Performance

Report

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| Name of service: | Bathurst Riverview Care Community |
| Service address: | 93 Stanley Street BATHURST NSW 2795 |
| Commission ID: | 2666 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 6 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 Bathurst Riverview Care Community (**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 and others.
* the provider’s response to the Assessment Team’s report, received 13 February 2023
* 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 so as to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said the service accepts and values them and treats them with dignity and respect. Staff attended mandatory annual training about consumer dignity, and said they treat consumers with respect, and preserve their dignity. The service informed consumers of their rights, including their right to maintain their dignity, culture and identity. Care plans captured each consumer’s identity and cultural background and the activities they liked to participate in.

Consumers said the service valued their identity, culture and diversity. Staff used consumers’ preferred names, acknowledged their choices and delivered care respectfully. Staff knew which consumers had specific cultural needs and tailored their care accordingly. They recorded consumers’ cultural needs in care plans and interactions between staff and consumers were dignified and respectful.

The service supported consumers to make choices about their care, maintain their relationships, and do the activities they wanted. Consumers were involved in planning their care, and they chose what other people should be involved. Staff supported consumers to exercise choices about their care, including by respecting their decisions on when to shower, eat, what to wear, and other matters. Care planning documents showed the service had asked consumers what was important to them.

Consumers said the service supported them to understand the risks connected with their decisions. The service conducted a risk assessment for consumers who wanted to take on risks and staff supported them to do so. For example, if a consumer took regular trips outside of the facility, staff packed them lunch and organised transport. Staff documented consumers’ decisions regarding risk in their care file.

Consumers said the service gave them current, accurate and timely information, through various channels such as email, newsletters, meetings, and activities calendars. The information was clear and easy to understand.

The service had policies and processes to protect consumers’ privacy. Staff knocked on doors and waited for permission before entering, and they closed doors when providing care. The service’s computers were password protected and staff underwent mandatory privacy training. Consumers said staff respected 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 said the service planned their care well, and that staff supported them. Staff used a set of validated assessment tools integrated with the service’s care management system to complete assessments. They knew the assessment process well and care plans contained input from various practitioners, including consumers’ doctors and allied health professionals.

Consumers said the service engaged them throughout the care planning process. They said the service planned their care around what was important to the individual consumer, and that it considered how they wanted their care delivered. Staff aligned consumers’ care plans with each consumer’s needs, goals and preferences. The service’s governance system contained end-of-life care guidance specific to each sampled consumer.

Consumers said the service partnered with them to assess, plan and review their care. The service delegated clear care planning responsibilities to various staff involved in the planning process. Care plans showed assessment and planning that integrated all relevant organisations, individuals and service providers. The service’s training records show that the skills and qualifications of its staff were appropriate for the type and complexity of the services it delivered.

Consumers said staff explained their care plans and that the care plans met their needs and goals. They said they could obtain a copy of their care plan if they choose to. Staff referred to consumers’ care plans when delivering care to ensure care was safe and effective. Staff said that care and services plans were accurate and that they contained enough detail to deliver appropriate care to consumers.

Consumers said the service regularly communicated with them about their care and that it sought their input and used it to adjust their care. Care plans showed the service conducted regular reviews and that the staff who conducted them had appropriate skills and qualifications. Staff knew when and how to review a consumer’s care and how to update their care and services plans accordingly. Staff knew how to use care reviews to maintain consumers’ dignity, such as, using reviews as opportunities to determine whether consumers needed a hearing aid device or a mobilising device. Training records showed the service trained its staff to conduct reviews.

# 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

Staff were aware of consumers’ personal and clinical needs. Care plans showed care directions were safe, effective and tailored to each consumer. Consumers said their care met their needs and optimised their health and well-being. The service had systems, policies and processes to help staff manage risks related to falls, pain, skin integrity and polypharmacy. For consumers subject to restrictive practices, the service had used an appropriate process to determine whether restrictive practices were right for the consumer. This included assessing the consumer, trialling alternatives, the use of Behaviour Support Plans, and finally using restrictive practices as a last resort.

Consumers said the service managed risks effectively. The service assessed and documented risks relating to consumers’ life choices, living situations and complex nursing needs. Care documents showed the service had effective strategies in place to manage risks, which it had recorded in care plans and progress notes.

Consumers were confident the service would support them during end-of-life care, including in managing their pain, relationships with loved ones, and their social, cultural, and religious practices for end-of-life. Care documents contained advance care planning information, including choices and end-of-life preferences. Staff said they attended to the mouth care, skin care, repositioning and personal hygiene of the consumer to prioritise comfort and dignity during end-of-life care. The service encouraged and welcomed families to be present throughout the consumer’s end-of-life care. Staff knew how to support consumers who were approaching end-of-life, and how to support their families. Training records showed the service trained its staff to deliver quality care during the end-of-life phase.

