Performance

Report

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| Name of service: | Boandik Crouch Street |
| Service address: | 26 Crouch Street South MOUNT GAMBIER SA 5290 |
| Commission ID: | 6150 |
| Approved provider: | Boandik Lodge Inc |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 22 March 2023 |

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

**This performance report**

This performance report for Boandik Crouch Street (**the service**) has been prepared by R Beaman, 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.

# 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 performance report dated 16 June 2021 for the Site Audit dated 14 April 2021 to 16 April 2021; and
* the provider’s response to the assessment team’s report received 16 March 2023.

# 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

This Quality Standard is Compliant as six of six Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers’ dignity is maintained and their identity, culture, and diversity is respected and valued. Consumers and representatives confirmed consumers are supported to exercise choice and make decisions over the way care and services are delivered and who is involved in those decisions. Consumers were satisfied their personal information was kept confidential and confirmed their privacy is respected and maintained. Staff were observed interacting with consumers in a respectful manner and maintaining privacy.

Consumers and representatives confirmed information is provided to them in a timely manner and consumers are supported to take risks to do the things they wished to do. Consumers confirmed when they want to take risks, staff discuss those and provide way, so they are able to do so safely.

Staff demonstrated understanding of consumers’ cultural needs and diversities and described ways they were able to deliver care and services that meets those needs, goals, and preferences. Staff described ways they support consumers to take risks to do the things they want through discussion and developing ways to mitigate those risks to consumers’ safety.

Documentation reflected consumers’ choice and consultation of risks, where appropriate, and information provided to consumers is done so in an appropriate, accurate and timely manner.

Accordingly, I find Standard 1 Consumer dignity and choice Compliant.

# 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

This Quality Standard is Compliant as five of five Requirements have been assessed as Compliant.

The service was found Non-compliant with Requirement (3)(e) in this Standard following a site audit undertaken from 14 April 2021 to 16 April 2021. The service was not able to demonstrate consumers’ care and services were reviewed regularly for effectiveness, including for consumers with adverse behaviours, high falls risks or those with restrictive practices in place.

The service implemented a range of actions to address the identified deficits, including implementing a new suite of policies and procedures to guide assessment and planning processes, retraining all staff in relation to assessments and care plans and implemented a ‘resident of the day’ program. The assessment team recommended the service has met this Requirement. Consumers confirmed their care and services were reviewed regularly and were satisfied changes were made when required and in a timely manner. Documentation confirmed where changes or incidents occur, those were reflected in consumer care plans and strategies reviewed in a timely manner.

In relation to Requirements (3)(a),(3)(b), (3)(c), and (3)(d), consumers and representatives confirmed information in consumer care plans is current and up-to-date and they are involved in the development of consumers’ care and services. Consumers and representatives confirmed any outcomes of assessment or care planning is communicated appropriately and in a timely manner and where required, consumers were satisfied with the referral system.

Documentation showed assessment and planning for consumers is competed with the consideration of risks, including falls, skin integrity, behaviour, pain, and weight management, with outcomes of those assessments recorded in consumer care plans with individual strategies to manage those. Sampled consumer care files showed assessments had been undertaken and a care plan completed to inform the delivery of care and services and consumer involvement was evident. Documentation confirmed consumers and their representatives, where appropriate, are consulted in the assessment and planning process through regular scheduled reviews and case conferencing.

Staff demonstrated understanding of the assessment and planning process and described ways they engaged and involved consumers in this process.

Accordingly, I find Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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

This Quality Standard is Compliant as seven of seven Requirements have been assessed as Compliant.

The service was found Non-compliant with Requirement (3)(b) in this Standard following a site audit undertaken from 14 April 2021 to 16 April 2021. The service was not able to demonstrate clinical care for high risk consumers was monitored with strategies to mitigate those risks implemented, including for a consumer who was provided incorrect textured diet who had risk of choking and consumers on fluid restrictions did not have their fluid intakes monitored.

The service implemented a range of actions to address the identified deficits, including the implementation of specific policies and procedures for clinical risks, staff education on choking and strategies to identify and manage ethe risk to consumers, and a daily review of progress notes by clinical managers to identify any behaviours of concern. The assessment team recommended the service met this Requirement. Consumers and representatives confirmed consumers receive the care and services they need and were satisfied with the way staff manage consumer risks. Documentation showed care plans are tailored to individual needs and high impact or high prevalence risks, including falls, nutrition, medication, and wound management are recorded with appropriate strategies to guide staff practice. Staff demonstrated knowledge of consumer risks and described ways in which they monitored and managed those risks.

In relation to Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g), consumers and representatives confirmed consumers receive personal and clinical care that is safe and right for them. Consumers confirmed staff know them well and they don’t have to repeat their needs, goals and preferences for care and services to other providers of care.

Documentation showed where deterioration is detected, there are processes in place to manage consumers safely and effectively. Documentation showed there are effective processes in place for timely referrals for consumers and end of life needs, goals and preferences are respected, recorded, and communicated and the consumer’s comfort and dignity maximised.

Staff demonstrated knowledge of consumers’ needs, goals, and preferences in relation to personal and clinical care, how they manage risks and communicate any changes in condition to other providers of care. Staff confirmed they receive regular infection control training and updates and demonstrated knowledge of the processes in place to minimise the spread of infection.

Accordingly, I find Standard 3 Personal care and clinical care Compliant.

