Canberra Aged Care Facility

Performance Report

48 Archibald Street
Lyneham ACT 2602
Phone number: (02) 6247 3988

**Commission ID:** 2984

**Provider name:** Bunyundah Nominees Pty Ltd

**Site Audit date:** 10 to 13 December 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 and representatives
* the provider’s response to the Site Audit report received on 3 and 17 January 2020.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### 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.

## Assessment of Standard 1

Consumers are treated with dignity and respect, and can maintain their identity. They can make informed choices about their care and services, and live the life they choose. For example:

* All consumers interviewed stated they felt respected and valued as individuals. Consumers stated staff are always kind and patient when delivering care.
* Staff can describe how they adapt the way care and services are offered so they are culturally safe for each consumer. Some staff have learnt several words in consumers’ own language in order to be able to better communicate with them and their visitors.
* All consumers and representatives who were interviewed said they are supported to exercise choice and independence and to maintain relationships of choice. For example, a consumers continue to visit local sporting clubs to participate and catch up with friends.
* Staff are able to identify and manage risks associated with things that are important to consumers.
* Consumers privacy is respected and their personal information is kept confidential.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled a number of consumers, conducted interviews and reviewed care documentation. The team tested staff’s understanding and application of the requirements and examined relevant policies and procedures.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### 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.

## Assessment of Standard 2

Consumers are partners in ongoing assessment and planning that helps them get the care and services they need for their health and well-being. For example:

* All care plans that were reviewed were individualised and reflected consumer’s needs, goals, preferences and details of any risks to each consumer’s well-being.
* Consumers interviewed confirmed that staff have consulted with them on their end of life wishes. Consumers feel confident that their wishes will be respected when the time comes.
* One consumer said that staff make it easy for them to be involved with the assessment, planning and review of their care and services.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this standard, the assessment team sampled the experience of consumers, reviewed their care plans and assessments and interviewed staff about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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 COMPLIANTPersonal care and clinical care

### 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.

## Assessment of Standard 3

Consumers get personal and clinical care that is safe and right for them. For example:

* The Service has an ongoing process to review the use of psychotropic medication for chemical restraint with the intend of reduction and has demonstrated progress.
* The Service has processes to identify, monitor and respond to trends and patterns in clinical indicators across the Service.
* Staff are able to identify and respond to deterioration or changes in a consumer’s function, capacity or condition.
* Consumers receive timely referrals to other health providers when required including medical officers, speech pathologists, wound specialists, and occupational therapists.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this standard, the assessment team sampled the experience of consumers, reviewed their care plans and assessments and interviewed staff about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

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

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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 COMPLIANTServices and support for daily living

### 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.

## Assessment of Standard 4

Consumers get the services and support for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* The Service caters for consumers living with moderate to advanced dementia. The organisation encourages staff to be creative and innovative balancing risks and benefits when providing care to the consumer.
* Staff reported they are always kept well informed of any changes with consumers that is relevant to their role, for example if they have a fall.
* The Service works with other organisations, volunteers and individuals in the provision of lifestyle services and supports including the NDIS.
* Most consumers interviewed provided positive feedback about the food and told the Assessment Team if they didn’t like something the chef talks to them to make improvements for next time.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled a number of consumers, asking them about the requirements, reviewed their care planning documentation and tested staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and records and observed consumers and staff.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s services environment

### 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.

## Assessment of Standard 5

Consumers feel they belong and are safe and comfortable in the organisation’s services environment.

* The Service environment enables consumers to walk freely throughout the space with a central courtyard with sensory plants, shade to stay out of the sun and a BBQ area.
* The environment appears safe, clean and well maintained indoors and in outdoor areas.
* Staff confirmed that equipment, furniture and fittings are suitable for them to deliver quality service, are tagged and regularly cleaned and maintained.

To understand the consumer’s experience and how the organisation understands and applies the requirements of this Standard, the Assessment Team interviewed a sample of consumers or their representatives as well as staff. The team made observations during their time on site at the Service. The team examined relevant documentation and records.

The Quality Standard is assessed as compliant as all of the three specific requirements have been assessed as compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### 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 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.