Consumers said members of the workforce identified changes in their condition, health or abilities promptly and that they responded appropriately. Staff knew what signs to look for, and when and how to act to manage consumer deterioration. Consumer records showed staff identified changes in consumers’ care needs and responded quickly. Training records showed that the service supported its workforce to recognise and respond to consumer deterioration. The service had policies and procedures for responding to deterioration or changes.

Consumers said the service managed their personal and clinical care well, that they were fully informed, and that they didn’t have to repeat their decisions to multiple staff members. Staff communicated changes to consumers’ care through verbal handovers, meetings, care plans, daily reports and electronic notifications. Clinical staff shared accurate, up-to-date and relevant information with other providers as consumers moved between care settings, such as between the service and acute hospital care. The service had an effective system to manage consumer information, with suitable controls including password and timeout protection for computers. Care plans contained updates, reviews and communication alerts, and clinical handover sheets contained current and accurate consumer care information.

Consumers were satisfied with the service’s referral process and said the service referred them to appropriate providers, organisations and individuals to meet their changing care needs. Registered nurses knew the process for referring consumers to other health professionals. Progress notes contained information from other providers, such as doctors, podiatrists, physiotherapists, speech pathologists and dieticians. The service had a network of referral agencies, which included clinical, medical, allied health and pathology services. It reviewed this network regularly to ensure their services remained safe and effective.

The service had an Outbreak Management Plan that was tailored to the facility, contained local information and explained how the service would prepare for, identify and manage outbreaks. The service restricted entry to the facility to one entrance, and screened all visitors, staff and contractors on arrival. Consumers said they were satisfied with the service’s management of COVID-19, and its infection control practices. Staff said the service trained them in infection control, including hand hygiene, use of appropriate personal protective equipment (PPE) and outbreak management. Staff knew how to minimise the need for antibiotics and the service had an infection prevention and control (IPC) Lead who worked with senior clinical management to oversee infection control.

# 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 said the service’s care met their needs, goals and preferences and that it improved their independence, well-being and quality of life. They said they felt safe receiving care, and that staff adjusted care according to consumers’ schedules. Care documents captured consumers’ daily living preferences and staff referred to these documents while delivering care.

Consumers said the service’s care supported their emotional, spiritual and psychological well-being. Staff knew each consumer’s faith, and the service had recorded this information in consumers’ care documents. Staff provided support for consumers’ well-being by facilitating psychology services, pastoral care and lifestyle activities. The service also celebrated cultural days and was attentive to consumers’ religious, diet and social contact preferences.

Consumers said the service enabled them to participate in the community within and outside the service, and that it helped them maintain their personal and social relationships. Care planning documents showed the activities each consumer was interested in, and the people who were important to them. Staff knew which activities consumers enjoyed and documented this in their care plans.

The service had an effective system of communicating about consumers’ needs and preferences within the organisation and with others. This included processes and systems to identify and record consumers’ conditions, needs and preferences in relation to daily living. Consumers said they had consented to having their information shared with others responsible for their care.

Consumers’ care plans showed that the organisation collaborated with other individuals, organisations and providers to support consumers’ diverse needs. Staff knew which individuals, organisations and providers to refer consumers to, and how to make referrals.

Staff actively involved consumers in referrals, obtaining their consent before doing so. The organisation had an established network of other providers, to ensure consumers had access to a range of services and supports. The service regularly reviewed the providers in its network, to monitor that their services remained safe.

Consumers said the service’s meals were good quality and sufficient. The service prepared a variety of meals each day and it involved consumers by engaging them to develop its menu and encouraging their feedback on the meals it prepared for them. The service ordered, stored and prepared food to maintain food freshness and quality.

Consumers said they felt safe when using the service’s equipment. They said the equipment was suitable, easy to access and that they knew how to request repairs if necessary. Staff said the service trained them in how to use equipment, including how to identify potential risks and when it needed maintenance. Staff stored the service’s equipment appropriately and the equipment was safe, suitable and clean.

# 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

The service environment was welcoming, clutter-free, calm and friendly. The service had various communal and private areas, and well-maintained and suitable furniture. There was good lighting throughout the facility, and handrails in all corridors that the consumers used. Consumers had personalised their rooms with photographs and their own furniture.

