Performance

Report

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| Name of service: | Balranald Retirement Hostel |
| Service address: | 24 Mayall Street BALRANALD NSW 2715 |
| Commission ID: | 0442 |
| Approved provider: | Balranald Shire Council |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 27 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 Balranald Retirement Hostel (**the service**) has been prepared by M. Nassif, 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 14 March 2023.
* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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

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

* Requirement 2(3)(a): The service ensures assessment and planning processes are regularly undertaken, including consideration of risks to consumers’ health and well-being, to inform the delivery of safe and effective care and services.

# 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

Consumers and representatives said consumers are treated with dignity and respect and staff valued their identity, culture, and diversity. Staff demonstrated knowledge of the identities of consumers and explained how they treat consumers with respect by using their preferred name and acknowledging their choices.

Consumers said they felt safe and comfortable and that their cultural practices was respected. Staff identified the cultural background of consumers and described care requirements that aligned with care planning documents.

Consumers said they are able to make decisions and exercise choice and independence about the way care and services are delivered. Staff described how they support consumers to exercise choice and independence in line with care planning documents which identified consumers’ choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Staff demonstrated knowledge and awareness regarding consumers who choose to take risks and the provision of support necessary to make the right choices to maintain independence and well-being. Care planning documents demonstrated that risks are assessed, and consumers are provided with information to make informed decisions, as well as reflecting the benefits for the consumer, potential hazards associated with risks and the risk mitigation process.

Consumers and representatives reported that they are kept updated by staff when changes occur. Management described and demonstrated various modes by which information is communicated to consumers and representatives including newsletters, texts, emails, phone and verbally. Information available to consumers was observed to be displayed around many areas of the service.

Consumers said their privacy is respected by staff. Staff described how they protect consumers’ personal information and show respect for their privacy, consistent with observations. The service had policy and procedures in place to ensure confidentiality and privacy of personal 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. | Non-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

The service was found non-compliant in Standard 2 in relation to Requirements 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) following a site audit in May 2021. Evidence in the site audit report dated 7 to 9 February 2023 supports that the service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

The Assessment Team recommended Requirement 2(3)(a) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 2(3)(a), the Assessment Team found care plan documents, including assessments and information to guide staff in delivery of care and services, were not completed for 3 named consumers who were relatively new to the service. Although some care plan documents for the 3 consumers were updated as a part of the service’s ‘resident of the day’ monthly review process in January 2023, there were incomplete assessments, for example in relation to falls management, stoma care, skin integrity, and mobility.

It is acknowledged staff demonstrated awareness of the named consumers’ needs and preferences despite incomplete assessment and planning.

In response to the Assessment Team’s feedback during the site audit, management commenced completion of the outstanding assessments and advised they would be reviewed by a medical officer to ensure they appropriately captured consumers’ needs.

The provider’s response the deficits identified above and advised further recruitment would be undertaken to employ a Registered Nurse, in addition to a proposed independent audit to ensure compliance with legislation.

While I acknowledge staff are generally aware of consumers’ needs, care planning documents lacked detailed information to ensure staff were appropriately guided to deliver safe and effective care and services. I also acknowledge the service has taken appropriate actions to address some the deficiencies identified, however there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. I consider assessment and planning, including consideration to risks to consumers, was not undertaken to inform the delivery of safe and affective care and services. Therefore, based on the evidence before me, I find Requirement 2(3)(a) non-compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 2 are compliant.

Care planning documents were individualised, reflected consumers’ needs and preferences and included advance care plans. Management said information on advance care planning is included in the admission pack and consumers and their representatives can discuss this during the admission process if they wish and through regular conversations with staff.

Consumers and representatives say they are actively involved in the assessment, planning and review of care and services. Staff described their role in partnering with consumers and representatives to assess, plan and review care and services. Care planning documents showed an integrated and coordinated assessment and planning process is undertaken involving relevant organisations, individuals and service providers.

