Performance

Report

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| Name of service: | Performance report date: |
| Bernard Chan Nursing Home | 2 September 2022 |
| Commission ID: | Activity type: |
| 2826 | Site audit |
| Approved provider: | Activity date: |
| Australian Nursing service Foundation Limited | 19 July 2022 to 22 July 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 Bernard Chan Nursing Home (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Approved Provider’s response to the site audit report, received on 15 August 2022.
* Other information and intelligence held by the Commission.

# 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 | | Compliant |
| 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 confirmed they felt culturally safe living within the service and were treated with respect and dignity.

Staff demonstrated they were familiar with consumers’ backgrounds and how their knowledge of consumer preferences influenced the daily delivery of their care.

The service’s training and policies included consumer dignity of choice and diversity, as well as procedures outlining what it meant to treat consumers with respect and dignity.

Consumers said staff knew them and valued their culture and diversity.

Many consumers at the service were of Buddhist or Christian faith and staff were aware of this and showed respect toward consumers’ spiritual connections. Care planning documents demonstrated consumer’s specific cultural needs.

# Consumers were supported by the service to make decisions about their care, make decisions about who should be involved in their care and maintain connections and relationships of choice.

Staff supported consumers to make informed choices about their care and services, such as through dignity of risk (which included risk assessments, discussion about risks and mitigation strategies), meal choices, activities, and preferences for care delivery.

Consumers were also supported to maintain relationships of choice, such as through receiving visitors to the service and undertaking outings to visit friends.

Consumers were supported to continue to live the lives they chose and do things important to them.

Staff described the areas in which consumers wanted to take risks, and how consumers were supported to engage safely in those activities.

Consumers advised they received information which helped them make good decisions.

Staff used different ways, aligned to consumers’ needs and preferences, to provide information to consumers.

The service presented information in various ways around the service with consideration to language and cognitive ability.

Consumers and representatives interviewed confirmed that their personal privacy is respected.

Staff respected consumers’ personal privacy in various ways, which included knocking on doors and gaining consumers’ permission to provide care and, where consumers were in a shared room, closing the curtains when attending to consumers.

Staff described keeping personal care planning documentation private and ensuring information was only shared with authorised people.

The service ensured electronic systems were password protected and kept documents within locked cabinets.

# Standard 2

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

Assessment and planning considered risks to the health and well-being of consumers and informed the delivery of safe and effective care and services.

Care planning documents reflected comprehensive assessment and care planning which identified the needs, goals, and preferences of consumers, including any risks to their health and well-being. Staff were informed by the planning and assessment outcomes to deliver best-practice care and services.

Consumer care planning documents included advance care planning and end-of-life planning. The service had policies regarding advance care and end-of-life planning, which were designed to support consumers at these stages of life.

Consumers said assessment and planning identified and addressed their goals, needs, preferences and end-of-life wishes.

Staff showed knowledge of consumers individual needs and preferences and, where applicable, consumers’ end-of-life wishes.

Care documentation showed ongoing partnership with consumers and other people whom consumers wanted involved in their assessment.

Staff engaged consumers in the care planning process and included others at the request of the consumers.

The service’s policies and processes ensured assessment and planning was effective and inclusive of consumers. The service had policies and processes which ensured efficient referral processes to relevant health professionals.

Outcomes of assessment and planning were documented so consumers could understand, and they could access care planning documentation as required.

Consumers care plans were reviewed on both a regular basis and when circumstances changed. Staff said assessments and care plans were reviewed every 12 months or as required if circumstances changed or an incident occurred, this matched the service’s care planning review policy.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 stated they received care that was safe and right for them and met their individual needs and preferences.

Assessments and care plans were linked to best-practice models of care and included a range of risk-based assessments.

Guidelines and flowcharts for key areas of care included restraint, skin integrity and pain management, which were in-line with best practice and were informed by the service’s policies and procedures.

Consumers were satisfied high impact or high prevalence risks were effectively managed.

The service showed awareness of risks within the service and effectively managed these for each consumer, including falls, swallowing and pain. Staff discussed strategies used to manage individual consumer risks.

Consumers and representatives were confident when consumers needed end-of-life care, the service would support them to be comfortable, and to have those important to them with them at that time.

Staff confirmed advanced care planning was discussed and completed on entry and/or during the care plan evaluation process and staff were guided by the service’s policies and procedures that directed the management of end-of-life care, including pain management and comfort care.

Care planning documents reflected the identification of, and response to, deterioration or changes in condition for consumers.

Staff were guided by policies and procedures to recognise and respond to deterioration or changes in consumers’ conditions. Clinical records indicated consumers were regularly monitored by Registered Nurses and if changes of a consumer’s mental, cognitive, or physical function, capacity or condition occurred, an appropriate response was provided.

Consumers said their care needs and preferences were effectively communicated between staff and they received the care they needed, when they needed.

Staff shared information when changes occurred, and changes were documented in handover documentation and the service’s communication book.

The service had handover and communication processes.

Consumers advised they were satisfied timely and appropriate referrals occurred when needed and they had access to relevant support as required.

Staff described the process for referring consumers to other health professionals and how they were guided by policies and procedures for consumers to be referred to the appropriate individuals when they required it.

Staff demonstrated an understanding of minimising the use of antibiotics and ensuring they were used appropriately and showed understanding of anti-microbial stewardship. The Assessment Team observed staff at the service to be wearing personal protective equipment (PPE) and conducting hand hygiene as required.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 they had opportunities to pursue activities of interest to them and they received services that met their needs and preferences.

Staff knew what was important to consumers and what they liked to do, which aligned with information in consumers’ care and service plans.

The service partnered with consumers and representatives to determine consumers’ individual preferences, including leisure needs and religious beliefs and organised activities. Staff supported consumers to do the things they enjoyed, including independent and supported activities.

