Performance

Report

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| Name of service: | Barunga Village Incorporated |
| Service address: | 11 Edmund Street PORT BROUGHTON SA 5522 |
| Commission ID: | 6074 |
| Approved provider: | Barunga Village Incorporated |
| Activity type: | Site Audit |
| Activity date: | 12 September 2022 to 14 September 2022 |
| Performance report date: | 2 November 2022 |

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 Barunga Village Incorporated (**the service**) has been considered 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 felt staff treat them with dignity and respect and feel valued as an individual. Staff demonstrated they are familiar with consumers’ backgrounds and preferences, and care planning documents recorded consumers culture, diversity, and identity.

Consumers said the service recognises and respects their cultural background and provides care consistent with their cultural traditions and preferences. Staff identified consumers with diverse backgrounds, and were able to provide information relevant to ensure each consumer receives the care required that aligns with their care plan. Care planning documents identified cultural needs and preferences of consumers.

Consumers stated they are given choice about when care is provided, and their choices are respected. Care planning documents identified the consumers' individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers said they are supported to take risks to enable them to live the best life they can. Staff described areas in which consumers want to take risks and how consumers are supported to understand the benefits, and possible harm when they make decisions about taking risks.

Consumers said they have the information they need to make informed choices, including what they want to eat and activities they wish to attend. Staff described ways in which information is provided to consumers and their representatives and how they provide information to consumers who may have difficulty communicating or living with cognitive impairments.

Consumers said their privacy and confidentiality is respected, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. Staff were observed greeting consumers first when approaching them to provide care, and knocking on consumer's doors before entering their room.

# 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

Staff described the care planning process in detail, including initial and ongoing risk assessments, and how it informs the delivery of care and services. Care planning documents demonstrated effective and comprehensive assessment and planning to identify the needs, goals and preferences of consumers, including the identification of risks to consumers’ health and well-being.

Care planning documents evidenced care planning process that identified the needs, goals and preferences of consumers’, including advance care plans. Consumers and representatives confirmed involvement in this process. Staff described how they approach end of life planning conversations with consumers and their family. Consumers and representatives said the service partners with consumers and others who consumers wish to involve in the planning and assessment of care. This was evidenced in care planning documents. Management and staff described processes for partnering with consumers and their representatives in care planning, through in-person meetings, by telephone or email.

Consumers and representatives said the service keeps them up to date and informed about the outcomes of assessments and planning of consumers’ care, and that care planning documents is readily available, Management and staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives.

Staff advised care planning documents are reviewed every six months, and as required. This was evident in care planning documents.

# 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 said they receive safe and effective personal and clinical care that is best practice, tailored to meet their needs and optimises their health and well-being. The service demonstrated the processes in place to manage restrictive practices, skin integrity and pain management that are in line with best practice. For example, the service demonstrated that, in relation to restrictive practices, a medical diagnosis and an informed consent is in place. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of consumers.

Care planning documents identified high impact or high prevalence risks associated with clinical and personal care and evidenced that they are effectively managed. Consumers and representatives said care is safe and right for consumers and staff explained strategies to reduce risks to consumers. Staff accurately identified consumers considered to be at high risk and demonstrated an understanding of risk prevention strategies in place. Consumers and representatives expressed confidence that when end of life care is required the service will support consumers to be as free as possible from pain and to have those important with them. Staff described the way care delivery changes for consumers nearing end of life and ways to maximise a consumer’s comfort, and respecting privacy with their families when they visit.

Consumers and representatives said the service responded well to a change or deterioration. Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff provided examples of recognising and responding to deterioration or changes.

Information about the consumer’s condition, needs and preferences is documented and effectively communicated with those involved in the care of consumers. Care planning documents evidenced staff, medical officers and other allied health professionals have access to consumer files to support care. Consumers and representatives were satisfied with the communication of changes to consumers’ conditions.

Consumers and representatives said timely and appropriate referrals occur and consumers have access to relevant health supports. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers. Care planning documents evidenced a clear referral process to other health care providers.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 felt supported to pursue activities of interest to them. Staff explained what is important to consumers and what they like to do, and this aligned with the information in care planning documents.

Consumers said their emotional, spiritual, and psychological needs are supported and when feeling low they feel comfortable talking to staff. Staff said if they identify a change in a consumer’s mood or emotional need, they facilitate connections with people important to them.