Consumers and representatives said they were aware they could access care planning documents and staff had discussed this with them previously. Care planning documents showed that outcomes of assessment and care planning are communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives said they are notified when circumstances change or when incidents occur. Staff use a paper-based incident form to record incidents and ensure that management was informed. The service had policies, procedures and staff training to ensure staff are aware that incidents are reported accurately and lead to care reviews when circumstances change, such as a change in health or risk.

# 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

The service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a), 3(3)(b) and 3(3)(e) following a site audit in May 2021. Evidence in the site audit report dated 7 to 9 February 2023 supports that the service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Consumers said they get care that is safe and right for them, that their care is consistent with their needs and preferences, and that the care provided supports their health and wellbeing. Staff described how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer. The service had policies and procedures and systems for safe and effective care, and delivers care according to consumers’ needs, goals, and preferences.

Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed. Care planning documents contained effective identification of risk, and strategies to manage those risks.

Consumers and representatives said that symptoms such as pain are managed well and that if their condition deteriorated their wishes are known and staff know what to do. Care planning documents reflected consumers end of life wishes and staff said they had been trained in palliative and end of life care.

Care planning documents demonstrated deterioration in a consumer’s health, capacity and function are recognised and responded to. Staff explained how deterioration would be discussed during handover, trigger a review, nurse-on-call service, ambulance call or hospital transfer if needed and a subsequent review of care planning documents.

Staff described how changes in consumers’ care and services are communicated through verbal and written handover processes and by accessing care planning documents. Staff demonstrated current knowledge of consumer changes in care needs and where to access the most current information. Care planning documents contained adequate information about consumers’ condition, needs and preferences.

Consumers said referrals are timely, appropriate and occur to meet their care needs. This was consistent and demonstrated in care planning documents. The service had a network of approved individuals, organisations, and providers they can refer consumers to, such as allied health and care specialists.

The service had implemented policies and procedures to guide staff related to antimicrobial stewardship and infection prevention and management, including a COVID-19 outbreak. Staff demonstrated an understanding of precautions required to prevent and control infection and the steps they could take to minimise the need for antibiotics. Consumers and representatives said they were satisfied with the measures the service had in place for the minimisation of infection-related risks.

# 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

Consumers interviewed were satisfied services and supports for daily living met their needs, goals, and preferences and described how they were able to optimise their independence. Staff explained what is important to consumers and what they like to do, and this aligned with the information in care planning documents.

Consumers said the service promoted their emotional, spiritual and psychological well-being. Care planning documents recorded consumers’ individual emotional support strategies and how these are implemented and staff were aware of these.

Consumer felt supported to participate in activities within the service and outside the service as they choose. Staff provided examples of support provided to consumers to engage in the community, have social and personal relationships and to do things of interest to them. This information was reflected in care planning documents.

Consumers said staff are aware of their needs and preferences and expressed satisfaction with how they are informed by the service and how they are able to consent to information about them being shared. Staff described ways in which they share information and are kept informed of changing conditions, needs and preferences of each consumer.

Consumers were happy with the external services and supports that come to the service. Staff described how they identify consumers for referrals to external providers and any criteria that apply.

Consumers said meals are varied and of suitable quality and quantity. Consumers are offered other options where the daily menu is not to their liking. The service demonstrated processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided.

Consumers said they felt safe when using the service’s equipment and said staff were skilled in using the equipment such as lifters. Staff said they had easy access to equipment that is regularly maintained and described processes for reporting faults and issues. Equipment used for activities of daily living was observed to be clean and safe, suitable, and well maintained.

# 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

Consumers and representatives said they feel the service environment is easy to understand and is welcoming, consistent with observations. Consumers’ rooms were personalised by having photo frames and their own furniture from home. Staff described how consumers are supported to make the service feel like home.

