Performance

Report

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| Name of service: | Banyula Lodge |
| Service address: | 39-59 Medowie Road OLD BAR NSW 2430 |
| Commission ID: | 0524 |
| Approved provider: | Bushland Health Group Limited |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 4 April 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 Banyula Lodge (**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.

# 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

Consumers said they were treated with dignity and respect, and they felt valued and understood by staff. Staff demonstrated a sound understanding of consumers’ background and identity and knew how to provide dignified and respectful care, in line with their documented preferences.

Consumers and representatives confirmed staff understood their cultural backgrounds, needs and preferences and knew how to make them feel culturally safe. Care planning documents highlighted each consumer's cultural, social, and spiritual needs and preferences and how they wished to be supported. Staff described how they adapted the delivery of care and services to be culturally safe for each consumer.

Consumers and representatives said they were supported to make their own choices and decisions, be independent and maintain personal relationships. Staff gave examples of how consumer’s choices, preferences and important relationships were supported. Care planning documents recorded consumers' life stories, backgrounds and people of importance to them. Consumers were observed advising staff of their choices and engaging with other consumers and visitors freely.

Consumer and representatives said they were involved in decisions involving risks and were supported to exercise choices that involved risks. Management explained how the service supported consumers to understand risks and agree on steps to minimise the potential harm associated with their chosen activity. Staff gave specific examples of how they supported consumers to take risks to live their best life. Care planning documents showed the service conducted risk assessments for consumers who wished to take risks.

Consumer and representatives said they received current information in a way they could understand to enable them to exercise choice. Staff described communication strategies, including recognising non-verbal cues, for consumers with poor cognition, and visual or hearing impairment. Information observed around the service was accurate, current, easily accessible and visible.

Consumers and representatives said their privacy was respected and personal information kept confidential. Staff were observed being respectful of consumers’ privacy such as by knocking on doors before entering and closing doors to deliver care. Staff required an individual login and password to access the electronic care management system and any paper records were kept locked away. The service had an up-to-date privacy and confidentiality policy.

# 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

Consumers and representatives said staff took the time to assess their health risks and understand their needs, and their care was well planned. Staff described how validated assessment tools were used in the assessment and planning of consumers’ care and services. Care planning documents showed the service considered risks to develop a safe and effective care plan for consumers.

Care planning documents showed assessment and planning identified and addressed consumers’ current needs, goals and preferences, including advance care directives and end of life plans. Consumers and representatives said the service regularly discussed and documented their care needs and their end-of-life preferences.

Consumers and representatives said they were actively involved in the assessment, planning and review of care and services. Clinical staff described how they partnered with consumers, representatives and other health professionals to assess, plan and review care and services. Care planning documents showed integrated and coordinated assessment and planning involving consumers, representatives and other organisations and health professionals.

Consumers and representatives confirmed the service regularly communicated the outcomes of assessments had input into the planning and review of their care and services. Clinical staff described how they partnered with consumers and representatives in the assessment and planning of their care, as well allied health professionals and other providers of care and services. Care planning documents showed evidence of care reviews and the involvement of a wide range of external health care providers.

Consumer and representatives said staff regularly communicated with them about their care plans and any changes needed, and they were aware they could ask for a copy. Staff advised that copies of care plans were offered to consumers and representatives and they were readily accessible to them. Care planning documents reflected each consumer’s needs, goals, or preferences and contained enough detail to deliver safe and effective care and services.

Consumers and representatives said care was reviewed regularly and they were updated when there were changes in their clinical or cognitive health or when incidents occurred. Staff described the processes for regular review of care and services, and reviews when there was a deterioration in health or circumstances changed. Care planning documents demonstrated they were reviewed and updated regularly and when care needs changed.

# 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

Consumers and representatives were satisfied with the personal and clinical care delivered and confirmed it was tailored to their needs and preferences. Care planning documents showed consumers were receiving tailored personal and clinical care aimed at optimising their health and well-being. The service’s clinical policies and tools were available to support staff in the delivery of best practice personal and clinical care.

Consumers and representatives were satisfied high impact or high prevalence risks were effectively managed by the service. Management explained how the service identified and effectively managed high prevalence and high impact risks associated with consumers’ care such as complex care, skin integrity, and wounds and falls. This was reflected in care planning documents. Staff identified the specific risks relevant to individual consumers and describe how they were effectively managed.

Consumers and representatives said their advanced care and end of life wishes were documented and they felt confident the service would respect their wishes and preferences at the end of life stage. Care planning documents detailed the needs, goals and preferences of consumers nearing the end of life and signed advance care directives had been uploaded to each consumer’s individual record. Clinical staff gave examples of how they provided dignified and comfortable end of life care for consumers and also supported their families.

Consumers and representatives were satisfied a deterioration or change condition was identified and responded to quickly and appropriately. Staff provided recent examples of when deterioration or change in a consumer’s conditions was recognised and responded to. Care planning documents demonstrated a deterioration in a consumer’s health, capacity, or function was recognised and responded to appropriately.

Consumers and representatives said the service coordinated their personal and clinical care consistently well and they didn’t have to repeat their information as staff communicated effectively. Staff described how changes in consumers’ care delivery was effectively communicated through verbal shift handovers, meetings, accessing electronic records and care plans.

Consumer and representatives said the service referred them to appropriate organisations or individuals to meet their changing care needs. Management and clinical staff demonstrated effective and timely processes for referring consumers to other health professionals and services, when required. Care planning documents contained input from other providers of care.

Consumers and representatives said they were satisfied with the service’s infection control practices and their management of COVID-19. Staff confirmed they had received training on infection minimising strategies and minimising the use of antibiotics. The service had policies to guide infection control practices and promote antimicrobial stewardship.

