Performance

Report

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| Name of service: | Bass Hill Aged Care |
| Service address: | 119 Robertson Road BASS HILL NSW 2197 |
| Commission ID: | 2534 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 15 February 2023 to 17 February 2023 |
| Performance report date: | 22 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bass Hill Aged Care (**the service**) has been prepared by K. Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumer and representative’s confirmed consumers are always treated with dignity and respect, and their individual identity, culture, and diversity are valued. Staff described what is important for consumers and illustrated how they interact with them to promote dignity and respect. Staff were observed attending to consumers’ individual choices, preferences and communicating with each consumer in a respectful manner.

Consumers and representatives confirmed the service recognises and respects consumers’ cultural background, and staff value their spirituality and religious preferences. Staff demonstrated an in-depth understanding of the consumer’s identity, background, and individual values. Care planning documentation reflected lifestyle assessments, multi-cultural activities, menus, and individualised interactions from all staff. The service has policies and procedures in relation to cultural diversity and culturally safe care.

Consumers and representatives said they are supported to exercise choice and their preferences for care and services are provided. Consumers said they supported to maintain relationships of choice and receive regular communication regarding choices available to them. Staff described how they help consumers to make choices and assist them to achieve their outcomes, these were reflected in care planning documentation. Consumers were observed engaging with visitors with some consumers leaving the service for outings with family.

Consumers and representatives confirmed the service supports them in making decisions which involve taking risks. Staff were familiar with risks taken by some consumers, and what they do to minimise these risks as much as possible. Care planning documentation reflected decisions and activities taken by those consumers which involve risks and the strategies in place to mitigate the identified risks.

Consumers and representatives said they receive communication that is timely, clear, and easy for them to understand, and are kept well informed about activities, events and other services at the service via face-to-face meetings, emails, letters, and posters on the noticeboards. Staff described several means of communication with representatives including phone calls and emails. Printed information such as the lifestyle program calendar, newsletters, and minutes of meetings were observed to be readily available at the service.

Consumers and representatives described how their privacy is always respected, doors are closed when receiving care and the privacy curtains are used to offer additional privacy in shared rooms. Staff described how consumer information is kept confidential such as through locked computers and using passwords to access consumers’ personal information. Staff were observed knocking and closing doors when providing personal care assistance to consumers to maintain their privacy.

# 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 confirmed their involvement in assessment and care planning process to ensure this informs safe and effective care to consumers. Staff said the service considers consumers’ risk in assessing and planning care including identifying mitigation processes and effective interventions. Care planning documentation evidenced the service uses risk assessment tools for fall risk, skin injury, nutritional deficit, diabetic management, and medication management.

Consumer and representatives said the service conducts assessments and care planning to identify consumer’s needs, goals, and preferences including advance care directives and end of life planning completed during admission and discussed regularly during case conferences. Staff explained how they approach end of life and advance care planning conversations with consumers and care planning documentation evidenced consumer’s needs, goals, and preferences along with advanced care planning and end of life needs are identified.

Consumers and representatives said the service involved them and people important to them in the assessments and care planning process. Staff said case conferences were completed regularly and on need basis and a multidisciplinary approach to involve medical officers, physiotherapists, occupational therapist, lifestyle team and external services. Care planning documentation evidenced staff made consumer referrals to other health professionals as needed.

Consumers and representatives said the service communicates the outcomes of assessment and planning regularly or when there is a change, and they receive a copy of their care plan. Staff said the service uses various communication methods such as phone calls, verbal updates, and email to notify representatives of any updated in relation to the assessment and care plan. Care planning documentation evidenced outcomes of assessment and planning captured in care plans, was regularly communicated with consumers and representatives.

Consumers and representatives said the service reviews care regularly every 6 months or when there is a change such as following an incident. Care planning documentation demonstrated assessments and care plans were reviewed regularly and were completed within the required time frame. Management said the service recently had a change in their policy to review assessments and care plans. They review care plans every 6 months or when there is a change in consumer’s health. Staff were able to describe how they document consumer needs and preferences in the electronic care management system and how these inform the assessments and care plans.

# 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 said care provided was safe and right for the consumer. Care planning documentation showed effective and individualised care was provided to consumers. Staff described how individual consumers' care was designed to meet their needs and how care was delivered in line with the consumers’ preferences. Staff were observed providing clinical and personal care in line with those specified in each consumers’ care plan.

Consumers and representatives said the service manages high impact and high prevalence risks for consumers such as for falls, challenging behaviours, medications, diabetes management, wound management, pressure area and poor nutrition. Staff described how they are managing consumers with high-impact and high-prevalence risks and staff were observed providing care in accordance with risk mitigation strategies identified in care plans such as using pressure relieving mattresses and regular repositioning for pressure area management.