Consumers and representatives reported that the service is cleaned and maintenance is done quickly. Staff demonstrated schedules to ensure efficient and thorough cleaning of consumer rooms and communal areas. Consumers were observed moving freely around the service in the loungerooms and gardens. The service was observed to be safe, clean and well maintained.

Furniture in communal areas and consumers’ rooms were observed to be well maintained, safe and clean. Staff described how they raise concerns in relation to furniture, fittings and equipment. Documentation showed the service does take effort to provide a safe and suitable environment and equipment for consumers.

# 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

Consumers said they are encouraged and supported to make complaints and provide feedback and said they would have no issues talking with staff or management. Staff interviewed said management ensured all staff are aware of feedback and improvement processes and that they are also encouraged to do so. There was information on the noticeboards and in service publications about the internal complaints systems and a feedback and collection box observed at the entry of the service.

Consumers and representatives said they are aware of other avenues for raising a complaint. Staff were aware of advocacy and translation services available for consumers and described how they would assist consumers who are living with a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Written information was available to consumers included information on advocacy and translation services.

Consumers and representatives said they were satisfied that if they had a complaint that it would be dealt with at the service level as effectively as possible and in a timely manner. Consumers and representatives confirmed that staff provided an apology upon the making of the complaint or when things go wrong. Documentation demonstrated feedback and complaints are recorded and managed appropriately.

Management demonstrated that all feedback and complaints are reviewed and used to improve the quality of care and services. Consumers said complaints and feedback were used to improve care and services.

# 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

Consumers and representatives expressed satisfaction with the response to consumers’ requests for assistance and the quality of care provided. Management demonstrated that the workforce is planned, and care and hospitality services staff have an adequate mix of skills to deliver safe and effective care to consumers. This was demonstrated through documentation.

Consumers and representatives said staff engaged with consumers in a respectful, kind and caring manner, and that they are gentle when providing care. Management advised that they monitor staff interactions with consumers and representatives through observations, and formal and informal feedback and complaints processes utilised by consumers, representatives and other staff.

Consumers and representatives said staff perform their duties effectively and were confident they are sufficiently skilled to meet their care needs. Management described how the service determined whether staff are competent and capable in their role.

Consumers and representatives stated staff are well trained and equipped to perform their roles. Management described how the analysis of incidents, clinical indicators, and feedback and complaints is used to identify staff training needs. The service had processes and systems in place to support new and current staff and track completion of mandatory training.

Management advised that staff performance is monitored through observations and feedback from consumers and representatives and other staff, training attendance, and through the analysis of internal audits and clinical data. Management also demonstrated that staff performance appraisals were completed for the year to date. The service had policies and procedures that guided the monitoring of staff performance and the performance management of staff when issues are identified.

# 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 was found non-compliant in Standard 8 in relation to Requirements 8(3)(b) and 8(3)(d) following a site audit in May 2021. Evidence in the site audit report dated 7 to 9 February 2023 supports that the service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Management advised, and consumers confirmed, consumers were engaged in the development, delivery and evaluation of care and services and that they are supported in that engagement. This was demonstrated and consistent with documentation, including meeting minutes.

The service had implemented systems and processes to monitor the service’s performance and to ensure the governing body is accountable for the delivery of safe, inclusive and quality care and services. The governing body used the information from consolidated reports to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery. Management provided examples of changes driven by the governing body as a result of consumer feedback, experience and incidents.

The service demonstrated there are effective organisation-wide governance systems in place that guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. For example, management confirmed that the service has been responsive to requests to changes to the annual budget to support the needs of consumers.

The service had an effective risk management system in place to manage high impact or high prevalence risks, identify and respond to abuse and neglect of consumers, support consumers to live the best life they can and manage and prevent incidents. Staff confirmed they had received education on these topics and provided examples of their relevance to their work.

The service demonstrated that the service’s clinical governance framework ensured the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Staff confirmed they had received education on these topics and provided examples of their relevance to their work.

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)