Performance

Report

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| Name of service: | Blacktown Nursing Home |
| Service address: | 190 Stephen Street BLACKTOWN NSW 2148 |
| Commission ID: | 2533 |
| Approved provider: | Budumu Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 18 November 2022 |

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

**This performance report**

This performance report for Blacktown Nursing Home (**the service**) has been considered by G. Hope-Simpson, 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, dated 18 October 2022 to 20 October 2022; 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.
* 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

Consumers and representatives said they are treated with dignity and respect and their identity, culture and diversity is valued. Staff demonstrated an awareness of sampled consumers’ individual preferences. Care plans included information in relation to individual consumer preferences to ensure consumers are treated with dignity and respect.

Consumers and representatives said care and services are culturally safe. Staff could articulate their knowledge of sampled consumers’ individual identities and respected their diversity and culture. Care plans demonstrated consumers’ choices are documented, including personalised information regarding cultural needs.

Consumers and representatives said consumers were supported to maintain relationships of choice and make decisions about their care with involvement from family, friends and carers. Care plans showed consumers’ preferences and choices were reviewed and changed as required. The Assessment Team observed staff continually offer consumers choice regarding their activities of daily living.

Consumers said they are supported to take risks to improve their quality of life. Staff could describe strategies for facilitating personal interests when there is a risk identified with an activity. Care plans showed evidence of risk assessments and informed decision making and staff demonstrated an awareness of obtaining informed consent from consumers.

Most consumers and representatives said they receive current, accurate and timely information which enables them to understand and exercise choice. However, management said they had identified some communication issues with consumers and representatives and were working towards improving this area (refer to Standard 8). Observations showed the service provides information to consumers and representatives, using posters, brochures, emails, newsletters, meeting minutes and the service’s website.

Consumers and representatives said their privacy is respected and personal information is kept confidential. Management and staff described how information is kept confidential with the use of an electronic care management system (ECMS). Care staff were observed knocking on doors before entering rooms and confirmed they find appropriate areas for private conversations with consumers.

# 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

Care documentation contained evidence of assessment and planning and had a focus on risk identification and risk management strategies. Care planning included involvement from family, representatives, medical officers (MOs) and other allied health professionals to identify risks to well-being and inform the delivery of safe and effective care and services. The service is guided by a Resident Assessment and Care Plan policy and staff could describe the assessment and planning process.

Consumers’ feedback in relation to their needs, goals and preferences was reflected in care planning documents. The service is guided by a Palliative and End of Life (EOL) Care policy and staff could describe palliative care arrangements. Consumer files documented preferences for EOL care and all consumers sampled had an advance care directive (ACD), noting their needs, goals and preferences. Care planning documentation also reflected current consumer care needs, preferences and goals

Most consumers and representatives said they were satisfied with the overall quality of care provided, however some representatives raised concerns about care planning communication issues. The service had already identified the opportunity for improvement prior to site audit. Consumer files contained evidence of case conferences, as well as on-going communication with consumers and their representatives, reflecting overall partnership with the service. Care planning and assessment included input from MOs and other allied health professionals.

Consumer files reflected annual case conferences and frequent communication with consumers and representatives, to convey the outcomes of assessment and planning. The service’s policies and procedures detail the need for case conferences where required and staff confirmed they provide representatives with summary care plans if requested. The service utilises an ECMS where assessments, care plans and other consumer documentation is recorded, accessible for staff and readily available for consumers and representatives.

Most consumers and representatives said they are notified when circumstances change, or incidents occur. Care planning documents showed evidence of review for effectiveness when circumstances change or when incidents impact consumers’ needs, goals and preferences. One consumer’s Behaviour Support Plan (BSP) was not contemporaneously updated following two incidents of aggression, however the service was able to provide evidence of actions taken in response to the consumer incident as well as changes in care needs.

# 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

Representatives said they feel consumers’ personal and clinical care needs are met at the service. Care planning documentation for sampled consumers reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Staff and management could describe consumers’ individual needs and preferences.