Consumers and representatives confirmed the service identified and addressed needs, goals and preferences of consumers who are receiving end of life care. Care planning documentation demonstrated that consumers had advanced care directives in place, including their end-of-life care preferences. Staff described the process for preparing consumer advance care directives and discussing the topic during admission and at case conferences thereafter.

Consumers and representatives said the service identified changes in health and function of deteriorating consumers through regular assessment in a timely manner. Staff explained the signs and symptoms of those changes, including recognising pain, poor appetite, changes in bowel movement and behaviours, weight loss and mobility. Care planning documentation showed the service recognised the changes in deteriorating consumers and their response in managing those changes.

Consumers and representatives said the service communicated effectively about consumer care within and outside the service where responsibility for care is shared. Staff said communication within the organisation was shared in different ways, such as in handovers, emails and the electronic care management system. The service uses email, medical officer referral letters, and hard copy forms for allied health care providers to share information. Care planning documentation showed regular case conferences with consumers and representatives to communicate changes in consumer health conditions and to update consumer needs, goals and preferences.

Consumers and representatives said the service enabled timely and appropriate referrals when there was a need for consumer care. Staff explained the importance of external service providers and how an input from the external service providers was arranged such as the dietitian, speech pathologist, podiatrist, wound consultant, geriatric services, psychologist. Care planning documentation showed timely and appropriate referrals and recommendations made by external service providers.

Consumers and representatives said they observed staff performing infection control procedures such as wearing gloves and masks, hand hygiene and maintaining standard and transmission-based precautions. Staff demonstrated knowledge of infection control practices relevant to their role and understood the precautions necessary to prevent and control infection and the system that helps in minimising the need for antibiotics. The service monitors antibiotic use to ensure appropriate use of antibiotics to reduce risk of increasing resistance to 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 and representatives said the service is homely, and meets their needs, goals and preferences and optimises their health and quality of life. Staff were familiar with consumer preferences, and these were documented in care plans and informs the lifestyle program. A range of activities were observed in progress such as a church service, pool match for the men’s group, social gatherings, and bus trips.

Consumers and representatives said they feel supported to maintain social, emotional, and religious connections important to them. Care planning documentation included consumers’ religious beliefs, how they practice their beliefs, their cultural background, and what their needs are for emotional well-being. Staff said they arrange visits from religious groups to suit the preferences of the consumers including church services which are held weekly at the service.

Consumers and representatives described ways in which they are supported to do things within and outside the service and how they keep in touch with people important to them. The activity calendar is displayed in consumers rooms and in activity rooms, to inform them of the activities available. Staff described how some consumers do not have families or visitors and the service embraces them as family.

Consumers and representatives stated changes in their needs, preferences and condition are communicated within the service and with others where responsibility is shared. Staff said the handover process keeps them informed about any updates to consumer care and services. Lifestyle staff said they are kept informed by care staff of consumers’ preferences for activity and any changes or request are communicated to all staff. Care planning documentation provided adequate information to support the delivery of effective and safe care.

Consumers and representatives said referrals were timely and appropriate. Care planning documentation confirmed the service collaborates with external providers to support the diverse needs of consumers. The service has policies and procedures in place to support its referral process of consumers to other health professionals, organisations, and providers. Staff and management described how referrals to external services for some consumers are made.

Consumers and representatives said they were happy with the variety, quality and quantity of food being provided at the service. Staff said consumers are offered a choice of meals for the day by the staff and alternatives are always available. Specific dietary information was observed in the kitchen was current and reflected the preferences and needs of consumers.

Consumers said the service provides adequate equipment which is safe, clean and well maintained. Staff described the preventative maintenance reporting program in place and maintenance records demonstrated the service is maintaining consumer equipment and new equipment is ordered for consumers to use. The maintenance logbook evidenced timely reactive maintenance actions.

# 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 representative said they feel at home at the service, and many consumers were observed to have personalised their rooms with photos and mementos from home. Staff described how the consumers could move independently, throughout the service and the consumers were observed moving freely between their rooms, the lounge/dining areas for meals and activities and outside of the service for gardening activities.

Consumers and representatives expressed their satisfaction with the safety and cleanliness of the service. Consumers and representatives were observed moving freely, both indoors and outdoors. The service was observed to be safe, clean, well serviced and maintained at a comfortable temperature. Cleaning schedules and documentation indicating that cleaning is undertaken regularly, and the service has a cleaning contractor in place.

Consumers said furniture, fittings and equipment are safe, clean, well maintained, and suitable for them. Staff said equipment is fit for purpose and well maintained, allowing them to complete their roles in a safe manner. The service has an electronic maintenance system with schedules for preventive maintenance programs in place, maintenance requests are logged on the system and tracked.

