Central & Upper Burnett District Home for the Aged Nursing Home

Performance Report

46 Capper Street
GAYNDAH QLD 4625
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**Commission ID:** 5209

**Provider name:** The Central & Upper Burnett District Home for the Aged

**Site Audit date:** 8 September 2020 to 11 September 2020

**Date of Performance Report:** 15 October 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# 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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others,
* referral information received by the Aged Care Quality and Safety Commission.

# STANDARD 1 COMPLIANT Consumer 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 confirmed they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers said the service supported them to be independent and encouraged them to exercise choice about the care and services they received. They confirmed staff knew their needs and preferences and supported them to maintain relationships with friends and family members inside and outside the service.

Personal privacy for consumers was respected by staff, and consumers were satisfied with the way their care and services were provided to ensure their privacy was respected. Consumers and representatives advised that staff respected their culture, values and beliefs. They confirmed staff were aware of their religious preferences and cultural identities.

The Assessment Team observed staff treating consumers with dignity and respect. Staff provided individualised consumer care and could explain how they supported consumers to exercise choice in matters relating to their well-being.

Care planning documentation referred to consumers’ identities and backgrounds, their personal preferences, spiritual preferences, family relationships, activities of interest and decisions they had made to maintain independence and choice.

Staff explained how they supported consumers to make choices which may have involved risk. Staff advised the service implements risk strategies to support consumers’ wishes and preferences.

Risk assessments were completed and options were discussed with consumers and their representatives to support them in maintaining their independence. Outcomes of risk assessments and management strategies were documented in care plans.

Consumers advised they were given information to assist them to make choices about their care and lifestyle.

The Quality Standard is assessed as Compliant as six 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 COMPLIANT Ongoing 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 and representatives said they were involved with the initial and ongoing assessment and planning of their care and services, including advance care planning and end of life planning. They said they felt confident staff were aware of their individual needs, goals and preferences, and that the service consulted with medical officers and other health professionals to ensure consumers received appropriate care and services. Consumers and representatives said care and services were reviewed regularly or when their needs or preferences changed.

Registered staff worked with consumers, other staff, family, medical officers and other relevant health professionals on the initial assessment and to formulate care and service plans. The service demonstrated that care plans were regularly reviewed with the involvement of consumers. Care plans were individualised and addressed specific risks such as restraint, falls, nutrition, swallowing, pain, skin integrity and risks associated with lifestyle choices.

The service has policies and procedures to support staff in the assessment and planning process. The policies cover risk assessments for falls, skin integrity, pain, choking risk, restraint and risks associated with lifestyle choices. Staff are also guided by organisational policies and processes to support palliative care and advance care planning.

Staff demonstrated and understanding of the role of incident management in developing new interventions and strategies to minimise risk.

The Quality Standard is assessed as Compliant as five 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 COMPLIANT Personal 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 and representatives said consumers get the care they need and they felt safe. They said consumers were referred to medical officers or other health professionals to meet their changing personal or clinical care needs and referrals were made promptly.

Staff described how they ensured care was best practice. Care staff demonstrated that they understood infection control and they could minimise the need for antibiotics. Staff could also identify the highest prevalence risks and how incidents were used to inform changes in practice. The organisation had a risk management framework that guided how risk was identified, managed and recorded. Policies were available to all staff on high impact or high prevalence risks associated with care of consumers. An electronic system was used to record high impact and high prevalence clinical and personal risks. Clinical incidents were recorded electronically, and the data contributed to monthly clinical indicator reports.

Care plans demonstrated the safe and effective delivery of care, including end of life care. A focus on pain relief, review of pain management strategies and close involvement of family was evident.

The service was guided by organisational policies and procedures for the delivery of care and has links to external advisory services, including medical and clinical staff from the local hospital for wound management, pain management and palliative care.

Staff demonstrated an understanding of how their practice could minimise the need for antibiotics. Registered staff were familiar with antimicrobial stewardship. The service had an infection control/respiratory outbreak management plan and staff received education on infection control on commencement with the service and annually thereafter. The organisation has documented policies and work instructions relating to infection control.