Consumers said their emotional, spiritual, and psychological wellbeing needs, goals and preferences were supported.

Consumer care planning documentation included information about consumer’s spiritual beliefs, strategies to support their emotional well-being and identified social supports.

Staff advised consumers’ emotional, social and psychological needs were supported in various ways, which included facilitating connections with people important to consumers through technology, staff support and religious services. Consumers confirmed they were supported and encouraged to stay connected with people who were important to them.

Care planning documentation for consumers identified how consumers wished to participate in activities, outings into the community, and maintain relationships.

Consumer's conditions, needs and preferences were effectively communicated within the service and with others responsible for care. Care documentation for consumers showed information which supported safe and effective care relating to services and supports for daily living.

Staff in various roles within the service said they were provided with information about changes to consumer’s needs by clinical or other staff during shift handovers and at staff meetings and the service used an electronic system to record all consumer care planning documentation.

Consumer care planning documentation identified the involvement of other organisations and providers of care to promote the consumer’s well-being. Staff described the processes for communicating consumer needs within and outside of the service as well as any external services used to provide consumer care and supports including physiotherapists, advocacy services, and religious and community visitors.

The service had policies and procedures in place for making referrals to individuals and other providers outside of the service to support the needs of consumers.

Consumers said meals were of suitable quality and quantity. Care planning documentation reflected dietary needs and preferences.

Hospitality staff explained the systems for preparing specific dietary needs and preferences for consumers and explained choices available to consumers regarding the menus and how other requests were accommodated when required.

Equipment available to consumers was seen to be suitable, clean, and well maintained. Staff confirmed equipment was available when they needed it and the equipment was kept clean and well maintained.

The Assessment Team noted the maintenance schedule demonstrated regular servicing of equipment.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 felt they belonged in the service and felt safe and comfortable in the service environment. Consumers of Chinese heritage noted they were pleased with the service environment. Through monitoring of both written and anecdotal feedback, staff advised they knew consumers and their visitors felt at home in the service.

The Assessment Team observed the environment was safe, well maintained, and comfortable; however, the Team raised some issues with management at the time of site audit around bathrooms and outdoor areas. The Assessment Team subsequently observed management took immediate action to rectify the issues.

Maintenance staff described how the service environment was monitored and proactively maintained, which ensured the service environment was safe and comfortable for consumers.

Management described the features of the service environment designed to support consumers. These included signage in 3 languages and pictorial prompts, traditional Chinese music, bright lighting, and staff in brightly coloured, colour coded shirts for easy identification.

Consumers expressed satisfaction with the cleanliness of the environment, which included equipment, furniture, and fittings.

Staff advised the equipment available for consumers was in good working order and the maintenance team were responsive to any requests. The Assessment Team observed the furniture, fittings, and equipment to be safe, clean, well maintained, and suitable for consumer use.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 considered they were encouraged and supported to give feedback and make complaints and, after making a complaint or providing feedback, they were involved in suggesting and trialling improvements.

Staff knew how the service’s feedback and complaints processes worked and how they would support consumers or representatives to provide feedback or make a complaint.

The service had processes which promoted and supported consumers and representatives to provide feedback and make complaints and feedback and complaints were used to continually improve the care and services provided to consumers.

Consumers described a variety of ways they could raise their concerns, which included feedback forms, consumer surveys and by speaking directly to staff or management.

Staff understood the internal and external complaints and feedback avenues available for consumers and representatives.

The service provided written materials which set out the advocacy, language, and external complaints mechanisms available to consumers and representatives.

Consumers said they were satisfied appropriate action was taken in response to feedback and complaints and staff practiced open disclosure in response to complaints.

Staff described examples of actions taken to respond to complaints and described the service’s open disclosure policy.

The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Consumer meeting agendas included feedback as an agenda item, and meeting minutes demonstrated the feedback process was discussed.

Consumers and representatives agreed the service used feedback to improve the quality of care and services. Staff described how feedback and complaints were used to inform continuous improvement across the service

**Standard 7**

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| Human resources | | Compliant |
| 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 felt they received quality care and services when they needed, from staff who were knowledgeable, capable, and caring. Consumers and representatives said there were sufficient staff available and the right mix of staff to provide individual care and services.

Staff advised they had time to complete their daily care and service tasks for consumers and were able to complete these tasks to a high standard. Staff rosters, unplanned leave and allocation sheets from the previous fortnight showed the service ensured adequate staff were available.

Consumers said staff were kind, caring and respectful. The Assessment Team observed staff were kind, caring and gentle when interacting with consumers.

Consumers and their representatives felt confident staff were skilled and qualified to meet their care needs and to provide safe and effective services.

Staff confirmed they were confident the training provided ensured they had the knowledge to carry out care and services for consumers. Staff reported that they underwent annual mandatory training and had access to additional training modules. Training was provided electronically and in-person.

The service monitored staff and conducted regular assessments and reviews of their performance.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 advised they felt the service was well run. Consumers and representatives confirmed they were supported to engage in the delivery and evaluation of care.

Staff spoke of the various ways consumers participated in the development, delivery, and evaluation of services, including monthly consumer meetings, providing feedback, consumer satisfaction surveys and speaking directly with staff.

The service’s processes supported consumers to engage in the development, delivery and evaluation of care and services.

The service’s processes, policies and procedures promoted a culture of safe, inclusive, and quality care and services.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had a documented risk management framework for ‎‎high-impact or high-prevalence risks, and processes and procedures for identifying and responding to ‎‎the abuse and neglect of consumers, supporting ‎‎consumers to live the best lives they can, and reporting incidents and injuries.

The service’s clinical governance framework covered antimicrobial stewardship, minimising the use of restraint and open disclosure.

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-2)