# 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 and representatives said they were supported to pursue activities of interest and be independent. Staff explained how they conducted a lifestyle assessment to establish each consumer’s lifestyle needs and preferences. Staff were aware of consumers' interests, and care planning documents identified each consumer's needs, goals, and preferences.

Consumers and representatives reported their emotional, spiritual, and psychological needs were met. Staff explained how they supported consumers’ emotional, social, and psychological needs. The service performed depression assessments and referred consumers for professional assistance, if needed.

Consumers and representatives said they were supported to participate in activities of interest, maintain their chosen relationships and engage in the community. Staff described how the service assisted consumers to participate in activities within the service and outside in the community. Care planning documents contained information about consumers' lifestyle interests, and staff knew individual consumer's daily living preferences and important relationships.

Consumers and representatives said information about their condition, needs and preferences was effectively communicated within the service and with others responsible for providing care. Staff described how current information about consumers was communicated between staff and others involved in providing care. Care planning documents provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Care planning documents showed referrals to external service providers such as dentists, hairdressers, optometrists, and physiotherapists. Staff described other individuals and organisations providing other care and services to specific consumers.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of food and said there were plenty of choices each meal, and they could request an alternative if they did not like what was on the menu. Staff demonstrated how consumers can have input into the menu and request preferred meals.

Consumer and representatives said they felt safe and at home in the service and the equipment provided was clean, suitable, and well-maintained. Staff said they had access to equipment when they needed it and described how equipment was kept safe, clean and well maintained. Equipment available to consumers was observed to be safe, suitable, clean, 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 felt safe, welcome, and comfortable at the service. The service environment appeared welcoming and safe to navigate and consumers’ rooms were personalised and contained items to optimise their wellbeing. Management and staff described features of the service that optimised consumers’ independence, interaction, and function.

Consumers and representatives considered the service was safe, clean and well maintained. This was consistent with observations. Consumers were able to move around the service freely, indoors and outdoors. Staff said maintenance issues were dealt with in a timely manner.

The furniture, fittings and equipment were observed to be safe, clean and well maintained. Staff said they could access safe and suitable equipment, furniture and fittings. Consumers confirmed equipment, furniture and fittings were cleaned and maintained regularly. Maintenance staff described how the condition of equipment, furniture and fittings was monitored and issues reported by staff and 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

Consumer and representatives said they were comfortable providing feedback or complaints directly staff. Staff described the avenues available for consumers and representatives to provide feedback or make a complaint and knew the correct process to follow if an issue was raised with them directly. Feedback forms were observed to be available to consumers.

Consumers and representatives said they were aware of advocacy services and other methods for avenues for raising complaints. Management and staff demonstrated an understanding of the advocacy services available to consumers and described strategies they used to assist consumers who had cognitive impairment or difficulty communicating, to raise a complaint or provide feedback. Information about advocacy and language services was observed displayed around the service.

Consumers and representatives were satisfied with the service’s response to complaints and described a response from management that aligned with the principles of open disclosure. The service had policies, procedures and staff training in complaints management and open disclosure and staff demonstrated awareness of these procedures. The complaints register showed that complaints and feedback were documented and managed in line with policies and procedures.

Consumers and representatives confirmed their complaints or feedback had resulted in improvements to care and services. Minutes of meetings showed that feedback and complaints were discussed analysed and used to inform improvements. The service’s plan for continuous improvement showed consumer feedback and complaints had resulted in improvement actions.

# 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 said there was an adequate number and mix of staff, their care was suitable and not rushed, and call bells were answered in a reasonable time frame. The roster demonstrated the workforce was planned and the service had enough staff to continuously provide safe and quality care. Call bell data reports demonstrated calls were answered with an average wait time of 15 minutes and management initiated a call bell monitoring schedule to commence soon.

Consumers said they were treated with care, respect, and kindness. Staff showed how they provided care that was respectful to consumers’ identity, culture, and diversity. Management advised their recruitment processes ensure staff were chosen in line with the values of the organisation.

Consumers and representatives said the staff were competent and knowledgeable in meeting their care needs. Staff considered they had the necessary knowledge, skills, training and support to perform their roles effectively. Records showed there were systems in place to ensure staff were knowledgeable and qualified to perform their roles. The service maintained an up-to-date register of staff qualifications and reviewed the register regularly.

Consumers said staff were trained and equipped to deliver their care and services effectively. Records showed staff were recruited using a formal recruitment process that included interviews, referees, and qualification checks. Staff confirmed they received training during their orientation and induction and ongoing training and support throughout the year. Management described the organisation’s orientation and ongoing training program and relevant processes for identifying staff training needs.

Management advised formal performance reviews of existing staff were conducted annually while new staff had a performance appraisal during their probationary period. Staff described recent performance reviews as a two-way dialogue which included identifying career goals and areas they would like to improve.

# 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

Consumers and representatives said the service sought their feedback and input through various ways, such as consumer meetings, regular surveys, and face-to-face discussions. Management advised that feedback or suggestions from consumers and representatives were included in the service’s continuous improvement register. This was consistent with documentation.

Management described how the Board promoted a culture of safe, inclusive, quality care and services, and was accountable for their delivery. Management described the different committees that sit under the Board, and how information flows between the service and the Board. The Board satisfies itself that the service is meeting the Quality Standards and ensures the service are made aware of changes in legislation, policies and procedures.

Management described how the organisation had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service had policies and procedures available to guide staff understanding and support the implementation of the organisation’s governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. All staff understood their responsibilities in relation to incident management and supporting consumers to live their best lives.

The organisation had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they could access the policies and had received training on these topics.

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