Chester Hill Village

Performance Report

83 Jocelyn Street
CHESTER HILL NSW 2162
Phone number: 02 9645 9500

**Commission ID:** 0225

**Provider name:** Bankstown City Aged Care Ltd

**Site Audit date:** 22 November 2021 to 24 November 2021

**Date of Performance Report:** 22 December 2021

# Performance report prepared by

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# Publication of report

This Performance Report **will 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 Commissioner’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/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# 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 interviewed stated staff treat them with respect and dignity, they can maintain their identity and make informed choices about their care and services. Staff spoke of consumers in a way that demonstrated respect and an understanding of their personal circumstances. Staff were observed to be interacting with consumers respectfully.

Consumers interviewed gave examples of how staff respect their cultural values and needs. Staff interviewed could explain how each consumer’s culture influences the delivery of care and services. Care documentation included information on consumer’s cultural needs and preferences.

Consumers said they are supported to maintain their independence and communicate their decisions. Consumers described how the service supports spend time with people who are important to them. Review of the service’s diversity action plan and consumer meeting minutes supported consumer consultation and participation in decision-making.

Consumers are able to take risks to enable them to live the best life they can. The service conducts risk management discussions with consumers and holds a weekly risk management meeting with staff. Staff complete relevant risk and emotional needs assessments to support consumers to take risks and to manage the identified risks.

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 their representatives stated they are involved in assessment and care planning process. Care documentation showed comprehensive assessments of consumers’ identified risks are completed. The service conducts weekly risk meetings with relevant staff where care needs are reviewed.

Consumers’ needs, including for end of life care, are addressed on consumer’s entry to the service and when their condition changes. Consumers’ care documentation included their advance care plans. Staff access resources in relation to advance care planning and end of life planning when required.

Consumers said their preferences are met in delivery of care and services. Care documentation evidenced consultation with consumers and/or their representatives, along with the involvement of other health professionals.

The service documents the outcomes of assessment and planning in a care and services plan, that is available to consumers and their representatives. Care documentation showed care and services are reviewed every three months, in response to incidents and changes to consumer’s condition, needs and preferences. Staff described their processes for regular review of care and services and could explain how care changes in response to incidents.

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

Overall consumers and representatives said consumers receive personal and clinical care that is safe, effective and tailored to their needs. Staff stated they are guided by service’s policies and procedures to deliver best practice personal and clinical care, which is delivered consistent with care planning documents. The service tracks the use of psychotropic medications and reviews these medications three-monthly. The service does not have any consumers subject to restrictive practices. Skin integrity and pain management were suitably addressed for consumers.

Care documentation showed high impact and high prevalence risks associated with the care of consumers were identified, interventions to minimise and manage these risks were documented. The service has policies on high impact and high prevalence risk management accessible to all staff.

Whilst no consumers were receiving end of life care at the service, the service demonstrated consumers’ wishes and preferences in relation to end of life care is documented and reviewed regularly. Staff were able to describe how they will provide end of life care to consumers in line with their needs and preferences.

Documentation reviewed showed deterioration or change of a consumer’s mental health, physical or cognitive function, capacity or condition is identified and responded to in a timely manner.

The service demonstrated that information about consumer’s condition, needs and preferences is communicated effectively. Staff have access to consumer care plans, care documentation and relevant assessments which supports appropriate information sharing between staff. Timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations including dieticians, dentists and social support workers.

Staff interviewed demonstrated an understanding of infection prevention and control practices, and the steps they take to minimise the use of antibiotics. The service has a designated infection prevention and control lead. Staff were observed to be following protocols, including adequate hand hygiene and cough etiquette practices.

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 supports 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 their representatives said they feel supported to do lifestyle activities that interest them, which optimises their quality of life. Staff were able to describe what is important to consumers. Care documentation includes information about consumer’s services and support that helps meet their needs, goals and preferences.

Consumers and their representatives stated consumers’ emotional, spiritual and psychological needs are supported. Staff described how they support consumers when they identify a change in their mood or in their emotional need, including talking to consumers and encouraging them to participate in activities.

