**bbbPerformance**

**Report**

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| Name: | Barossa Village Inc. - Nuriootpa |
| Commission ID: | 600056 |
| Address: | 14 Scholz Avenue, NURIOOTPA, South Australia, 5355 |
| Activity type: | Quality Audit |
| Activity date: | 27 February 2024 to 28 February 2024 |
| Performance report date: | 4 April 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 245 Barossa Village Inc  
Service: 18463 Barossa Valley Community Aged Care Packages  
Service: 18577 Rural Extended Care  
Service: 18578 Rural Extended Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7636 Barossa Village Incorporated  
Service: 24887 Barossa Village Incorporated - Community and Home Support

**This performance report**

This performance report for Barossa Village Inc. - Nuriootpa (**the service**) has been prepared by Marek Dubovinsky, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality 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 did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

Findings

Clients and representatives advised the service and staff treat clients with respect, and staff maintain their dignity, culture, and identity. Staff described how they respect what is important to the client, and how they like their care and services delivered. Care documentation demonstrated the service is respectful of the client’s identity. Clients are provided with a handbook which contains information to support a culturally safe environment, such as advocacy services, and the Charter of Aged Care Rights.

Each client is supported to exercise choice and independence, make decisions about their care and services, including when others should be involved, and communicate their decisions. Clients and representatives confirmed the provider involves them in making decisions. Staff reported they regularly engage clients in making informed choices about their care and services through informal conversations in everyday care.

Clients and their representatives described undertaking activities clients enjoy, safely with appropriate supports. Management described regular conversations with clients who engage in activities which involve an element of risk, to ensure they understand risks and make informed choices.

Information provided to clients is current, clear, accurate, timely and communicated in a way which is easy to understand and enables clients to exercise choice. Clients described how the service communicates with them via email and phone calls, and clients advised the monthly statements they receive are accurate and easy to understand. Clients interviewed said the service respects their privacy and confidentiality. Staff interviewed demonstrated appropriate confidentiality processes, and protected client information.

For the reasons detailed above, I find Standard 1 Consumer dignity and choice compliant in relation to HCP and CHSP.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Clients confirmed being actively involved in assessment and planning sessions where staff discussed both actual and potential risks. Care documentation showed risk assessments are conducted before services are commenced and on an ongoing basis, and cover clinical risks, safety risks in their homes and risks associated with undertaking activities.

Care documentation showed assessment and planning identified clients’ current needs and goals, reflecting their personal preferences, including advance care planning. Clients expressed satisfaction with services provided stating services were in line with their preferences. Staff described processes to ensure needs and goals are consistently captured, including end-of-life care preferences.

The outcomes of assessment and planning are documented in a ‘discovery care plan’ which is provided to clients and their representatives and accessible to staff and other service providers. Client information is easily accessible to staff through the electronic care system, or as hard copies in clients’ homes.

Care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact the needs, goals, and preferences of the client. Care files demonstrated clients were reassessed and strategies implemented in response to changing circumstances and following incidents involving medications and falls. Staff said they have input into clients’ review by informing the coordinators of clients’ progress and whether they have noticed any changes, such as in mobility or cognition and following all incidents.

For the reasons detailed above, I find Standard 2 Ongoing assessment and planning with consumers compliant for CHSP and HCP

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Clients stated they receive personal and clinical care that is safe and effective and improved their health and well-being. Clinical and personal care, particularly related to the management of medication, wounds, skin integrity and personal hygiene and was conducted by following best practice guidelines. Staff provided examples of how they provide safe and effective care and demonstrated how care and services for each client are tailored to their needs and preferences.

The service effectively manages high-impact or high-prevalence risks for each client, including in relation to the management of falls, behaviours, and weight loss. Clients confirmed the service and staff ensure they receive safe personal and clinical. Care planning documents confirmed individualised risk management strategies are implemented to ensure clients’ risks are managed.

The needs goals and preferences of clients approaching their end-of-life are recognised and addressed. Coordinators advised that when clients are nearing their end-of-life, they are referred to the local palliative care services. Depending on the client’s preferences, they may be transferred to a hospital/hospice or remain at home with increased supports.

Care documentation showed deterioration was identified in a timely manner and appropriate action taken. Staff were knowledgeable on how to monitor and respond to clients’ change in mental health, cognitive or physical condition in an effective and timely. Care plans included detailed individualised personal and clinical care with strategies based on assessed needs and discussions with clients and/or representatives.