## Assessment of Standard 6

Consumers feel safe and are encouraged and supported to give feedback and make complaints. Consumers are engaged in processes to address their feedback and complaints and appropriate action is taken. For example:

* All consumers interviewed reported they know how to provide feedback or make a complaint and felt comfortable in doing so saying they are not fearful of being treated in a negative way.
* Staff understand the complaints handling system in place at the Service and gave examples of how when something has gone wrong the service took an open disclosure approach to communicating with consumers and others.
* Consumers reported that when they raised complaints about the food the chef worked with them to resolve the issue and the food improved.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled a number of consumers. Teams interviewed consumers and their representatives about complaints at the service. Staff were also interviewed to test their understanding and application of the requirements of this Standard. The team also examined documentation including the Service’s complaints records and continuous improvement plan.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### 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.

## Assessment of Standard 7

Consumers get quality care and services when I need them from people who are knowledgeable, capable and caring. For example:

* Throughout the site audit consumers and representatives provided positive feedback about the sufficiency of staff.
* Consumers and representatives advised that staff are kind, caring and gentle when providing care to consumers. The care they provide is informed by education on consumers’ cultural backgrounds.
* Staff told the Assessment Team they are confident when undertaking their role and are satisfied with the education program at the Service.
* The Service ensures staff attend mandatory training in manual handling, occupational health and safety, recognising and preventing elder abuse, infection control and hand hygiene and fire evacuation and safety.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements. The team also observed staff interactions with consumers and spoke to staff about their understanding and application of the requirements of this Standard. The team examined relevant documentation, policies and procedures.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

The workforce has demonstrated that they are trained, equipped and supported to deliver the outcomes required by these standards. The staff have demonstrated that they understand the purpose of the Quality Standards and can apply them to the day to day care and services they provide.

The Service provided education and coaching to staff about the new standards and how they would apply to their work through multiple discussions at team meetings. The Service also ensured posters and guidance materials were available to all staff throughout the staff areas of the Service.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

At the time of the site audit the Service was in the process of recommencing annual performance appraisals of all staff and not all appraisals had been completed.

Outside of formal appraisals the Service assesses, monitors and reviews the performance of each staff member through feedback and complaints from consumers and representatives, review of incident reports and supervision and observation by senior staff.

On balance, while the Service’s process doesn’t demonstrate that their assessment, monitoring and reviews of performance are conducted regularly the staff demonstrate respectful conduct, adequate knowledge and competent skills.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### 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.

## Assessment of Standard 8

Overall the organisation’s governing body is accountable for the delivery of safe and quality care and services and is in progress towards full compliance with all requirements of this Standard. For example:

* Consumers are supported to be involved in the development, delivery and evaluation of their care to the extent they choose to be.
* Consumers and representatives were aware of the regular resident and relative meetings and said they find them useful to attend.
* At the time of the Site Audit the Service was in the process of releasing all new policies and procedures and has planned to make them available on the Service’s online system and provide formal training. Some policies had been made available to staff (including the Service’s clinical governance framework) but were not available online and the Service had not provided training.
* When the Service identified areas for continuous improvement in regards to regulatory compliance they took comprehensive action to ensure compliance.

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant.

To understand the organisation’s understanding and application of the requirements of this Standard the Assessment Team primarily reviewed documentation, policies and procedures and interviewed staff.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Non-compliant

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

At the time of the Site Audit the Service had released some of the new policies and procedures for the new Quality Standards to staff. Some of the policies had not been released while the Service personalises them for the Service.

When the Service released some of the new policies they only made them available in hard copy and added copies to the high-risk care folders in each wing of the Service. Not all staff interviewed were aware of these policies being available in the high-risk care folders. The Service has acknowledged that not all policies are finalised on the Service’s online system and plans to complete formal training on all new policies once all policies are finalised.

At the time of the Site Audit, the Service’s release of new policies and procedures were incomplete.

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

The Service demonstrates effective risk management systems and practices through their management of risks associated with the care of consumers (Standard 3 Requirement B), identifying and responding to abuse and neglect of consumers (Standard 8 Requirement C) and supporting consumers to live the best life they can (Standard 1 Requirement C).

### Requirement 8(3)(e) Non-compliant

*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.*

At the time of the Site Audit the Service had only partially released their new clinical governance framework.

Policies about open disclosure and antimicrobial stewardship had been made available in hard copy in the high-risk care folders in each wing of the Service. However, not all staff interviewed were aware of these policies being available in the high-risk care folders. The Service has acknowledged that not all policies are finalised on the Service’s online system and they plan to complete formal training on all new policies once all policies are finalised.

At the time of the Site Audit, the Service’s clinical governance framework was incomplete.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### 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.

### 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.