Representatives generally indicated they were satisfied with how the service is managing high impact and high prevalent risks, however some raised concerns regarding effectiveness of communication. There was evidence of input from MOs and other allied health professionals to effectively manage risks to consumers. Care plans of sampled consumers identified relevant high impact and high prevalence risks and how these were managed and reviewed.

Consumers sampled had advance care plans in place noting their needs, goals and preferences as well as details of the person responsible for making care decisions. Care and nursing staff said they prioritise comfort and dignity during EOL care and an external palliative care team is engaged. Care documents showed consumers nearing EOL received care in line with their advanced care directives, with comfort maximised and dignity preserved.

Staff identify changes in consumer needs through a range of systems and processes, including handover, daily progress notes, scheduled reviews, incident reports, and clinical charts. Most representatives confirmed changes in a consumer’s condition are communicated to them by the service. Care plan and progress notes demonstrated the service is responsive to deterioration and changes in condition.

Staff said that they are made aware of any changes to a consumer’s needs through a variety of ways, including shift handovers, internal messaging system through the ECMS, pagers and phones. The service utilises an ECMS where assessments, care plans and other consumer documentation needs are recorded and accessible by staff. While representatives gave mixed feedback about effectiveness of communication and information sharing, documentation review demonstrated that, on balance, information was shared with representatives through case conferences and on-going, as needed basis.

Care plan documents had evidence of timely referrals to MOs and other allied health professionals when required. Management confirmed MOs and other allied health professionals provide routine and ad-hoc allied health assessments on-site on weekdays. Staff confirmed they can access referral reports on the ECMS.

The service demonstrated minimisation of infection related risks through standard and transmission-based precautions to prevent and control infection, and through antimicrobial stewardship. The service is guided by an Outbreak Management Plan (OMP) and Infection Control policy and has several Infection and Prevention Control (IPC) leads appointed. The service uses infection logs, monthly trending and analysis of consumer infections and produces an Antimicrobial Drug Usage Report to inform practice.

# 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 they were satisfied services and supports for daily living meet consumers’ needs, goals and preferences. Staff could explain what is important to individual consumers and the activities they enjoy. Care planning documents included information about the services and supports required to optimise quality of life, health, well-being, and independence.

Consumers and representatives said their emotional, spiritual and psychological well-being was supported by the service. Care planning documents contained information about emotional, spiritual and psychological needs and how staff can support consumers. Staff said they visit consumers at least 3 times a week for a one-on-one discussion. Religious visitors and volunteers provide companionship, emotional and spiritual support.

Consumers and representatives confirmed they are actively engaged with their local community and supported to maintain relationships. Leisure and lifestyle staff could identify individual consumer interests and preferences for activities and explained how they accommodate varying needs and preferences. The Assessment Team observed consumers participating in activities which were aligned to their interests and ability.

Consumers and representatives said they felt information about their daily living choices and preferences was effectively communicated and staff understand their needs and preferences. Care staff said handover processes keep them informed of updates to consumer care and services. Care planning documents provided adequate information to support the delivery of effective and safe care and was available to staff on the service’s ECMS. Lifestyle assessments for sampled consumers had been reviewed and updated within the past 3 months.

Consumers said that they can be connected and referred to other organisations if they wish. Staff said they explore community ties for each consumer and try to facilitate these connections. Care planning documents reflected the involvement of others in the provision of care and services through referrals.

Most consumers and representatives said they are satisfied with the variety, quality, quantity and temperature of food. Staff were observed assisting with meals and demonstrated an awareness of consumers’ preferences and dietary requirements. Care planning documents note dietary needs, dislikes, allergies, and preferences. The Assessment Team observed daily menus in each dining room.

Consumers and representatives said equipment is safe, suitable for purpose, clean and well-maintained. Staff understood how to log maintenance requests for issues with equipment, including the process if there is an urgent issue. The service evidenced up-to-date preventative and reactive maintenance schedules and equipment was observed to be safe, suitable and well maintained.