The service was clean, safe and well maintained. Communal areas and outdoor spaces were tidy and free of hazards. Consumers said the service cleaned their rooms regularly and dealt with maintenance requests quickly. Consumers moved freely inside and outdoors, including leaving the facility through the main doors. Consumers and staff confirmed that the service had sufficient equipment. Staff and consumers knew how to report safety hazards.

All furniture in the service’s communal areas was well maintained, safe and clean. Consumers walked freely around the service, which was clutter-free. The service regularly cleaned equipment such as hoists, slings and shower chairs. The service had a process for staff to request equipment maintenance.

# 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 said the service encouraged and supported them to provide feedback about their care and that they felt comfortable raising concerns. The service had various channels available for consumers to provide feedback or make a complaint, including through meetings, feedback forms and directly with staff. The service had a process to capture and escalate verbal feedback.

Consumers said they knew how to access advocacy services but that they were comfortable raising concerns directly with the service staff. When staff received a verbal complaint, they communicated the concern to management and assisted consumers to complete feedback forms, if the consumer wanted. Staff knew how to access interpreter and advocacy services for consumers. The service displayed information on advocacy services on various noticeboards located around the facility.

Consumers said that when they raised a complaint, the service resolved their concerns promptly. Staff knew the service’s process for resolving complaints, which included escalating the complaint to senior clinical personnel or management. Management cited various examples of recent complaints, and the actions the service took in response to them.

Consumers said they were satisfied with the service’s response to their feedback and that they had seen the service make improvements to its care based on feedback. The service analysed feedback data to identify trends and improve its care. It also engaged consumers to provide feedback about the success or otherwise of its improvement activities.

# Standard 7

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

Findings

Consumers said the service had enough staff and that staff answered call bells promptly. Care delivery was calm, professional and planned. The service published a roster every month and the roster scheduled shifts for a mix of staff, including registered nurses, enrolled nurses, care workers, lifestyle staff, hospitality services staff and maintenance staff. Various allied health staff attended the service regularly to provide care to consumers, including physiotherapists, podiatrists, and others. The service offered vacancies on the roster to its staff before sourcing staff from external agencies.

Consumers said staff were kind and caring and that staff respected their identity, culture, and diversity. Interactions between staff and consumers were caring and respectful. Care planning documents showed consumers’ story, needs and preferences. The service had a Choice, Dignity and Diversity policy, and it trained its staff to deliver care in accordance with the policy.

Consumers said the service’s care and clinical staff were sufficiently skilled for their roles and that they referred consumers to specialists when needed. The service had an Infection Prevention and Control (IPC) Lead and consumers said the service gave them information on how to manage outbreaks. Staff said they had the necessary skills to perform their roles and that senior staff supported them as needed. The service maintained an up-to-date register of staff qualifications, which it reviewed regularly. Consumers said staff were competent and met their needs.

The service recruited its staff through a formal recruitment process that included interviews, referee checks, qualification checks and police checks. It provided ongoing training and development to all staff, and it monitored staff participation in training programs. Staff received mandatory training on commencement, then annually or as required thereafter. The service had an online training platform, featuring a large number of training modules. Consumers said staff knew what they were doing and were well-trained.

The service had a staff performance framework, which included annual performance appraisals, performance management and various mandatory and optional training. Staff participated in the service’s performance processes.

# 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 said the service engaged them to provide ongoing input into how it delivered care and services. They said the service sought their input in a variety of ways, such as through Resident and Relative meetings, regular surveys and face-to-face discussions. Consumers said they felt included in discussions about their care. The service endeavoured to include all consumer feedback and suggestions in its improvement register.

The service’s Board promoted a culture of safe and inclusive care. The service prepared reports for the Board each month, which monitored the service’s clinical compliance and its compliance with the Quality Standards. The service used various data to inform its continuous improvement efforts, including data from internal audits, clinical indicator reports, Serious Incident Reporting Scheme incidents, other incidents, consumer feedback and surveys.

The service had an effective governance system in place to guide its management team. The service’s sub-systems spanned information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and complaints. The service had various policies, procedures, guidelines and registers to supplement its systems.

The service had an effective risk management system, which included effective approaches to managing high impact/high prevalence risks, abuse, neglect, and incidents. All policies and procedures concerning risk management were up-to-date. Staff knew their risk-management responsibilities. Management monitored incident data and used this to improve the service’s risk management activities.

The service had a clinical governance framework which encompassed antimicrobial stewardship (AMS), minimising restrictive practice and using open disclosure principles to manage complaints. Management collected and used data to inform the service’s safety and quality frameworks.

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