Consumers and representative said consumers are supported to stay connected with the people who are important to them, participate in the community and maintain relationships. Care planning documents identified how consumers wish to participate in activities, outings and maintain relationships.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff described how changes in consumers’ care and services are communicated through both verbal and documented handover processes. Care planning documents provided adequate information to support effective and safe sharing of consumers’ care.

Consumers felt supported by the service and providers of other care and services. Lifestyle staff explained volunteers are used by the service to do grocery shopping for consumers, individual visits, and assist in running activities. The Assessment Team observed different volunteers facilitating lifestyle activities throughout the audit.

Consumers and representatives expressed satisfaction with the variety and quantity of food provided at the service. The service had a dietary requirement folder that included each consumers’ dietary needs and preferences. In addition to the daily main menu, the service also has a 24-hour snack menu to cater for consumers’ different preferences and needs.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained. Consumers confirmed this to be the case and staff described the process for reporting faulty equipment.

# 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 said the service feels like home. Management said they make every effort to ensure the service feels like home for the consumers. The Assessment Team observed consumers’ rooms personalised with photographs, decorations, and items of importance to them.

Consumers and representatives said they are satisfied with the cleanliness and maintenance of the service. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Documentation demonstrated cleaning and maintenance processes are completed in a timely manner. Consumers were observed to be moving freely around the service, including outdoor areas.

Furniture, fittings and equipment were observed to be clean and safe for consumers. Consumers confirmed this to be the case. Maintenance records reflect regular proactive and reactive maintenance occurs.

# Standard 6

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

Findings

Consumers and their representatives said they understand how to give feedback or make a complaint and said they feel comfortable doing so. Management described how they encourage and support consumers to provide feedback and make complaints. Feedback mechanisms, including paper-based feedback forms available at dining rooms and in each wing of the service, was observed.

Consumers said they were aware of advocacy services and other ways of raising a complaint. Staff were aware of the process to engage advocacy services. Posters providing information on advocacy services were displayed around the service.

Staff and management described the process that is followed when feedback or a complaint is received, and knew what open disclosure was and the underlying principles. Consumers and representatives said that management are honest when addressing and resolving concerns that are raised after making a complaint, or when an incident has occurred.

Consumers and representatives reported that their feedback is used to improve services. Management and staff described how complaints are used to improve the care and services available to consumers. The service’s continuous improvement board listed actions in response to consumer feedback.

# 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

Most consumers and representatives considered there to be enough staff. While some consumers, representatives and staff felt there was not enough staff, they stated that this did not have a negative impact on the quality of care and services for consumers. Management described the rostering system and explained how they ensure there is enough staff to provide safe and quality care by having a base roster which is designed to cover care needs of consumers.

Consumers and representatives said that staff engage with consumers in a respectful, kind and caring manner. Kind and respectful interactions between staff and consumers, including addressing them by their preferred name, was observed.

Consumers and representatives considered staff perform their duties effectively. Management said the recruitment process includes verification of minimum qualification and registration requirements for respective roles, and they endeavour to find the best person for the role when recruiting.

Consumers and representatives said they are confident in the abilities of staff and believed they had been trained well to perform their duties. Staff felt they are recruited, trained, equipped and supported to deliver safe and effective care. Management said competency of staff is monitored through consumer and representative feedback, and completion of mandatory training.

Documents showed staff performance appraisals are conducted regularly on an annual basis where their performance is assessed, monitored, and reviewed. Staff described the performance appraisal process and confirmed they occur annually.

# 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 they are engaged in development, delivery and evaluation of care and services, for example through consumer meetings. Management explained how consumer engagement is supported and promoted.

Management described the service’s organisational structure and different levels of governance, and how the service is supported with various layers of leadership. Management said areas for improvement are reported to Board, including suggestions of consumers. Board meeting minutes evidenced discussion of risk, clinical governance, employee recognition, and survey results.

The service had effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, management advised that the service’s quality team monitors legislative changes and updates policies to reflect changes. Staff are notified when there is a policy change and training is provided if needed.

The service had policies and procedures to effectively manage risks in relation to high impact or high prevalence risks, abuse and neglect of consumers, supporting consumers to live their best life, and managing and preventing incidents. Staff demonstrated awareness of these policies and procedures and how they applied to their day-to-day work.

The service had a clinical governance framework that included antimicrobial stewardship, minimising use of restraint and open disclosure. Staff said they had 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)