Consumers are supported to maintain contact with people who are important to them and engage in activities, both inside and outside of the service. The service conducts group activities and bus outings to parks, restaurants and shopping centres regularly to engage and support consumers.

Care documentation reviewed provides sufficient details to ensure information about consumer’s condition, needs and preferences are communicated within the organisation. Staff are made aware of any changes to a consumer’s needs through handover meetings and care documentation.

Consumers are referred to external organisations and resources, including social support and community volunteers. Staff were able to describe how the service has access to external providers to supplement the activities offered at the service.

Consumers interviewed expressed their satisfaction with the food and the quality, quantity and variety of meals included in the menu. Care documentation identifies consumer’s dietary requirements and preferences. The service conducts food focus groups and kitchen staff meetings every month to gain consumer feedback and communicate any changes with staff respectively.

Equipment provided to consumers was observed to be safe, suitable, clean and well-maintained.

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 COMPLIANTOrganisation’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 feel safe, at home and welcomed at the service. The service environment was observed to be safe, clear of hazards and enabled consumers to navigate freely. Pottery painted by a consumer and photographs of consumers participating in activities were displayed throughout the service.

The service has communal areas including dining and lounge spaces, balconies, outside garden and a lawn area. Indoor and outdoor areas of the service were observed to be easily accessible to consumers.

Consumers expressed their satisfaction with the furniture, fittings and equipment at the service. The service has a maintenance and communication log to report and follow up any maintenance issues respectively. Cleaning staff stated they follow procedures and protocols, including for any as required cleaning requirements.

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 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 and representatives said they are supported to give feedback or to make complaints about the service, that a response is given, and action is taken regarding the issues raised.

The service provides written materials about how to make complaints. Staff stated they support and encourage consumers to provide feedback and suggestions. Feedback forms are accessible to consumers from different areas of the service.

Staff described the advocacy and language services available to consumers, and how consumers with communication difficulties or cognitive impairment are aided to provide feedback or make complaints. Information on external complaint mechanisms, translation and advocacy services is also made available to consumers on admission and through pamphlets displayed at the service.

The service maintains a complaints register, which outlines the complaints in detail, actions taken, relevant monitoring or documentation, and outcome of the complaint. Staff practice open disclosure when responding to complaints or issues. The service’s continuous improvement plan also incorporates feedback and actions from audits and meetings.

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 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 said they receive quality care and services, and that staff provide care in a kind, caring and respectful manner. Consumers expressed their satisfaction with the sufficiency of staff to meet their needs and stated their call bells are attended to promptly. Staff interviewed stated they are able to complete their tasks in a timely manner and deliver quality care to consumers. The service has processes in place to address vacant shifts when unplanned staff leave occurs.

The service has recruitment processes in place to recruit suitable staff and utilises casual or agency staff as required. Staff qualifications, training and competencies are monitored regularly.

The service delivers formal and periodic training to support staff in delivering appropriate care. Staff stated they feel supported by the service and that management care about staff needs. Staff can identify additional training to support their development. Consumers and their representatives stated staff are adequately trained and equipped to perform their roles.

The service demonstrated that the performance of the workforce is regularly assessed, monitored and reviewed. The service has a performance review framework, and review of the workforce is centred around the quality standards, consumer feedback and risk assessments.

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 said the organisation is well run and that they can partner in improving care and service delivery. Consumers are engaged in discussions about improvement initiatives through consumer meetings, food focus groups, and discussions with management.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The service conducts clinical and care forums where information is communicated between service to the governing body.

The organisation has effective governance systems in place. Staff are able to easily access relevant information through the service’s information management systems. Opportunities for continuous improvement are identified and actioned. Financial and workforce governance systems are suitably addressed. Regulatory compliance is addressed through regular staff communication and education. Feedback and complaints are captured, and appropriate action is taken, which also contributes to improvement initiatives and outcomes.

The service has an effective risk management framework, which has been discussed with staff. The service’s risk assessment and treatment schedule addresses possible risks and how to respond to these risks.

The organisation has a clinical governance framework that includes policies relating to antimicrobial stewardship, open disclosure and the minimisation of restrictive practices. The service’s management team described how the clinical governance framework is applied at the service.

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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.