 22 January 2021 following the Site Audit undertaken from 16 November 2020 to 18 November 2020.
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¹ The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

	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		
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: <ul style="list-style-type: none"> (i) make decisions about their own care and the way care and services are delivered; and (ii) make decisions about when family, friends, carers or others should be involved in their care; and (iii) communicate their decisions; and (iv) 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team found the service's commitment to treating consumers with dignity and respect whilst preserving their identity, culture and diversity, is embedded in policies, procedures and staff practices. The service demonstrated provision of a culturally safe environment and services for consumers with complex needs. Staff have developed consumer stories over time to better understand consumer needs, and input into this comes from care and clinical staff, pastoral care and mental health services/specialists. Consumers interviewed by the Assessment Team said staff are kind, caring, respectful and supportive.

The service provides person-centred care, assisting and supporting consumers to make decisions about daily routines and provision of care, and development of relationships inside and outside the service. The service supports consumers to live the best life they can, identifying and mitigating associated risks with consumer choice. Consumers were encouraged to treat the service as a home, with management and staff identifying consumers would not be restricted from making choices in their own home, even if there was associated risk.

The service demonstrated consumers are provided accurate and current information about care and services to enable them to make informed decisions, such as participating in activities or making decisions around meals. One consumer interviewed described really enjoying sport on



television, including car racing and football games, and staff would let them know when key events were about to start.

Consumers interviewed said staff were respectful of their privacy, and staff interviewed could describe respecting consumer quiet time in rooms by avoiding unnecessary disturbance and knocking on doors and seeking permission to enter. Overall, files containing consumer information were observed to be kept secure and confidential. While the Assessment Team identified some areas where protection of personal information could be improved, this was rectified during the Site Audit.

Standard 2

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: <ul style="list-style-type: none"> (i) 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 (ii) 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service was previously found Non-compliant in Requirement 2(3)(a) following a Site Audit conducted 16 November 2020 to 18 November 2020. The Assessment Team found review of consumer risk assessments, audits of the use of restrictive practices and dignity of risk forms, including risks in the incident management system, implementation of a risk matrix, and staff training has been effective in addressing this non-compliance. The service demonstrated it has a process to identify individual risks for consumers, either through observation, consultation or use of validated risk assessment tools, and this was used to develop personalised care plans and inform safe and effective care and services.

The service ensures care planning includes what is most important to consumers, interpreted as a goal, and these are personalised and used to underpin strategies for care delivery within care plans. Advance care directives demonstrated consultation with consumers to determine expectations in the event of deterioration of health.

The service demonstrated assessment and planning, including review of care and services, involves consumers or appointed guardians and other organisations or care specialists involved in their care. Interviews, observations and documentation reviewed by the Assessment Team confirmed outcomes of assessment and planning are communicated to consumers and staff engaged with their care.



The Assessment Team found care plans were scheduled for review every three months, with full reviews completed every six months. The service had a schedule with due dates and allocated responsibilities, and a summary of changes was kept in consumer care plans identifying changes to care and services required.

However, the Assessment Team found the service did not demonstrate care and services were reviewed for effectiveness, when circumstances change or following incidents impacting on consumer needs, goals or preferences. One consumer's care plan had not been updated following return from hospital. However, changes to care and services were recorded in progress notes and staff interviewed by the Assessment Team were aware of the changes to the consumer's care. The consumer's care plan was updated during the Site Audit to reflect most of the changes to care required. Assessments and interventions had not been reviewed for one consumer in over 12 months, despite interventions to manage risk being ineffective. However, interviews with management demonstrated consideration of changes and review of care had occurred, with further review and consultation planned for shortly after the Site Audit. For another consumer, a review of risk had occurred, awaiting consultation with the consumer before being finalised.

