Performance

Report

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| Name: | Booroongen Djugun Limited |
| Commission ID: | 0457 |
| Address: | 337-351 River Street, GREENHILL via KEMPSEY, New South Wales, 2440 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 September 2023 |
| Performance report date: | 24 October 2023 |
| Service included in this assessment: | Provider: 1399 Booroongen Djugun Limited  Service: 473 Booroongen Djugun Limited |

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 Booroongen Djugun Limited (**the service**) has been prepared by G Cherry, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Performance report dated 23 December 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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)(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 |

Findings

The Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Requirement 1(3)(c)

Previously the service did not demonstrate consumer/representative involvement in development of their care plans resulted in limiting their ability to communicate their wishes. Via review of plan for continuous improvement (PCI), responsive actions include review of care planning process/required completion timeframes, additional domains included, provision of staff education/training, decision making assessments completed for all consumers, new consumers are reviewed by a geriatrician to ensure decision making capacity.

The service demonstrates each consumer is supported to exercise choice and maintain independence. All sampled consumers consider they are consulted in decision making and choose when others should be involved. Interviewed staff demonstrate awareness and supporting methods for individual consumers choice. Documents detail consumers goals and choices to guide care delivery.

Requirement 1(3)(d)

Previously the service did not demonstrate assessments/nor strategies to manage risks such as consumers smoking in their rooms. Responsive actions include review of smoking policy; review/re-evaluation of risks associated with consumers choice leading to discussion with consumers/families and completion of assessment/care plans, provision of staff education/training.

The service demonstrates effective systems. Sampled consumers consider staff supporting their choice to take risk enables them to live the best life they can. Assessments including risk mitigation strategies are completed for most consumers and staff demonstrate awareness of processes in supporting individual choice. The assessment team note assessments not completed for two consumers who choose to take risk; management committed to immediate review at service and organisational level.

# Standard 2

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

Findings

The Quality Standard was not fully assessed. Three requirements were assessed and found compliant.

Requirement 2(3)(b)

Previously the service did not demonstrate documentation effectively identified/addressed consumers current needs/preferences to guide staff in care delivery. Consumers were not involved in determining advance care directives (ACD) if they choose to. Responsive actions include review/amendment of policy guidance documentation, discussion when consumers first enter the service, provision of staff education/training, review of all files, medical officer involvement and completion of ACD’s for those consumers who choose to do so.

The service demonstrates effective processes to ensure assessment/planning reflects consumers’ current goals and preferences. Management explained discussions with consumers/representatives regarding ACD occurs with those who wish to do so, including details to guide staff regarding consumers wishes reflected in palliative care documentation. Documents demonstrate assessments completed by the registered nurse in a timely manner upon admission and regularly reviewed to ensure currency.

Requirement 2(3)(c)

Previously the service did not demonstrate consumers are involved as partners in care plan review and evaluation. Clinical lead staff note review/evaluation of all care plans (in consultation with consumers) has commenced. Responsive actions include registered nurse discussion/collaborative review of care plans with consumers/representatives adding a decision-making domain, review of required procedures to ensure currency.

The service demonstrates effective processes to ensure consumers/representatives participate in assessment and planning of care. Documents detail other organisation, individuals and providers of care/services engagement in consumer’s care. Sampled consumers express satisfaction in partnering in care planning and allied health involvement when needed.

Requirement 2(3)(d)

Previously the service did not demonstrate outcomes of assessment and planning are effectively communicated to consumers, nor a care plan available to them. Responsive actions include provision of staff education/training, all consumers being offered a copy of their care plan using differing communication styles to ensure awareness/agreement.

The service demonstrates processes to discuss assessment/care planning outcomes with consumers/representatives. The care manager and/or registered nurse completes documentation ensuring consumer involvement in the process and access to their care plan. Interviewed consumers express satisfaction they are included, communication received relating to care provision and have access to documentation if they choose.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate effective transfer of consumer information in relation to daily living. Care plans did not contain information about consumers’ cultural, spiritual, emotional and lifestyle goals, needs, preferences or how staff should provide support in relation to these aspects. Responsive actions include a new domain titled 'resident risk and related choice' created in the lifestyle and leisure care plan and updating of relevant policies.

Effective processes ensure document/sharing of information relating to consumers’ needs/preferences within the organisation and with others when care is shared. Monitoring processes ensure regular review and staff describe methods of information transfer. Care plans include details of consumers’ condition, needs/preferences, consistent with feedback received by the assessment team. Interviewed consumers express satisfaction their lifestyle choices are respected and staff communication relating to their preferences is generally effective. Lifestyle, care and allied health staff note consumer information is communicated through a variety of effective methods.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Requirement 5(3)(b)

Previously the service did not demonstrate safe, clean, and well-maintained environment and mitigated of safety risks. The service had not ensured assessment had occurred to ensure environmental restrictive practice is used as a last resort, not obtain consent for those consumers with an assessed need for environment restraint. Responsive actions include review of cleaning processes resulting in employment of new cleaning, laundry and maintenance staff, additional cleaning hours/regularity of cleaning outdoor areas and equipment, obtaining quotes for repair-work, updating of care plans, gaining consent relating to restrictive practices and staff training activities.