The Quality Standard is assessed as Compliant as seven 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 COMPLIANT Services 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 and representatives said consumers were supported to participate in activities of their choosing. They said the consumers were encouraged and supported to engage in personal and social relationships with people who were important to them and supported to participate in community and social activities of their choice. The consumers advised they liked the food and were able to choose different meals and participate in menu planning. Formal and informal feedback mechanisms at the service enabled the Catering Manager to determine whether consumers were satisfied with the food provided.

Consumers were involved in planning lifestyle activities. The service delivered a variety of events that enabled consumers to feel socially connected and engaged. The activity calendar included activities to meet the needs of consumers with different physical and cognitive abilities. The activity calendar was reviewed each month and incorporated consumers’ choices and preferences.

The Assessment Team found the equipment used in the lifestyle programs was safe, suitable, clean and well-maintained. Equipment to assist consumers with their independence and mobility was clean and available and there enough equipment to meet consumers’ needs. Equipment used for laundry, cleaning and catering was clean and in working order. The service conducted regular inspections of the equipment to ensure it was in good working order and safe.

The Quality Standard is assessed as Compliant as seven 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 COMPLIANT Organisation’s service 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 said they felt safe and comfortable in the service environment and could move freely inside and outside the service. They felt at home at the service and they were able to decorate their rooms with their personal items. Consumers said the service was clean and well-maintained.

The Assessment Team found the service provided an environment that was comforting, clean, welcoming and well-maintained. The Maintenance Coordinator said they ensured the environment was safe and maintained through scheduled preventative maintenance and reactive maintenance. Maintenance logs demonstrated regular maintenance of the service environment was undertaken.

Staff said mobility equipment such as hoists, slings and specialised chairs were regularly checked and serviced to ensure they were safe and fit for use.

The Quality Standard is assessed as Compliant as three 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 COMPLIANT Feedback 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 and representatives said they were encouraged to provide feedback and raise concerns with management or staff and that they felt safe doing so. Those consumers who had raised concerns or provided feedback described the changes that had been made in response. Consumers said they were aware of external complaints handling options and of advocacy services.

Staff could describe the processes available to consumers to make a complaint or provide feedback. Hard copy feedback forms were available in the service and a locked suggestion box was available for consumers and representatives in the main reception area. Consumers were provided a handbook which included information on how to make complaints.

Management and staff said they were aware that consumers could access interpreter and advocacy services.

Management advised that staff were instructed to be ‘open and transparent’ with consumers and if an error was made, staff were to offer an apology and proceed with addressing the issue. The service has an open disclosure policy to provide guidance to staff and staff have attended training on open disclosure.

Documentation established that information from complaints and feedback was used to make improvements to safety and quality systems across the service.

The Quality Standard is assessed as Compliant as four 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 COMPLIANT Human 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 said they received quality care and services from the staff who were knowledgeable, capable and caring. Consumers interviewed felt there were sufficient staff to support care and services.

Staff advised they had sufficient time to complete their duties and that staff who were unable to attend their shifts were replaced.

Call bell responses were monitored daily by management. Consumers said staff attended their calls for assistance in a timely manner.

A training and orientation program was in place for all staff and volunteers and was overseen by the management team. Staff attended annual mandatory training and their competencies were assessed. Performance appraisals and competency assessments were conducted at least annually.

The service had position descriptions for each position in the service and listed the qualifications and skills required for each role.

Police certificate checks and staff registrations were monitored to ensure they were current.

The Quality Standard is assessed as Compliant as five 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.*

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

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

# STANDARD 8 COMPLIANT Organisational 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

Consumers considered the service was well run and said they were involved in the development and evaluation of care and services.

The governing body meets regularly to establish expectations and review risks from an organisational and consumer perspective. There were organisation-wide governance systems to support effective information management, workforce planning, compliance with regulations and clinical care. Monthly reports were provided to the Board detailing consolidated results of audits, clinical trends, process reviews, reported hazards and risks, employee relations, training and development, and complaints. The Board used the information to determine the organisation’s compliance with the Quality Standards and to initiate improvement actions.

The organisation has adopted a risk management framework to manage high impact or high prevalence risks associated with the care of consumers, including the abuse and neglect of consumers and infection-related risks. The organisation has policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure.

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

## 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) Compliant

*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)(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.*

### Requirement 8(3)(e) 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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.