Performance

Report

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| Name of service: | Bairnsdale Regional Health Service |
| Service address: | 125 McKean Street BAIRNSDALE VIC 3875 |
| Commission ID: | 3408 |
| Approved provider: | Bairnsdale Regional Health Service |
| Activity type: | Site Audit |
| Activity date: | 6 February 2023 to 10 February 2023 |
| Performance report date: | 29 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the Commission) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bairnsdale Regional Health Service (the service) has been prepared by V Stephens, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the 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 assessment team’s report received on 13 March 2023

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Care planning documents detailed information about consumer background and preferences and were consistent with information received from consumer and staff interviews. Sampled consumers described how staff make them feel respected and valued as individuals. Staff were observed treating consumers with dignity and respect and demonstrated understanding of the individual choices and preferences of consumers.

Sampled consumers and representatives provided examples of how consumers are cared for in a meaningful way. Care planning documents reflect that care and services provided at the service are culturally safe and documentation outlines how consumers are supported to engage in activities of cultural importance.

Care staff demonstrated an understanding of consumer preferences in relation to the way care is delivered and the relationships important to consumers. Care planning documents reflect individual consumer choices as described by consumers, representatives and staff. Sampled consumers expressed satisfaction they are supported to make decisions about their care and are able to communicate feedback to staff regarding their choices.

Sampled consumers said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and live the life they choose. Consumers and representatives described how staff know the consumer’s life stories and assist them to maintain relationships with people who are important to them.

Consumers and representatives expressed satisfaction they receive information that is accurate, timely and enables the consumer to exercise choice. Assessors observed menus, activity calendars, and other information displayed throughout the service.

Consumers and representatives are satisfied personal privacy is respected and that the personal information of consumers remains confidential. Staff provided examples of the way they ensure consumer privacy is maintained during care and how they safeguard consumer information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Overall, sampled consumers and representatives were satisfied with assessment and care planning processes. Risks are considered and inform safe and effective consumer care. Clinical and care staff demonstrated knowledge of consumer risks and described strategies to ensure safe and effective care. The organisation has policies and procedures to guide staff in assessment, care planning and risk management. Assessors reviewed ten consumer care files, noting that where risks were identified, individual interventions to minimise risks were incorporated.

Sampled consumers and their representatives said their care and services are planned around what is important to consumers. Assessment and care planning documents reflect and address consumer needs, goals and preferences, including documentation of advance care plans. Staff demonstrated knowledge of sampled consumer needs and were able to describe what is important to consumers regarding how care is delivered. Assessment and care planning documentation was observed to be individualised to consumer needs.

Consumers and their representatives confirmed they provide input into the assessment and care planning process, through formal conversations and regular feedback, with input from other health disciplines. Staff report regularly liaising with consumers and their representatives as well as allied health, the medical practitioner and other specialists involved in consumer care.

A review of sampled consumer care documents reflects the outcomes of assessment and planning are communicated to the consumer and their representatives, with the care and services planned available in a summary care plan which is offered at regular reviews or on request. Documentation in progress notes details consultation regarding regular monthly review. Sampled consumers recalled being offered a copy of their care plan as part of the review process. Staff have access to the electronic care file system to chart, document and review care and services.

Consumers and their representatives said they were satisfied that staff are regularly reviewing care and they are provided with an opportunity to give feedback or discuss changes. Sampled review of consumer care documentation demonstrated evidence of care plan evaluation and review processes. Care and services are reviewed for effectiveness regularly during the monthly consultation and when care needs, preferences or circumstances change.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Overall, consumers and their representatives expressed satisfaction with personal and clinical care. Staff interviews and documentation reflect that best practice principles are implemented and followed in relation to skin integrity, pain management and managing challenging behaviours, which optimises the health and well-being of consumers. A suite of policies and procedures are accessible to guide staff in clinical and personal care delivery in line with best practice.

Consumers and their representatives stated the service provides safe and effective care for consumers with complex needs. Review of sampled care planning documentation demonstrated the service effectively manages high impact and high prevalence risks including weight loss, falls, challenging behaviours and risks associated with specific medical conditions including diabetes. Staff demonstrated knowledge of individual care needs and how to provide safe care whilst managing associated risks.

In relation to a recently deceased consumer, staff were able to provide a detailed recollection of care provided in line with consumer preferences. Care documentation confirmed that staff responded in a timely manner, involved representatives regularly and that the consumer received palliative care in line with their preferences. The service has procedures and practice standards in place to guide staff in relation to palliative care.

Sampled consumers expressed satisfaction with the early identification and timely management of deterioration or changes in consumer condition. Clinical staff described their knowledge of clinical deterioration and the policies and procedures that guide them in the early identification, assessment, management, documentation and communication of changes in consumer health.

The service is responsive to the changing care needs of consumers with evidence of timely and appropriate referrals to external service providers. Staff described communication mechanisms and demonstrated knowledge of the needs and preferences of each consumer they cared for.

Consumers and their representatives expressed overall satisfaction with the timeliness and appropriateness of referrals and consumers are satisfied they have access to a medical practitioners and other health professionals when needed.