# 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

This Quality Standard is Compliant as seven of seven Requirements have been assessed as Compliant.

Consumers and representatives confirm consumers receive supports for daily living confirming they are tailored to their needs and assists them to maintain their independence, health and well-being. Consumers were satisfied with the quality and quantity of meals and provided positive examples of their enjoyment of the dining experience.

Consumers and representatives confirmed information is communicated and shared appropriately in relation to consumers’ care and care needs. Consumers confirmed they are supported to maintain friendships of choice and do the things of interest to them. Consumers were observed participating in activities.

Staff demonstrated knowledge of consumers’ likes and preferences in relation to the lifestyle program and described ways in which they were able to support the to engage in things that interest them.

Documentation sampled reflected consumers’ likes, dislikes and requirements for meals and activities and recorded strategies to support their emotional, spiritual and psychological needs.

Equipment used as part of consumers’ engagement with lifestyle and maintaining their independence was observed to be clean, safe and well-maintained.

Accordingly, I find Standard 4 Services and supports for daily living Compliant.

# 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

This Quality Standard is Compliant as three of three Requirements have been assessed as Compliant.

Consumers and representatives confirmed the service environment is safe, clean, and well maintained and consumers were able to decorate their rooms with personal items. Consumers and visitors were observed in various communal spaces, including the outdoor garden and patio spaces.

Consumers confirmed they are able to easily navigate the service environment and were satisfied with maintenance, confirming furnishings and equipment are clean and well maintained. Consumers confirmed they are able to move freely both indoors and outdoors as they wish.

The service environment was observed to be clean and well-maintained, and consumers were observed utilising outdoor areas and able to move freely within the indoor and outdoor areas. Staff were observed regularly cleaning high touch point surfaces and described the cleaning schedule for all areas across the service.

Documentation showed the service has a preventative maintenance system and any items requiring attention are completed in a timely manner and preventive maintenance is conducted at regular intervals.

Accordingly, I find Standard 5 Organisation’s service environment Compliant.

# 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

This Quality Standard is Compliant as four of four Requirements have been assessed as Compliant.

Consumers and representatives confirmed they are supported to provide feedback and make complaints and were satisfied with the way complaints are managed. Consumers and representatives confirmed they felt comfortable providing feedback and complaints in the various platforms available at the service and advised they are actioned in a timely manner and where appropriate staff, or management apologise.

Consumers and representatives confirmed they have knowledge of and are supported to access advocacy services where appropriate.

Observations showed the service has information about how to provide feedback and raise complaints, including advocacy and language services displayed throughout the service with confidential boxes for consumers to lodge written feedback and complaints.

Staff demonstrated understanding of open disclosure and how to practice that when things go wrong. Staff described ways in which they support and assist consumers to provide feedback, make complaints and the process they use to escalate those when they receive them.

Documentation confirmed open disclosure is used when incidents occur, or a complaint is made. A feedback register is maintained and updated as feedback and complaints are provided and actioned. Documentation reflected feedback being used to drive continuous improvement.

Accordingly, I find Standard 6 Feedback and complaints Compliant.

# 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

This Quality Standard is Compliant as five of five Requirements have been assessed as Compliant.

Consumers and representatives confirmed there are enough staff to deliver care and services in a way that meets consumer needs, goals, and preferences. Consumers and representatives confirmed staff are kind, caring and are respectful of consumers’ identity and culture. Staff interactions were observed to be respectful and caring.

Consumers and representatives were confident staff were knowledgeable, trained and performed their roles well.

Management confirmed staff are monitored via observation, review of incidents and feedback from consumers, representatives, and other staff. Documentation confirmed where staff performance is identified as requiring additional support or improvement staff are monitored and where required performance management is actioned in a timely manner.

Staff confirmed they felt supported to undertake their roles and had access to and provided training when they requested. Staff confirmed they have performance appraisals at regular intervals and feel comfortable to provide feedback where they identify poor staff practice.

Documentation confirmed staff are recruited with appropriate qualifications to the role they are undertaking, and training is provided to staff routinely or on an ad hoc basis where issues requiring further education are identified.

Accordingly, I find Standard 7 Human resources Compliant.

# 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

This Quality Standard is Compliant as five of five Requirements have been assessed as Compliant.

Consumers and representatives confirmed they are engaged in the development, delivery and evaluation of care and services in various ways, including through care conferences, care reviews, consumer forums, and regular surveys around care, food, and lifestyle services. Consumers and representatives were confident the service was well run.

Documentation showed there are a range of ways the organisation’s governing body is accountable for the delivery of safe, inclusive, and quality care, including various regular governance committee meetings, internal audits, and advisory committees. The organisation has up-to-date policies and procedures in place to guide staff practice in relation to risk management, organisational and clinical governance.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure changes to legislation, or the Quality Principles are monitored and communicated when required, continuous improvement is consumer focused, and the workforce is monitored at an organisational level to ensure right numbers, skills, and training.

Staff demonstrated understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks. Observations and documentation confirmed consumers are supported to live their best life and where risks are taken, those are mitigated with strategies to ensure safety. Staff described how they use the incident management system to manage and prevent incidents, including those that require reporting to external services.

Staff demonstrated knowledge of the clinical governance framework, including antimicrobial stewardship and the use of open disclosure. Documentation confirmed restrictive practices are monitored and where applied they are used as a last resort.

Accordingly, I find Standard 8 Organisational governance Compliant.

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