Darlingford Upper Goulburn Nursing Home

Performance Report

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**Commission ID:** 4430

**Provider name:** Darlingford Upper Goulburn Nursing Home Inc

**Site Audit date:** 20 January 2021 to 22 January 2021

**Date of Performance Report:** 16 March 2021

# 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) |  Non-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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 26 February 2021
* the infection control monitoring checklist.

# 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

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, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

Overall consumers interviewed believed that staff make them feel respected and valued as an individual. Consumers can choose what time they want to rise in the morning and feel supported to take risks and encouraged to engage with the community both within the service and more broadly.

Overall consumers confirmed staff know what is important to them and encourage them to do things for themselves.

Consumers and representatives interviewed said privacy is respected. For example: staff knock on the door and wait to be invited in before entering the consumer’s room and close the curtain when providing personal care. Consumers said their personal information is managed and used in a manner that protects their privacy and confidentiality.

Staff interviewed were familiar with the needs and preferences of the consumers they cared for. Care plans included detailed individualised information about consumer backgrounds and preferences and this was consistent with information obtained from consumers, representatives and staff.

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

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team identified staff document directives in care plans, complete skin assessments, document non-pharmacological interventions and behaviour charting. The service has various policies and procedures to support and guide staff.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers or their representatives discussed how staff consult with them during the assessment and planning of the consumer’s care and services and include assessment of the risks to the consumer’s health and well-being.
* Consumers and representatives are consulted by staff when there are changes to consumer’s conditions and their care and services.
* Consumers or their representatives said they have partnered in ongoing assessment and planning of their care and services and they have access to the consumer’s care plans.
* Care plans show evidence of reviews on both a regular basis and when circumstances change, such as a deterioration in a consumer’s condition or when incidents occur

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

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 – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service demonstrated consumers receive safe and effective clinical care that is best practice, effective and tailored to the consumer to optimise their health and well-being.

Care files indicated assessment and care planning identifies consumers with high prevalence and high impact care needs which include wound management, pain management, falls, risk and prevention strategies.

Most consumers and their representatives expressed their satisfaction with the care provided and they feel the service is meeting consumer’s needs. Consumers and representatives said consumers have access to general practitioners, allied health staff and other specialists.

Of the consumers sampled, a review of their care plans and associated documents showed overall consultation from other healthcare professionals, which provides guidance to staff for example in relation to mobility, nutrition and swallowing.

Consumers and representatives said they are confident consumers would be cared for according to documented end of life wishes. Care documentation reflects goals are individualised and based on the consumer’s identified needs and preferences.

The service described and demonstrated actions and improvements to enhance minimisation of infection related risks for consumers.

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

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 – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers and representatives said consumers get the services and supports 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:

* Consumers and representatives provided positive feedback on the group and individual lifestyle programs and said they feel supported to do the things they want to do.
* Consumers and representatives reported they are encouraged and supported to keep in touch with their family and friends. During COVID-19 restrictions this included support to make telephone and video calls via electronic tablet devices.
* Consumers provided positive feedback about the variety, quality and quantity of food that was available.
* Lifestyle activities include a variety of social, physical, sensory and spiritual activities, in both group and one on one programs. The lifestyle programs and consumers were well support by care staff and the programs have appropriate resources.

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 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

The service does not provide an environment that enables all consumers to move freely outdoors. Observations confirm two consumers attempting to access outdoor areas and could not enter the outside areas. All doors leading to consumer outdoor areas in service were locked. A consumer said they do not know the pin to access the door to go outside and staff are not always available to ask for help. One staff said it is difficult to assist consumers with cognitive impairments to access outdoor areas most times.

While management explained an application for funding of automatic doors was made in late 2020, no further evidence suggests improvements are planned to support all consumers to access outdoor areas if consumers wish to do so freely.

Consumers and representatives interviewed stated they feel safe and feel at home with a sense of belonging in the service and expressed satisfaction with the cleanliness of the service. Consumers and representatives are satisfied the furniture and equipment is clean, comfortable and well-maintained.

Staff interviewed were able to describe maintenance processes and how they report any issues they identify to the maintenance officer. Cleaning staff were observed to be carrying out their cleaning duties.

