Performance

Report

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| Name of service: | Barossa Village Incorporated |
| Service address: | The Residency - 9 Atze Parade NURIOOTPA SA 5355 |
| Commission ID: | 6023 |
| Approved provider: | Barossa Village Inc |
| Activity type: | Site Audit |
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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 Barossa Village Incorporated (**the service**) has been prepared by J Miaris, 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 the 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said staff were kind, respectful and had a good understanding of consumers backgrounds. Staff spoke about consumers with respect and demonstrated an understanding of their personal circumstances, backgrounds, and culture. Staff were observed treating consumers with dignity and respect, such as addressing them by their preferred name. Care planning documents included consumer’s background, culture, and preferences for care. The service had policies and procedures in place to ensure consumers’ culture and diversity was respected.

Consumers said the service knew about their backgrounds, personal identities, and culture. Staff were aware of consumers’ diverse cultural, religious, and individual needs and how this influences their care on a day-to-day basis. Care planning documentation reflected consumer’s preferences, including their cultural and spiritual needs. The service had a diversity and inclusion policy that outlined the service’s commitment to recognising the rights of people from culturally and linguistically diverse background, and to ensure their life experiences and beliefs are respected and their quality of life enriched through the delivery of care and services.

Consumers described how they were supported to exercise choice and maintain their independence, including maintaining relationships of their choice. Staff described how they support consumers to maintain their independence and communicate their choices about how their care is delivered. Care planning documentation demonstrated that consumer choices and preferences for care were documented. The service had processes and policies in place to support consumer decision making and choice.

Consumers described how they were supported to take risks to enable them to live the best life they can. Staff explained how consumers were supported to take risks and to understand the benefit and potential harm when they are considering decisions regarding risk-taking. Care planning documentation included information for consumers who were supported to take risks. The service had policies and procedures which guide them on ensuring that a consumer is supported to make decisions including where there may be risk involved.

Consumers said they were provided with information that allowed them to make choices about how consumers live their lives including meal selections, activities available, and what is happening at the service. Staff described how they provide accurate and timely information to consumers and support them to make decisions. Menus and activity schedules were observed to be on display in various locations throughout the service.

Consumers said the service respects consumers personal privacy and their information is kept confidential. Staff described how the service respects and protects each consumer’s privacy and how confidential information is stored securely. The service had policies in place which guide staff practice in respecting consumer’s privacy and protecting personal information. Staff were observed respecting consumer’s privacy, such as knocking on doors before entering and ensuring conversations about consumers were not done in private. Consumers had door signs such as ‘do not disturb’ available to them in their rooms.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said they were involved in assessment and care planning, which enables them to receive the care and services they need. Management and staff described the process of assessment and planning, including consideration of risks to the consumer’s health and well-being, and how it informs the delivery of safe and effective care and services. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks.

Consumers said staff regularly discussed their needs, goals, and preferences, including what their end-of-life wishes are. Staff described the assessment and care planning process, including the consumer’s end of life planning commenced on admission and how they initiated end of life discussions with consumers and their families. Care planning documents included the consumer’s current needs, goals and preferences and information regarding the consumer’s end of life wishes.

Consumers said they were involved in assessments and the development of their care plan. Staff said consumers, their representatives and other providers in care were involved in the assessment, planning and review of consumer care plans. Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process, care plans were frequently updated to ensure they continue to meet consumers’ needs and preferences.

Consumers said they were aware of what was in their care plan and could access a copy if they chose. Management said consumers and representatives can request a copy of the consumer’s care plan after care review meetings, or at any other time, which are provided in hard copy or via email. Care planning documentation included the outcomes of assessment and planning, including engagement with consumers and representatives.

Consumers said the service engages with them and their representatives when care plans were reviewed, incidents occur and when their care needs change. Staff described practices of partnering with consumers and their representatives as part of care plan reviews either at 6 monthly intervals, post incident or if the consumer’s care needs had changed. Care planning documents evidenced they were updated when circumstances change, such as a change in health, when incidents occur, during 6 monthly care plan reviews, and if there is a change to the consumer’s care needs.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they received safe and effective personal and clinical care, that is in line with their needs and preferences. Staff said they were provided with support, resources, and training, which ensured they were kept up to date with industry best practice and the needs of consumers. Management demonstrated a good understanding of legislative and best practice requirements. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

Documentation demonstrated the service identified high impact risks to consumers such as weight management, choking, medication management, psychotropic medications, restraint, pain, pressure injuries, delirium, aggression, and sensory loss, with guiding documentation and assessment tools to support the management of these risks. Management and staff demonstrated a good understanding of consumers’ risks and strategies to reduce the risks. Care planning documents identified key risks to consumers and included strategies to minimise risks.

