Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Bundaleer Nursing Home |
| **RACS ID:** | 2675 |
| **Name of approved provider:** | Bundaleer Care Services Ltd |
| **Address details:** | 4 -8 Johnstone Street WAUCHOPE NSW 2446 |
| **Date of site audit:** | 16 September 2019 to 19 September 2019 |

**Summary of decision**

|  |  |  |
| --- | --- | --- |
| **Decision made on:** | 24 October 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 19 November 2019 to 19 November 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 10 January 2020 | |
| **Revised plan for continuous improvement due:** | By 12 November 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Bundaleer Nursing Home (the Service) conducted from 16 September 2019 to 19 September 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 9 |
| Consumer representatives | 6 |
| Management | 12 |
| Clinical staff | 4 |
| Care staff | 10 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 1 |
| Visiting service providers such as allied health professionals | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation meets five of the six requirements under Standard 1.

The results of consumer experience interviews show 100% of consumers are treated with respect always or most of the time. 100% of consumers agreed the staff are caring and kind always or most of the time. Many consumers and their representatives stated the staff are kind, caring and do an exceptional job at providing care.

Staff spoke about consumers in a way that demonstrated knowledge, respect and understanding of consumer’s individual preferences, cultures and personal circumstances. The service has been responsive to consumer’s wishes to acknowledge their aboriginal heritage to the degree they are comfortable with. Other cultural events are acknowledged and celebrated in ways which consumers appreciate and enjoy, for example ANZAC day, Easter and Christmas.

The service has acquired and recorded consumers preferences for representation and decision making. Where consumers are no longer able or prefer for another person to make decisions for them this is recorded, and copies of powers of attorney and guardianship orders are kept by the service. The service is encouraging consumers to develop advance care directives, so their preferences and wishes are recorded.

Consumer’s personal information was observed to be kept in locked areas and where computerised information is stored it has suitable protections which control access. Consumers are consulted about the level of privacy they would like maintained and personal information such as photos and birthdays are only displayed/disclosed if it is agreed to by the consumer.

#### The Assessment team spoke with consumers who stated they are living their lives the way they prefer with the support of the staff.

#### Requirements:

Standard 1 Requirement 3(a) Not Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

Of consumers/representatives interviewed 92% generally agreed consumers’ get the care they need, and they feel safe always or most of the time. Most consumers said they have choices and are accommodated to do what they choose.

Staff interviewed could give examples of personal care needs and preferences and how they tailored care to meet those needs.

Staff demonstrated an understanding of adverse events or near-miss events and these were identified, documented and reviewed by the service.

Advance care planning and end of life wishes formed part of care planning and discussed with consumers and their representatives. Planned meetings have been held to engage and inform consumers and representatives.

The Assessment Team was satisfied that 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.

#### Requirements:

Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found that six of seven requirements in relation to Standard 3 were met.

The service was unable to demonstrate that it provides safe, effective and consumer focused care. Each consumer’s needs, goals and preferences are not tailored to their individual needs that optimise their health and wellbeing.

However, high risk areas for consumers have been identified and the service has employed evidence-based strategies to guide practice and to minimise these risks. Care delivery and consumer outcomes are monitored and evaluated, and these findings are used to make any required changes in this area. Most consumer and representatives are satisfied that there care needs are met and is provided in a caring and competent manner.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Not Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found that six of the seven requirements in relation to Standard 4 were met.

Most consumers interviewed said they are generally satisfied with the services they receive in relation to daily living and food at the service. All consumers interviewed said they could have a say in their daily activities and they are happy with the activities provided at service to meet their needs or preferences.

The organisation adequately demonstrated that it makes timely referrals to other organisations and health professionals.

The service did not demonstrate that it understands and applies the requirement in relation to consumer preferences with food quality and quantity.

It provides safe, suitable, clean and well-maintained furniture and equipment. This was observed by the Assessment Team.

The organisation demonstrated how it supports consumer’s mental health and wellbeing. Minimal evidence was provided about how the organisation reviews the emotional, spiritual and psychological wellbeing of consumers in a systemic way. Leisure and lifestyle staff support consumers in the one-to-one session and in group activities.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Not Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### Consumer outcome:

1. I feel I belong, and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation meets one of the three requirements under Standard 5.

While the organisation can demonstrate aspects of this standard, for example the environment facilitates consumers sense of belonging and some aspects of independence, the environment is not easy to understand and navigate and provides limited areas for social interaction.

The organisation is unable to demonstrate the service is clean and well maintained. Feedback from consumers/representatives included their dissatisfaction with the standard of cleaning. The Assessment Team observed the service is does not appear clean because of heavy staining on carpets and floors, and consumers were able to pint out areas where dusting and cleaning have not been done satisfactorily.

The design of the buildings enables access to outside garden areas and some consumers were observed accessing these areas when they chose.

#### Requirements:

Standard 5 Requirement 3(a) Not Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input into and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team has met all four of the requirements under Standard 6.

Most consumers and representatives interviewed were comfortable raising any concerns they had with staff or management. They gave examples of issues they had raised with the service and how they were resolved.

The service supports consumers to provide feedback through internal and external complaint forms and provides information through the resident handbook regarding how to provide feedback.

Management takes appropriate action in response to complaints and an open disclosure process is used when things go wrong.

A feedback and complaints register is maintained by the service and identified that complaints are actioned promptly and escalated when necessary. The service’s plan for continuous improvement identified that feedback and complaints were used to improve the quality of care. Complaints are reviewed and trended and reported to the Board for any actions to be followed up.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation meets three of the five requirements under Standard 7.

The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumers identity, culture and diversity. Consumers provided examples of what this meant to them including feedback that highlighted their concerns about staffing levels.

The service demonstrated the workforce is recruited to specific roles, trained and generally equipped to undertake these roles. Orientation occurs for new staff, education is provided, and staff attendance is monitored. Training occurs when new systems and procedures are implemented.

However, the service did not demonstrate that the number and mix of staff is planned to support safe and quality services. For example

* Consumers and representatives said that staff are too busy, and they work short. Consumers said they are not able to receive the care that is planned because of staff shortages.
* Staff said they do not always have time to provide planned hygiene care and registered nurses said they are stressed because they cannot oversee clinical care as much as they would prefer.

Although a new system of monitoring staff performance of their roles has been implemented it is only new and consumers/representatives continue to management with feedback about poor care outcomes.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Standard 7 Requirement 3(e) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation meets all five of the requirements under Standard 8.

The organisation has commenced establishing methods to engage with consumers to gain their feedback about the services they receive. Regular consumer surveys are occurring throughout the organisation to provide information to the board. Through randomised interviews although only 83% of consumers stated ‘the place is well run’ always or most of the time, the concerns identified were related to failed care delivery and staffing levels.

The organisation is undergoing significant change including a management restructure and the implementation of a new strategic model. The organisations board is overseeing the changes being implemented. The new chief executive officer has been restructuring the organisation and employing key staff to impart the organisations newly established values to all staff.

The organisation is in the process of reviewing and developing governance systems which requires the review of all policies and procedures which is currently occurring. There are new systems, processes and supporting policies under development to support information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints management.

The organisation has been working on developing a high-level risk management framework and risk appetite which has been developed and approved by the board.

The organisation has developed a clinical governance framework and policy which is currently under final review before being released. The organisation’s policy and procedures have been revised to support antimicrobial stewardship and new polices are under development for restraint minimisation and open disclosure.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Met

The organisation demonstrates that 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.