Scheduled audits contribute to the monitoring of compliance with external service agreements and performance. Suitable clean and well-maintained furnishings are available throughout different areas of the service.

The Quality Standard is assessed as Non-Compliant as one of the three specific requirements have been assessed as Non-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) Non-compliant

*The service environment:*

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

The service environment is safe, clean and well maintained. However, the service has not demonstrated that the environment enables consumers to move freely to the outdoors. Not all consumers can use the keypad required to open the doors to the outside environment. While a keypad code has been displayed, some consumers are unable to use it and the doors remain closed to them.

When making this decision I have taken into account the Assessment Team report from the site audit and the response from the provider to the report. I acknowledge that the service has plans in place for one automatic external door to be installed accessing a central courtyard and in the longer term several more automatic doors will be installed to facilitate consumer access to the outdoors. Perimeter gates and fencing are also being reviewed. The service has reviewed consumer care plans about outdoor access and a portable doorbell may be carried for assistance however some consumers may not be able to utilise this device effectively.

I have considered the information available and based on the evidence provided I find that some consumers are not able to access the outdoors freely. I therefore find this requirement not met.

### 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

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 how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall consumers and representatives considered they are encouraged and supported to give feedback and make complaints and that appropriate action is taken.

For example:

Consumer and representatives expressed their satisfaction with how management and staff encourage and support them to provide feedback and could describe various ways to raise feedback or complaints.

All consumers and representatives said they are satisfied with the timeliness, manner and effectiveness of response and actions to complaints and feedback by management. A representative who lodged a complaint regarding the clinical care on behalf of their father said they could make complaints, feel safe to do so and matters are resolved immediately.

Management and staff provided examples of how they support consumers to lodge feedback and complaints. The service provides secure lodgement boxes, ‘have your say’ forms and information on external complaint mechanisms.

The service has a range of policies and procedures to guide staff and management in relation to complaint management and open disclosure.

While management demonstrated an understanding of open disclosure when responding to complaints, some staff interviewed were not able to describe what open disclosure meant and management is reviewing staff education and increasing staff awareness.

Advocacy information is generally available in the consumer handbook while management acknowledged an opportunity to increase advocacy resources within the service.

Management demonstrated their systems for identifying, monitoring and reviewing feedback and complaints and evidenced the outcomes to improve consumers quality care and services.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered they get quality care and services when they need them and from staff who are knowledgeable, capable and caring.

For example:

Consumers and representatives are satisfied with the interactions of staff and said they are kind and caring. One consumer said sometimes staff can be task oriented when providing care but are kind and caring.

Consumers and representatives feel staff know what they are doing when providing care for consumers. Most consumers and representatives confirm the service provides enough staff while one consumer said they experience wait times with staff removing their meal tray.

Management have a system for performance appraisal and management. Staff interviews and documentation confirm the performance appraisal process, education provided demonstrating most staff completing their mandatory training modules.

Reviews of rosters and call bell response times confirm the service provides consumers with adequate staffing to enable safe and quality care and services.

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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered the organisation is well run and that they can partner in improving the delivery of care and services. One consumer was asked if the service is well run and said ‘Yes, very much so… I can attend the resident meetings [all of them] and they [staff and management] do listen’.

Consumers and representatives said they can attend meetings, provide informal and formal feedback and discuss issues with management using the open-door policy.

One consumer raised a concern regarding the temperature of her room and said management were able to remedy the issue promptly.

The service has effective risk management systems and practices. Management and staff could provide an understanding and examples regarding antimicrobial stewardship, use of restraint, alleged abuse and neglect of consumers. However, while management understand the context of open disclosure, some staff could not describe what this meant and its intent for consumers.

The service has a process to monitor their clinical governance framework, antimicrobial stewardship and minimising the use of restraint. While management monitor the use of chemical restraint by using internal monitoring tools, their data analyses does not reflect all consumers receiving psychotropic medications.

Staff confirm receiving policies and procedures and education regarding elder abuse and understood their roles and obligations.

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

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.

* Ensure that the service environment enables all consumers to move freely outdoors.