Consumers said they had discussed their end of life wishes with management. Management and staff explained processes to support end of life care, including the involvement of representatives and other health professionals. The service had policies and processes in place to provide guidance to staff regarding the approach to ensure consumers end of life planning is tailored for them and that choice, comfort and dignity is maintained, and care planning documents included consumers end of life wishes and described what was important to consumers and their families.

Staff described how they recognise and respond to deterioration or changes in the consumers’ condition, including observing consumers, completing assessments, providing relevant referrals, and notifying consumers representatives. Staff said they were trained to recognise deterioration, with guidelines displayed as prompts. Care planning documentation demonstrated that deterioration is recognised and responded to promptly, and care plans were updated when changes occurred. Consumers said they were satisfied staff would respond to any changes in their condition promptly.

Consumers said staff were aware of their needs and preferences and felt confident that this information is communicated to other health professional included in their care. Staff described how consumer information is accessed and shared during handover, and in care planning documents. Care planning documents reflected appropriate and relevant information regarding the consumer’s condition, needs and preferences is recorded and accessible to staff, other health professionals and allied health services involved in the consumer’s care.

Management and staff described the referral process, including examples of specialist providers that consumers have been referred to. Care planning documents demonstrated appropriate and timely referrals to external health providers and the service had guiding documentation relating to the provision of referrals. Consumers were satisfied they get the care they need, including referrals to allied health professionals.

Staff demonstrated a good understanding of infection prevention and control of infection practices and said they undertake regular infection control training. Staff explained antimicrobial stewardship and the steps the service takes to minimise the use of antibiotic medications, such as pathology testing for urinary tract infections before commencing antibiotic treatments. Management described the infection prevention and control program and how it is regularly monitored. Consumers reported they see staff engaging in hand hygiene and wearing personal protective equipment when needed and they were provided with regular updates regarding COVID-19 requirements and restrictions.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said the services and supports for daily living provided by the service were safe, supported their needs and preferences and optimised their independence. Staff described how they support consumers to live the life that they want to live and do what is important to them. Care planning documentation demonstrated that consumers choices, preferences, and needs were recorded in the lifestyle and leisure care plans. The activities calendar included a mix of activities to suit a range of consumer interest and abilities.

Consumers said their emotional, spiritual, and psychological well-being was supported by the service. Staff described how they support consumers’ wellbeing through individualised strategies, such as activities and one-to-one supports. Care planning documentation outlined consumers emotional and spiritual needs with strategies in place to support and ensure consumers emotional, spiritual, and psychological wellbeing needs are met.

Consumers reported they participate in activities that reflect their interests both within and outside of the service environment, which enables them to maintain connections to their community. Staff demonstrated how they support consumers to access the outside community and described how they support consumers to participate in activities of their choice, maintain relationships, and do the things of interests to them. Care planning documentation included information about consumers lifestyle and leisure choices including relationships and community ties that were important to them. Consumers were observed socialising with others in their rooms, during activities and in communal areas at the service.

Consumers said the service provided care that met their needs and preferences, and these were effectively communicated between staff and others responsible for care. Staff explained how they were kept informed about changes in consumers’ needs, condition, or preferences. Care planning documentation contained adequate information about consumers’ needs and preferences that are communicated with others included in the care delivery to support safe and effective care to consumers.

Consumers said they were receiving appropriate support and referrals from external organisations. Staff and management described how the service works with outside providers to meet consumers’ care needs, goals, and interests. Care planning documentation reflected the involvement of a range of services and timely referrals made to meet consumers’ needs and preferences.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff described how they are made aware of consumers’ dietary requirements and preferences and outlined the ways that consumers can provide feedback about the meals. Staff said the service has a 4-week rotational menu which is updated regularly according to consumer feedback, including dietician reviews. Care planning documentation included dietary needs and preferences of consumers.

Consumers said equipment is safe, clean, and suitable for their needs. Staff described procedures followed to ensure equipment is safe and clean for consumer use and the process of reporting hazards or unsuitable equipment. Equipment available to consumers was observed to be safe, suitable, clean, well maintained and stored safely when not in use.

# 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said they felt at home living at the service and can easily navigate through the service environment, they can move freely throughout the service environment with the use of their mobility aids or with assistance from staff. Staff explained how they ensure consumers were comfortable and maintain their independence and sense of belonging. Observations of the service environment demonstrated that it was easy to understand and supported consumers to interact and maintain their independence.