# 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 representatives said the service environment is welcoming. Consumers are encouraged to personalise their rooms to provide a feeling of belonging and enjoyment in their surroundings and personal spaces. Staff were observed supporting consumers who required assistance with mobilisation.

Consumers said the service environment is clean and comfortable. The Assessment Team observed the service environment to be well-maintained and consumers were moving freely both indoors and outdoors. The service provided monthly cleaning audits and laundry staff could explain their processes.

Consumers said their furniture and rooms are well-maintained and repairs are completed in a timely manner. The Assessment Team observed furniture and fittings were clean and the kitchen, chemical room, cleaning room and laundry were secured and well-maintained.

# 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

Most consumers and representatives said they were encouraged to provide feedback and make complaints. The Assessment Team identified various methods for consumers and representatives to provide feedback and make complaints, such as feedback forms, the service’s communication application and consumer meetings. Staff explained other avenues for providing feedback, including speaking to staff or management directly.

Consumers and representatives said they were aware of advocacy services and how to make a complaint through the Commission. Staff could describe how they assist consumers who have communication barriers to raise a complaint or provide feedback. The consumer handbook and newsletters contain information about advocacy bodies and language services and the Assessment Team observed posters on display with multi-lingual information and complaints and advocacy services.

Consumers and representatives said they are contacted immediately when things go wrong, and staff are open, apologetic and transparent. Staff confirmed representatives are notified immediately or as soon as practicable after an incident. Review of the feedback register confirmed the service takes appropriate and timely action in response to complaints and applies open disclosure.

Consumers and representatives said feedback and complaints are used to improve care and services and this was confirmed throughout staff interviews. Review of the plan for continuous improvement (PCI) and minutes from consumer and quality meetings confirmed feedback and complaints are used to improve the quality of care and services.

# 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 they were satisfied with the care provided but expressed concerns regarding the wait times for responses to call bells. Management were actively responding to improving this issue and attributed delays to staff adjusting to a change in facility management. Serious consumer impact was not evident based on the assessment of the other Quality Standards. Staff said they felt confident they had sufficient resources to provide care.

Consumers and representatives said staff were kind, caring and respectful. The service has a Code of Conduct which outlines staff conduct towards consumers and representatives and management evidenced disciplinary actions regarding staff misconduct. The Assessment Team observed mostly respectful interactions between staff and consumers.

Consumers and representatives expressed satisfaction with the knowledge and competency levels of staff. The service provides mandatory training and monitors training completion. The organisation has recruitment and selection procedures that ensure staff have the required qualifications, credentials, reference checks and police checks.

Consumers and representatives said they were confident staff were trained to provide the support they need. Staff said they are sent emails when new training modules are released or when they are required to do annual training. The Assessment Team observed training materials and resources that guide the learning and development of staff.

Staff said they have an annual staff appraisal and receive feedback from their supervisor and from other managers within the service. The service monitors and reviews the workforce in a structured annual performance appraisal process, as well as providing direct feedback as needed. The Assessment Team sighted recent performance appraisals which identified areas for development.

**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 there is engagement by the service regarding the development and delivery of services, however representatives expressed the need for more frequent communication and updates. Management was receptive to the feedback and advised the service had already planned to increase the frequency of care reviews, to six monthly rather than annual reviews. Documentation review showed consumers and representatives were meaningfully engaged in evaluation of services in other ways, including through ‘resident and relative’ meetings.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Monthly reporting occurs between the Facility Manager and Chief Executive Officer (CEO) and includes information regarding consumer deaths, falls, wounds, infections, incidents, and financial matters when required. The CEO regularly communicates to consumers and representatives through newsletters and ad-hoc updates as they arise.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The service has effective risk management systems in place to detect and prevent risks, including those falling within the serious incident response scheme (SIRS). The service records incidents through their ECMS and data is collated into their high-risk register. Risks are categorised, and strategies are developed to target individual risks as they arise. Review of incident data showed incidents are managed and reported in line with legislative requirements.

The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint and open disclosure. The Assessment Team observed staff following infection control principles and staff had been trained to minimise the use of restraints and practice 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-1)