Performance

Report

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| Name of service: | Performance report date: |
| Birchip Nursing Home | 06 July 2022 |
| Commission ID: | Activity type: |
| 4376 | Site Audit |
| Approved provider: | Activity date: |
| East Wimmera Health Service | 30 May 2022 to 02 June 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 Birchip Nursing Home (**the service**) has been considered by Daniela Fekonja, 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 29 June 2022.

# 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

The service was able to demonstrate that consumers are treated with dignity and respect and their identity, culture and diversity are valued. Consumers’ privacy and the confidentiality of their personal information are respected by staff.

Consumers felt comfortable and safe at the service. The care plans of the consumers reviewed by the Assessment Team identified their cultural needs. Staff interviewed were able to describe the care needs, personal preferences, cultural needs and backgrounds of those consumers.

Consumers and representatives expressed satisfaction with the respect shown for consumers’ choices for independence, care and services. Consumers and representatives are satisfied that consumers are supported by staff to take risks and live the best life they can.

Consumers confirmed they are informed of lifestyle activities on offer and are given reminders when they are scheduled. The service displays relevant information including lifestyle activities, menus and information on ways to provide feedback and suggestions.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# 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 the needs, goals or preferences of the consumer. | Compliant |

## Findings

Overall consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care plans were individualised and specific to the risks to each consumer’s health and well-being. Staff know consumers’ risks and were able to describe strategies to ensure their safe and effective care. Staff take time to get to know the consumers and their representatives and encourage them to provide information that informs the consumers’ care plan.

Care plans reflect consumers’ current goals, needs and preferences and include the documentation of advance care wishes. Advance care plans are being developed with consumers and are reflective of their culture, identity and expressed wishes. Consumers and representatives said their care and services are planned around what is important to them.

Care planning documents reflect the consumer and others they wish to have involved in participating in assessment and planning. They all work together to deliver a tailored care and services plan.

Care and services are reviewed monthly, when circumstances change or when incidents impact the needs, goals or preferences of the consumer. Care plans generally reflect changes in care as a result of reviews.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# 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:  is best practice; and  is tailored to their needs; and  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

The service demonstrated consumers receive personal and clinical care that is effective and safe, optimises their health and well-being, is tailored to their needs and is best practice. The Assessment Team found that care planning documents demonstrated consumers’ wound care, skin integrity and pain is managed to meet their individual needs and aligned with best practice principles.

Consumers who require the use of restrictive practices are assessed, monitored and generally reviewed according to regulatory requirements. Consultation with representatives occurs.

Consumers and representatives said they feel safe and risks related to their care are managed effectively. Staff interviews and documentation indicate management of high impact or high prevalence risks associated with the care of each consumer is effective.

Representatives are satisfied with consumers’ comfort and care at the end of their life along with the support given. Palliative care is provided in accordance with consumer’s and representative’s wishes to ensure all their needs are met.

Consumers, representatives and staff described how changes in consumers’ health are identified and responded to by the service. Documentation indicates identification, assessment, monitoring and appropriate care when changes occur. In relation to this, the Assessment Team observed the organisation’s recognising and responding to clinical deterioration guided by clinical frameworks to manage urinary tract infection (UTI), restrictive practices and post-fall management.

Care information is documented and available to staff and others when and where needed in the electronic care system. Care documents including, electronic progress notes and handover documents, provide adequate information to support effective and safe sharing of the consumers’ care needs.

Referrals to health professionals are documented in progress notes with instructions and information recorded as a result of referrals.

The service has an infection control policy, antimicrobial stewardship (AMS) plan and outbreak management plans (OMPs) for COVID-19, influenza and gastroenteritis. The service has an infection prevention control lead (IPC) and another staff member will also shortly commence training for this position. The organisation’s infection control coordinator is currently performing as the IPC lead whilst the current IPC lead is on leave.

The service demonstrated strategies are in place to minimise infection-related risks. Infection prevention policies and practices, along with posters promoting hand hygiene and identification of COVID-19 symptoms are on display. Representatives provided positive feedback on the service’s continuing infection prevention and control practices and supported the directives the service has implemented on the visitor screening process.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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 considered that they get the services and supports for daily living that are important for their health and well-being and enables them to do the things they want to do. Consumers and/or their representatives said the consumers are able to attend activities they enjoy within the service and the local community.

Consumers and their representatives discussed how staff discuss their needs, goals and preferences on entry to the service and at regular times throughout the year, adding that staff support them to live an enjoyable healthy life.

Consumers and their representatives confirmed that staff are aware of the consumer’s emotional, spiritual and psychological well-being. Consumers and representatives said they are able to talk to staff if they are feeling low. Staff liaise with local pastoral care workers and church representatives, psychologists and older persons’ mental health teams.

Referral processes are in place to ensure appropriate information is provided to those who require information regarding a consumer’s health, condition, needs and preferences. Lifestyle assessments and plans are readily available to nursing staff to provide activities based on consumer needs and preferences.

All consumers and their representatives commented positively regarding the meals, snacks and drinks provided. The service employs a range of catering staff who prepare meals freshly on-site based on a set menu with options and alternatives available. Additional menu items are added in response to consumer wishes and feedback.