Consumers reported that the service is cleaned and well maintained by staff at the service. Staff explained how they ensure the service environment is maintained and safe for consumers and described the process for cleaning, documenting, reporting, and attending to maintenance issues. Consumers were observed moving freely around the service and the service was observed to be clean and well maintained, with documented preventative maintenance schedules in place.

Consumers said their equipment is clean, safe, and well maintained. Staff described the process for logging maintenance requests and how to remove broken or unsuitable equipment. Staff described how they ensure furniture, fittings, and equipment were clean and well maintained. Furniture, fittings, and equipment were observed to be safe, clean, and suitable for consumers’ needs.

# 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

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers said they felt comfortable raising concerns and were aware they could provide feedback through feedback forms and directly with staff and management. Management and staff described how they support and encourage consumers and representatives to provide feedback and make complaints, through feedback forms, meetings, surveys, and directly with staff, which was supported by policies and procedures in place. Feedback forms, secure boxes and electronic feedback tablets were displayed throughout the service accessible to consumers.

Consumers were aware of advocacy services available and how to access them. Management and staff described supports available to consumers to facilitate making complaints and were aware of processes to access language and advocacy services. Information relating to interpreter services and advocacy services were displayed at the service accessible to consumers.

Consumers reported that they have been provided with explanation, reassurance, and an apology in response to incidents or complaints. Management and staff demonstrated that appropriate action is taken in response to feedback and were familiar with the term open disclosure and explained how it is used when incidents occur or in response to complaints. The organisation had documented policies in relation to consumer feedback and open disclosure to guide staff practice.

Consumers reported that their complaints, feedback, and suggestions were acknowledged, reviewed, and actioned in a timely manner to improve the quality of care and services. Management described how complaints and feedback was recorded, monitored, and used for continuous improvement. Documentation reflected the various ways the service captured complaints and feedback and evidenced actions taken to resolve the issue and data captured to inform improvements.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said there were enough staff, and they were provided with the care and services they need. Management described rostering systems in place to ensure the service is adequately staffed and shifts were filled. Documentation evidenced that staffing levels were adequate, and the service had implemented effective strategies to manage staffing challenges. Management explained how call bell data is monitored and any identified trends of concern were investigated and outlined ways they were working to reduce wait times.

Consumers said staff interactions were kind, caring and respectful, regardless of their cultural background. Management and staff were observed addressing consumers by their preferred name, knocking on consumers doors prior to entry and using respectful language when assisting consumers. The service had policies and procedures to guide staff practice and outlined the organisation’s commitment to ensuring consumer’s cultural diversity is understood and life experiences and beliefs respected.

Consumers said staff were competent and know what they are doing. Management detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Management described training and education offered by the service both face-to-face and online, they actively encourage staff to upskill and provide monetary support when required. Management said new staff participate in an orientation program and were rostered for buddy shifts to support them. Staff said they were satisfied with the level of training and support they received from management and felt confident in performing their duties. Documentation reflected the workforce is satisfactorily recruited, trained equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management described how performance of the workforce is assessed, monitored, and reviewed through regular performance appraisals, informal discussions, and staff surveys. Staff reported having regular performance appraisals and felt supported by management in their role. Documentation demonstrated that the service identifies training needs for staff and had processes in place to monitor, assess and review the performance of its workforce.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said the service was well run and reported they were engaged in the development, delivery and evaluation of care and services. Management and staff described the various mechanisms used to engage consumers such as meetings, feedback forms, surveys and verbal feedback from consumers and representatives. The service provided documented evidence to demonstrate that consumers are engaged and supported in providing input on service delivery and that the service is actively working to improve care and services.

Consumers said they felt safe and receive the care they need. Management demonstrated how the governing body and the board were involved and informed the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management said there is a financial management strategy in place and financial reports are reviewed by the board monthly. Expenditure approval is sought from the board to make purchases and described how costs requires approval from the governing body and provided recent examples of recent approval to purchase equipment to meet the changing needs of consumers.

The service had a documented risk management framework, including policies and arrangements for designing, implementing, monitoring, and ensuring that current and emerging risks are identified, and their potential consequences understood so that appropriate and effective steps are taken to mitigate and manage the identified risks. Management and staff described processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines were in place where risks were escalated to management and further to the governing body, who has the overall responsibility for the oversight of risk management.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work.

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)