Referrals are completed to individuals and service providers in a timely manner. Clients confirmed they had been referred to health professionals, when required. Coordinators described processes to refer clients to health professionals and other service providers and explained how changes and recommendations are communicated to clients and incorporated in the care files.

Practices and processes to support the minimisation of infection related risks through implementing standard and transmission-based precautions and prevent/control infections are undertaken including to minimise the effects of COVID-19. Hand washing, hand sanitiser stations and wipes were available for staff and clients in the social group areas. Staff stated they complete mandatory infection control training and demonstrated knowledge of antimicrobial stewardship.

For the reasons detailed above, I find Standard 3 Personal care and clinical care compliant in relation to CHSP and HCP.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Clients get safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Clients expressed satisfaction with services provided which included in-home services, such as cleaning and gardening assistance and in-community services, such as social support, transport and assistance with shopping and meal preparation. Staff described how they support clients to remain independent and how they provided services in line with clients’ preferences to improve their health, well-being and quality of life.

Services and supports for daily living promote clients’ emotional, spiritual and psychological well-being. Clients said they felt staff know them well and described how the services provided enhance their spiritual, emotional and psychological well-being.

Services and supports for daily living assist clients to participate in their community, have social and personal relationships, and do things of interest to them. Clients confirmed participating in community services and mentioned receiving supports that enabled them to maintain social relationships and do things of interest, such as shopping, bus trips, group lunches and group exercise classes.

Information about clients’ conditions, needs, goals and preferences is communicated within the service, and with others, where responsibility for care is shared. Care documentation demonstrated, and staff confirmed, information contained in the electronic care system is always accurate and up to date, which enables staff to undertake their roles efficiently.

Staff interviewed describe how they obtain and communicate information relating to client care. Clients said the service makes timely referrals to other individuals, organisations or providers to meet their services, supports and needs. Coordinators and well-being staff provided examples of clients being referred to other providers for care and services. Care plans viewed demonstrated referrals to individuals, other organisations and providers were timely and appropriate.

Clients confirmed where meals are provided, they are varied and of suitable quality and quantity and said they are satisfied with the meals provided, stating they meet their nutrition and hydration needs and preferences. Coordinators said clients had up to 4 different contracted services to choose from, to provide their meals. Client files for clients requiring meal services included details on which meal provider was providing the meal. Staff were knowledgeable of clients’ dietary needs, preferences and identified risks relating to their nutritional and hydration status.

Clients expressed satisfaction with the equipment provided, and said the equipment meets their needs to stay as independent as possible. Maintenance staff described the process for repairing client equipment and said staff and clients can report any required maintenance by calling the office, and the service will be organised for the equipment to be repaired.

For the reasons detailed above, I find Standard 4 Services and supports for daily living compliant for CHSP and HCP.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service consists of various activity areas where clients can attend and participate in activities of choice. The environment was welcoming and inviting, featuring a day activities centre, art room, library, and a kitchenette. The service environment provided enough space for clients to interact with one another and engage in activities of choice.

The service environment was clean, well maintained, and comfortable, enabling clients to move freely. The environment was well-lit and spacious, walkways were free of obstruction to allow for the ease of movement, exit signage was lit and visible. The service had a cleaning and maintenance schedule, ensuring the service environment was cleaned and well maintained.

Furniture, fittings, and equipment within the service environment were clean, in good condition and ensured safety and suitability for the clients. The service has implemented monitoring systems and established processes for both preventative and reactive maintenance work. Observations showed soft furniture and fittings are clean, portable electrical equipment, such as extensions cords and appliances are inspected, tested, cleaned, and maintained.

For the reasons detailed above, I find Standard 5 Organisation’s service environment compliant for CHSP and HCP.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Clients and representatives were aware of the methods available to make complaints and provide feedback and said they were supported and encouraged by management to provide feedback. Staff and management described their processes for encouraging and obtaining feedback from clients regarding their services.

Clients have access to, and are made aware of, access to advocates, language services and other methods for raising and resolving complaints. Management discussed the process for ensuring clients have access to advocates and language services, and provided an example of a client who was referred to an advocacy service, in relation to a family concern. Clients and representatives spoke positively about actions taken in response to concerns raised and described how they were offered an apology. Staff understood the concept of open disclosure and how they utilise it when responding to complaints.