# 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 representatives said they felt comfortable raising concerns and providing feedback to staff and management and confirmed they are aware of feedback mechanisms such as using the feedback form or raising issues during meetings. Staff said they address consumers and representatives’ feedback as soon as they receive it, and they escalate to management if it is a serious concern. Management said they continuously train their staff in complaints escalation and management incorporating the open disclosure process.

Consumers and representatives said they feel comfortable in raising their concerns directly with the staff and management face to face, in writing, or through meetings. Consumers and representatives were aware of the complaint escalation processes, and avenues available to raise a complaint externally such as advocacy organisations. Staff described how they assist consumers to raise their concerns including consumers with cognitive impairment and communication barriers such as the use of cue cards and translation services. Posters and feedback forms were available for consumers and representatives, inviting them to provide feedback.

Consumers and representatives said staff promptly address and resolve their concerns in a timely manner and provide an apology when things go wrong. Staff confirmed they have completed open disclosure training, and if it is a serious concern, they escalate it to their shift supervisor or the management. Open disclosure training records and the services’ feedback and complaints policy reflected the open disclosure process.

Consumers and representatives described changes implemented by the service because of feedback and complaints including improvement on the quality of care and services. Staff said management discuss feedback and complaints during staff meetings including planned actions for continuous improvement resulting from consumer/representative feedback. Management described how they trend and analyse feedback and complaints which results in care and service improvements. The plan for continuous improvement (PCI) log demonstrates how feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said there are enough staff to provide the care and services they need. Said they have the resources they need to provide the right level of care to consumers, and the staffing level is changed based on the consumer’s needs. Management explained how they ensure there are enough staff on roster to provide safe and quality care by reviewing the changing needs of consumers in consultation with the clinical and care team. The service forward plans anticipated staffing level changes such as staff leave and have contingency systems in place such as maintaining a number of casual staff and utilisation of agencies.

Consumers and representatives said all staff engagement is respectful, kind, and caring, and they felt valued by the service. Staff described how they respect consumers by using their preferred names, communicating politely, and undertaking training on consumer dignity and choice. Care planning documents were detailed and reflected consumers’ needs and preferences and were noted to be updated regularly.

Consumers and representatives confirmed staff are competent and the have necessary skills to effectively perform their roles. Staff said they have the necessary skills and experience to perform their role and they are supported by a senior staff and management, and ongoing training is provided to them. Management explained recruitment processes to ensure each staff member meets position requirements and induction processes include clear position duties lists and orientation to policies, procedures, and other resources.

Consumers and representatives said staff are well trained to perform their roles and provide the support they need. Staff confirmed the service facilitates an orientation and induction program for new staff including a buddy system. Staff training records included education to support the staff in meeting the quality standards.

The service has an annual staff performance evaluation cycle which monitors the performance of each employee. Management said all staff have an appraisal completed at least once a year using a formal performance evaluation process but may be increased depending on the need. Staff confirmed participation in the performance evaluation processes and development discussions. The service has human resources policy and procedures which outline staff performance framework including annual performance appraisals and mandatory education.

# 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 encouraged and supported to provide input into how care and services are delivered through consumer/representative’s meetings, feedback and suggestions forms, and consumer surveys. Management said the service has multiple channels for gathering consumer’s input, and these are incorporated in the service operations. Documentation relating to case conference and consumer/representative meetings evidenced consumers and representatives are involved with development and delivery of consumer care.

Consumers and representatives confirmed they are provided with access to quality care and services, and they feel safe, included and engaged within the service. Staff said they are aware of the clinical incidents and the monthly clinical indicators which are discussed during general staff meetings. Management described how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and its delivery such as how clinical indicators, operational lead indicators, and incidents are discussed at relevant corporate and service level committee meetings such as the ‘quality and risk’.

The service has effective organisation wide governance systems and processes relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service’s information system supports systems for roster and payroll, education and training, customer service and finance, the service has transitioned to an effective electronic care management system. Regulatory compliance is managed through the corporate office by the clinical governance and risk team who receives updates to legislative changes.

The service demonstrated an effective risk management system in place to monitor and assess high-impact high prevalence risks associated with the care of consumers while balancing risks to support consumers to live their best lives. The service identifies risks which is managed and escalated as appropriate, and reviewed by the corporate management and relevant committee, and the board. Management provided the documented clinical and risk management framework as well as policies and procedures in relation to care planning, incident management, restrictive practices and the serious incident reporting system register.

The organisation’s services’ clinical governance framework includes policies and procedures that encompass antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff described their accountabilities and responsibilities under the clinical governance framework. Staff confirmed they attended annual mandatory training which include modules for antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)