The service was generally able to demonstrate preparedness in the event of an infectious outbreak. However, assessors provided feedback regarding staff mask fatigue which was observed on several occasions throughout the site assessment. Clinical staff were able to demonstrate an understanding of antimicrobial stewardship. Consumers and their representatives interviewed said they were satisfied with the service’s management of infections and use of antimicrobials.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Sampled consumers and representatives stated the service identifies individual goals and preferences and provides support to enhance consumer quality of life. Staff demonstrated a thorough knowledge and understanding of individual consumers and discussed examples of supports provided to assist consumers to optimise their independence. Sampled care plans reviewed demonstrate staff have captured relevant information about each consumer to ensure services and supports meet individual goals and needs.

Consumers and representatives expressed satisfaction with the support provided to nurture the emotional and spiritual well-being of consumers. Leisure and lifestyle staff capture information in care plans regarding close friends and relatives, and pursuits consumers wish to continue participating in such as clubs and religious groups.

Sampled consumers expressed satisfaction with the activities provided. The weekly activity schedule is developed by lifestyle staff after reviewing consumer interests and participation in previous activities. The service provides morning and afternoon group activities, visiting entertainers, and weekly church services.

Most consumers and representatives were satisfied the service communicates relevant information for each consumer within the organisation and to others where responsibility for care is shared. The service uses an electronic care planning system with detailed and summary care planning information provided.

A review of sampled consumer care plans and progress notes demonstrated consumers are referred to external healthcare providers where required. The service has received funding to implement improvements to telehealth appointments which will improve assessment capabilities and reduce the need for consumers to travel to visit medical specialists.

Most sampled consumers stated meals provided were of suitable quality and quantity and appreciated being offered choices. Assessors observed food service staff asking consumers for their meal choices prior to serving.

Sampled consumers and representatives confirmed equipment provided is well-maintained and suitable to meet consumer needs. Consumers, representatives, and staff expressed satisfaction with maintenance services and the cleanliness of the home.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Most consumers and representatives said they are happy with their accommodation and find the service welcoming and easy to navigate. The service has a large centrally located activity room and consumers have unrestricted access to well-maintained gardens. Assessors observed the activity room to be well utilised with group activities, mobility exercise classes, visiting entertainers, and individual art sessions.

Consumers, representatives and staff expressed satisfaction with maintenance services and the cleanliness of the home. Consumers said they feel safe and secure at the service. Assessors observed consumers moving freely both inside and outside the home, participating in activities, and enjoying the well-maintained gardens.

Consumers and representatives said the furniture and equipment is well-maintained and suitable for their requirements. Staff confirmed maintenance of equipment and fixtures is timely with a prioritised system in place to ensure timely completion of repairs or replacement.

All sampled consumers and representatives confirmed they have opportunities to provide feedback or discuss concerns with staff and management and were aware of the complaints process.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

All sampled consumers and representatives confirmed they have opportunities to provide feedback or discuss concerns with staff and management and were aware of the complaints process. Feedback is sought during individual quarterly care plan reviews, at resident and relative meetings, through an electronic resident satisfaction survey tool, and through the completion of consumer feedback forms available in the service.

Consumers and representatives said if they have a concern, they feel comfortable discussing this with the facility manager who has an ‘open door’ policy and is always available. Assessors observed information displayed on accessing translators, interpreters, and advocacy services.

The service has a documented procedure for managing and investigating complaints and providing open disclosure if something goes wrong. Management advised staff are provided with open disclosure education, with regular updates provided to staff to assist reporting back to families as set out in the organisation’s complaints management policy.

Management stated feedback received through various channels is added to the incident management system with quality improvements to address identified issues captured in the incident report and added to the continuous improvement plan. Staff confirmed continuous improvement committee meeting minutes are made available for them to review.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated the workforce is planned to ensure there is a suitable mix of skills and staff levels in various roles to enable the delivery of safe and effective care and services. Sampled consumers and representatives expressed satisfaction with the level of staff at the service.

Consumers and representatives expressed satisfaction that staff are kind, caring and gentle when providing care. Assessors observed staff engaging with consumers in a respectful manner.

Consumers and representatives expressed satisfaction that staff have the knowledge and skills to meet consumer care needs. The organisation monitors the registrations and qualifications of staff.

Consumers and representatives expressed satisfaction that staff are recruited, trained, equipped and supported to provide safe and effective consumer care. Management described how staff recruitment remains ongoing and successful applicants must undertake an orientation program.

Staff expressed satisfaction they are supported by management and senior clinical staff at the service both formally and informally. The service demonstrated a system for staff appraisal and performance management processes.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The service demonstrated consumers and representatives are involved in the development, delivery and evaluation of care and services. Consumers described how they are able to provide feedback to staff and management about care and services and feel supported to do so. Management described how they seek feedback from consumers and representatives through various feedback mechanisms such as consumer and representative meetings and consumer surveys.

Sampled consumers and representatives expressed satisfaction the consumer feels safe and are living in an inclusive environment with provision of quality care and services. The service promotes safe and inclusive care to guide staff practice.

The service demonstrated effective organisation wide governance systems relating to a range of areas. The organisation is supported by the board which receives quarterly reports with key performance indicators and audit results.

The service provided organisational documentation such as frameworks, policies and procedures to support the management of risk in response to incidents and the service demonstrated the implementation of these frameworks, policies and procedures. Management described the organisation’s reporting requirements and appropriate registers are maintained and were reviewed by assessors.

Management described the clinical governance framework in place and how it provides an overarching monitoring system for clinical care. Management were able to describe and provide policies and procedures in relation to antimicrobial stewardship, minimising restrictive practices and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)