The approved provider's response to the Site Audit report identifies continuous improvement actions implemented since the Site Audit to ensure appropriate review of consumer care and services. This includes improved communication with staff including changes to meeting agenda items, staff training, increase in risk activities audit and audit of care plans reviews, and the planned implementation of an electronic care planning system which will automate many of the updates and provide alerts.

Overall, the service demonstrated care and services are regularly reviewed for effectiveness, including following incidents or changes to the consumer's needs, goals and preferences. While for some consumers, review of care and services was not consistently documented in the care plan, staff were generally aware of any changes to care and services as a result of this review.

Standard 3

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: <ul style="list-style-type: none"> (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: <ul style="list-style-type: none"> (i) standard and transmission based precautions to prevent and control infection; and (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. 	Compliant


Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated person-centred care delivery that is best practice and optimises consumer's health and well-being. The service demonstrated effective assessment and management of consumer pain, wounds, and minimisation of restrictive practices.

The service demonstrated monitoring and management of high impact and high prevalence risks associated with care of each consumer. This includes risks associated with diabetes, behaviours requiring support, unplanned weight loss, falls, intoxication, and incontinence. The service was previously found Non-compliant in Requirement 3(3)(b) following a Site Audit conducted 16 November 2020 to 18 November 2020. The Assessment Team found review of consumer care and services, audits of consumer high risk behaviours, and monthly analysis of high impact and high prevalence risks has been effective in addressing this non-compliance.

The Assessment Team found for a consumer who had recently passed away at the service, their end of life needs, goals and preferences were recognised and addressed, and comfort and



dignity maximised through pain assessment and management. Observations, and interviews with staff and consumers by the Assessment Team demonstrated the service identifies and responds to consumer's deterioration. Progress notes reviewed demonstrated ongoing assessment for slow deterioration, and acute deterioration managed in alignment with best practice guidelines, including transfer to hospital.

The service demonstrated sharing of information about consumer conditions, needs and preferences through written and verbal channels, in both formal and informal circumstances. Timely and appropriate referrals to individuals, other organisations and providers of care and services was demonstrated through interviews with staff and review of documentation. Care files sampled included correspondence from external providers such as palliative care specialists, and drug and alcohol counsellors.

The service practices antimicrobial stewardship and takes action to reduce the risk of infection related risks through the current work practices. The service demonstrated appropriate management of infections, including practices to prevent the spread of infection.

Standard 4


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: <ul style="list-style-type: none"> (i) participate in their community within and outside the organisation's service environment; and (ii) have social and personal relationships; and (iii) 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated 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. The service demonstrated services and supports for daily living to promote each consumer's emotional, spiritual and psychological well-being. Consumers reported enjoying chapel group, engaging with the pastor of the service to obtain support, and enjoying days out on retreat and mixing with other consumers. The service has a female specific floor to cater for female consumers who may have experienced domestic violence, staffed only by female staff, to promote their psychological wellbeing.

The service demonstrated services and supports for daily living assist each consumer to participate in their community within and outside the organisation's service environment, have social and personal relationships, and do things of interest to them. Consumers interviewed reported taking part in activities including art and craft, bus and other outings into the community and were satisfied with what was offered. Staff were observed taking consumers into the community to assist with shopping and appointments. Consumers were observed undertaking activities which were meaningful to them, and staff described how they assist consumers to use the service phone to keep in touch with important people.



The service demonstrated information about the consumer's condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. The service demonstrated timely and appropriate referrals to other organisations and providers of other daily living care and services, and to support their independence and quality of life.

The service demonstrated where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed said they were satisfied with the meals, and staff were knowledgeable about dietary requirements and meal preferences of consumers.

The service demonstrated where equipment is provided to assist with activities of daily living, it is safe, suitable, clean and well maintained.

Standard 5

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: (i) is safe, clean, well maintained and comfortable; and (ii) 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Service management has tried to make the service into a welcoming home for all consumers. Consumers reside in private rooms with ensembles and have access to a communal kitchen/dining/lounge area, a second lounge and a parlour. Maintenance staff could describe work done within the service to adapt the environment to consumer needs and preferences. For example, one consumer likes to 'raid' the fridge, so they have set up one in the communal kitchen for this purpose. Consumers interviewed spoke positively of the service, describing it as 'home'.