Feedback and complaints are reviewed and utilised to improve the quality of care and services. Client feedback and complaints are captured and recorded a complaint and incident management register, and, where necessary, are used to drive continuous improvement. Improvements resulting from feedback included the implementation of additional activities within the well-being program, including outings, exercise groups, and a café on a Friday.

For the reasons detailed above, I find Standard 6 Feedback and complaints compliant for CHSP and HCP.

# Standard 7

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

Findings

Clients said they receive quality services from regular staff, who meet their needs and preferences. Management described how they plan and manage the workforce, including identifying and responding to staff shortages. The provider utilises a contractor model, meaning a large majority of their services are provided by contracted staff, including services, such as garden and home maintenance, personal care, and social support.

Workforce interactions with clients are kind, caring and respectful, and in line with each client’s identify, culture and diversity. Clients said staff are caring, kind and respectful in their interactions, and understand what is important to them. Management said client feedback is the most effective way to monitor staff interaction with clients, and if concerns are raised around the conduct of a staff member or contractor, this will be investigated appropriately, including placing the staff member on leave until the matter is investigated.

The workforce is competent and have the necessary qualifications and knowledge to perform their roles. Systems and processes are in place to ensure staff have the appropriate skills to undertake their roles, and staff undertake a range of competencies in areas, such as medication competencies. Clients and representatives said staff know clients well and are competent in the care they provide. The service has mandatory competencies, such as manual handling and infection control, which staff and contractors are required to undertake, as relevant to their roles.

Clients and representatives were confident in the ability of staff to deliver clients’ care and services. Staff described completing relevant training and being supported in their roles. An induction process is in place and training for staff is ongoing, based on the needs of the service. The service undertakes regular assessment and review of staff performance on each member of the workforce. Staff said performance reviews were conducted on a regular basis, giving staff the option of further training to support their developmental needs.

Regular assessment and review of staff performance is undertaken on each member of the workforce. Staff said performance reviews were conducted on a regular basis, giving staff the option of further training to support their developmental needs. Clients and representatives are encouraged to provide feedback on staff performance, either through surveys, or through performance appraisal forms which located in the client’s homes.

For the reasons detailed above, I find Standard 7 Human resources compliant for CHSP and HCP.

# Standard 8

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

Findings

Management said clients and representatives are engaged using various communication methods, such as newsletters and communication platforms where feedback and improvements are actively sought. The organisation has systems in place to capture client feedback. Clients interviewed said they were actively involved in the development of their care and services and can suggest improvements as necessary.

The organisation has an overarching code of conduct and values statement, with up-to-date policies and procedures which describe responsibilities, accountabilities, and service expectations to promote quality, safe and inclusive care and services. There are a range of reporting mechanisms to ensure the Board and sub-committees are aware of and accountable for the delivery of care and services and most clients and representatives felt the organisation is well run.

The organisation has governance wide systems, including a governance framework, monitoring systems, assigned delegations and accountabilities and policies and procedures. Information systems and processes are in place to ensure staff and management have access to relevant and up-to-date information to perform their role. Management described the annual financial planning process and financial delegation systems for expenditure, and how unspent funds are monitored and managed. Processes are in place to support the service to ensure staff are selected, trained, and supported to meet the organisation’s values and job specifications of each role, including oversight of contractors. The organisation has memberships with peak bodies to monitor changes to aged care law to ensure regulatory obligations are met. Feedback and complaints are managed at a Coordinator level and reported at relevant leadership and Board meetings and are monitored by the clinical governance committee.

The organisation has an effective risk management process for monitoring high-impact or high-prevalence risks of clients and ensuring each client is supported to live the best live they can. The risk management system supports staff in delivering safe, quality care by providing information on risks, processes and care outcomes, tools and processes for monitoring and improving care quality, and identifying and responding appropriately to identified risks and complaints.

Effective clinical governance arrangements were embedded across the organisation to effectively support the workforce, and visiting health care practitioners to provide safe, quality clinical care. The framework includes the management of antimicrobial stewardship, minimising the use of restraint and open disclosure policies, procedures to guide staff practice. Management described, and provided documentation confirming, how the governing body maintains oversight of clinical care, antimicrobial stewardship, and restrictive practice, and the service maintains oversight of clients’ clinical care.

For the reasons detailed above, I find Standard 8 Organisational governance compliant for HCP and CHSP.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)