Each consumer file reflected their preferences for meals including; likes, dislikes, food allergies, the texture of diet and fluids, if supplements are required, and the level of assistance required to partake in meals and drinks.

Equipment was observed to be clean and fit for use during the Site Audit. Soft and hard furnishings were replaced as part of the service’s move in December 2021 to the new purpose-built extension to the health service. Tables were observed to be height adjustable to facilitate consumers who sit in wheelchairs or specialised chairs so they may engage in meals and activities.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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 considered that they feel they belong in the service and feel safe and comfortable in the service environment. They are very satisfied with the new building which they moved into in December 2021 and now all consumers have single rooms with private ensuites.

New furnishings were purchased and these meet consumer needs and enhance consumer independence. Each consumer is able to decorate their rooms as they wish. Personalised signage has been installed on consumer bedroom doors as per their wishes.

Consumers can wander freely within the living, dining and outdoor spaces. Pathways have been installed so consumers can find their way back inside. There is circular access to the living area which assists consumers with cognitive impairment to navigate throughout the service.

Reactive and preventative maintenance systems are in place and monitored through audits and feedback from consumers and staff. The service employs a range of staff to ensure the interior areas and gardens are well maintained, clean and comfortable for consumers to live in.

The living environment was observed to be clean and well maintained. The Assessment Team observed consumers sitting in the dining/activity area and lounge area engaging with each other and staff.

All equipment in consumers’ rooms was observed to be clean and in good repair. Height-adjustable shower chairs were observed in consumer ensuites for individual use. Lifting equipment was observed to be available and was clean and tagged with the dates the equipment was last tested for safety.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

**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 that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. The service receives feedback and complaints in various ways such as via a feedback form, email or online.

Overall consumers and representatives provided positive feedback about raising issues with staff. Staff described taking prompt action in response to consumers raising concerns. Staff said they know the consumers and families well and are able to engage as soon as issues arise to prevent matters from escalating.

Information about advocacy and language services is on display and communicated to consumers when they are admitted to the service through the consumer handbook. Consumers and representatives are aware of advocacy or language services. However, most felt they are able to raise issues without engaging these services.

Consumers and representatives who had raised issues were satisfied with the action taken to resolve their respective issues. They described how staff apologise when something goes wrong. Staff and management personnel described using open disclosure principles in their handling of feedback and complaints.

Management explained how it supports consumers to provide feedback and how feedback drives continuous improvement. Most consumers and representatives expressed satisfaction when describing various ways how feedback and complaints have resulted in improvements to the quality of care and services. The plan for continuous improvement plan and complaints documentation reviewed identified prompt action taken by management and demonstrated how services are improved.

The Assessment Team observed the organisation’s complaint management policy and the service’s continuous improvement plan with feedback and actions to date.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

**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 consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. All consumers and representatives interviewed by the Assessment Team confirmed that staff treat them in a way that demonstrates respect and is in a caring manner.

All consumers and representatives indicated that there is sufficient skilled and knowledgeable staff to provide quality care that is safe. Call bells are responded to in a timely manner and management stated they monitor staff response to call bells and survey consumers in regard to satisfaction with staffing levels. The service employs a range of staff to provide care based on the Victorian ‘Safe Care’ ratios with the ability to increase staff levels in response to the needs of consumers.

The Assessment Team observed nursing and lifestyle staff engaging with consumers in activities and spending time one-to-one with consumers who preferred to spend time in their rooms.

The service’s human resource, staff recruitment and staff management policies and procedures ensures staff have relevant training and skills to perform their roles.

The service maintains a code of conduct policy and procedure that staff adhere to in providing care and services. Staff practice is monitored to ensure consumers are treated with kindness and their identity, culture and diversity are respected.

The service demonstrated that they monitor and review the performance of each staff member across all clinical and support staff roles and staff confirmed that annual appraisals occur. Staff are provided with feedback in response to deficits in their performance. Training or disciplinary action is taken when deficits in performance are identified.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**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 considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The organisation actively seeks to engage consumers or representatives in the development, delivery and evaluation of care and services. A consumer representative was recruited to represent those living at the service during the redevelopment of the site, with other consumers involved in selecting colour palettes, furnishings and garden layouts. Consumers and representatives are also asked to provide input into menu options at the service.

The organisations governing body is committed to and promotes a culture of safety and quality improvement in many ways, including through the clinical governance committee and the investment of both financial and human resources.

Audits are completed with results provided to the board to ensure accountability and that the Aged Care Quality Standards continue to be met. Audits were updated in 2021 to ensure they aligned with the Aged Care Quality Standards.

A range of policies and procedures govern the organisational wide systems. Each process is underpinned by policies and procedures with accountability reflected at the site and organisational level. The organisation supports continuous improvement through the engagement of consumers, representatives, staff and other stakeholders.

The organisation has a risk management framework. The organisation demonstrated how it uses risk management systems including hazard reporting, incident reporting, work health and safety audits and key performance indicators to identify and manage risks.

The service has an overarching clinical governance framework that monitors clinical care and addresses antimicrobial stewardship and open disclosure.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

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)