The service was observed to be clean and well maintained, with consumers having access to common balconies on each floor or their own private balconies.

The service demonstrated safety inspections of the service environment and equipment were regularly undertaken, including pest control, equipment reviews, food safety audits, call bell systems and outdoor inspections. Furniture, fittings and equipment were well maintained, with consideration given to suitability to meet consumer needs.

Standard 6

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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The service demonstrated consumers and their family, friends, carers and others are encouraged to provide feedback and make complaints. All consumers interviewed by the Assessment Team reported being encouraged and supported to provide feedback and complaints. Most said they had never had to make complaints, but would be comfortable reporting issues directly to staff. The service recognised they were not receiving a lot of feedback and installed additional feedback forms and boxes.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service demonstrated the use of open disclosure in response to complaints and incidents. The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. For example, consumers raised feedback about wanting a bus to go on outings to the community. The service organised the purchasing of a bus to support this. The service runs consumer engagement surveys which inform continuous improvement actions for the service.

The service was previously found Non-compliant in Requirement 6(3)(b) following a Site Audit conducted 16 November 2020 to 18 November 2020. The Assessment Team found promotion of services including seniors' rights services, Older Person's Advocacy Network, and mental health services has been effective in addressing this non-compliance.

Standard 7

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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

All consumers interviewed said they were satisfied that the number and mix of the staff deployed enables quality care and services. Staff interviewed reported they have sufficient time to undertake tasks and said all vacant shifts can be covered by casual staff, extending shifts, or adjusting the workforce across apartments. Staff reported that management is responsive to feedback and increasing staffing levels as required. Management review quality indicators such as pressure injuries, falls, skin tears and consumer health and deterioration to ensure changes are recognised and staffing adjusted if required.

All consumers interviewed said staff are kind, caring and respectful. Observations by the Assessment Team were that all staff were interacting with consumers in a kind, caring and respectful way, were supporting consumers in their diversity, were fostering relationships of trust, and displayed a positive attitude to coming to work.

All consumers interviewed reported staff are well trained, competent and know what they are doing. Care staff reported they do mandatory and ongoing training, and a workplace coach will assess medication and other competencies to make sure they are done adequately. Staff are trained and supported in areas unique to the consumer cohort to support effective and safe care. For example, mental health and trauma-informed care.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. All staff have an annual development meeting which includes a self-assessment, improvements on how they can be supported with education, training and career progression if staff are interested.


Standard 8

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: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints.	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) 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: (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure.	Compliant

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. For example, Indigenous consumers across the organisation and service were involved in development of the Reconciliation Action Plan which was launched in June 2022. The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board monitors the care and services provided at the service through review of quality indicators and reports.



The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The Assessment Team found there is an organisational clinical governance framework outlining governance systems which are divided into areas of quality care and services, safe and effective clinical care, skilled workforce and intelligent risk management and processes to assess and manage risk for incidents, infections, use of restraint, medication and responding to allegations of abuse and neglect.

The service was previously found Non-compliant in Requirement 8(3)(d) following a Site Audit conducted 16 November 2020 to 18 November 2020. The Assessment Team found improved risk assessment, review and monitoring processes, incident reporting and management, and staff training has been effective in addressing this non-compliance. The service demonstrated effective management systems and practices including managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. The service has a Risk Management Framework which incorporates policies, guidelines and procedures across the organisation. Risks are measured across the consumer cohort and include clinical care risks, self-medicating risks, incidents, life choices and cultural identity risks to produce an overall risk rating for each consumer which is adjusted on an ongoing basis. An electronic incident management system is used to track incidents which are reviewed daily, reported and discussed at weekly staff and clinical meetings.