Processes to monitor a safe, maintained, and comfortable environment enabling consumers to move freely, indoors and out is evident. A system ensures appropriate documentation relating to environmental restrictive practices where required. Interviewed consumers consider the environment to be safe, comfortable and well-maintained, noting improved cleaning. They advise they can freely and independently move throughout and maintenance staff repair equipment when needed. Cleaning staff note sufficient staff numbers to conduct required tasks. The assessment team observed some furniture in one area required cleaning which management addressed. Management advised of actions to obtain contractors to conduct painting, noting commitment to attain as soon as possible.

Requirement 5(3)(c)

Previously the service did not demonstrate an effective system to ensure furniture, fittings and equipment is safe, clean, and well maintained. Responsive actions include moving from contracted to organisationally employed laundry, cleaning, maintenance, gardening staff, preparation of fittings for repair and de-commissioning of some equipment.

Processes, including monitoring/recording documents ensure furniture, fittings and equipment are safe and well maintained. Most consumers consider equipment is suitable for their needs. Staff demonstrate awareness of processes to alert maintenance staff to required repair work, noting this occurs in a timely manner. Staff regularly maintain consumers personal equipment and management monitor a preventative/reactive maintenance program. Equipment servicing aligned with manufacturer’s instructions is regularly conducted by qualified contractors/service providers to ensure safety and fit for purpose.

# Standard 6

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| Feedback and complaints | |  |
| 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

The Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Requirement 6(3)(c)

Previously the service did not demonstrate appropriate actions/follow-up in response to complaints to ensure staff awareness of open disclosure processes. Responsive actions include new recording documents and processes to ensure complainant follow-up of feedback including weekly review and recording in PCI, processes of reporting to quality and board meetings and provision of staff education.

Interviewed consumers express satisfaction appropriate action is taken in response to complaints, management keep them informed of the current status/outcome and an open disclosure process used when things go wrong. Staff demonstrate knowledge relating to open disclosure practices. Documents demonstrate appropriate management, response, apology and satisfactory outcome in relation to consumer complaints.

Requirement 6(3)(d)

Previously the service did not demonstrate consumer feedback/complaints were reviewed and used to inform continuous improvement activities. Responsive actions include review at leadership meetings. ensuring continuous improvement actions are identified, recorded/monitored by management through to satisfactory outcome and reporting to executive team/board members.

The service demonstrates effective processes to ensure feedback/complaints are reviewed and used to improve/inform quality care and services. Consumers express satisfaction complaints and feedback suggestions are used to improve services. Examples of successful outcomes were demonstrated via document review and interview, including non-slip coating of walkways resulting from consumer feedback.

# 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 |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate sufficient staffing levels to deliver safe and quality care and services. Responsive actions include an organisational human resources (HR) unit, new HR Business improvement partner and HR recruitment/compliance officer roles, commencement of traineeships and vocational student placements, engagement of external recruitment company to assist in recruitment campaigns, creation of a care support assistant CSA role, employment of multiple new staff, staff registered for certificate III/IV learning modules to upskill and provide career pathway opportunities.

Management demonstrate planning and review of staff rostering to ensure appropriate skill mix in meeting consumer needs. Overall consumers express satisfaction with care and services noting staffing improvements result in their needs being met in a timely manner on most occasions and cleaning/maintenance conducted. Interviewed staff note replacement of most unplanned leave and an increase in staffing numbers facilitating improved care delivery. Organisational processes to support further additional staff recruitment have commenced.

# Standard 8

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| Organisational governance | |  |
| 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:   * antimicrobial stewardship. * minimising the use of restraint. * open disclosure. | Compliant |

Findings

The Quality Standard was not fully assessed. Three requirements were assessed and found compliant.

Requirement 8(3)(c)

Previously the service did not demonstrate effective systems in relation to information management or policies/procedures reflective of key changes in aged care, or feedback/complaint processes. Responsive actions include revise/update/distribute policies/procedures, revise/amend PCI recording document to contain more comprehensive information, use of external benchmarking auditing company, board of directors attended governance training, a suite of governance policies/procedures developed, strategic plan incorporating a review of organisational core purpose, vision, values and strategic priorities plus identification/review of organisational risks.

Overall, effective governance systems are evident relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, plus feedback and complaints. Policies/procedures guide staff in relation to organisational expectations aligned with aged care legislation and regulations, responsibility for accuracy of these documents lies with executive team and board members. Electronic care planning, incident management, feedback and risk management systems have reporting capabilities enabling executive team monitoring and evaluation processes. The chief executive officer (CEO) attends meeting forums, reviews/addresses information received, escalating to the board where required. Several methods are used to gather improvement suggestions which are monitored to completion and a process of evaluation occurs to ensure satisfactory outcomes. Financial delegations ensure expenditure within budget, plus an escalation process to purchase out of budget items when required. An organisational HR management unit has oversight of workforce regulations, governance, compliance and recruitment, reporting workforce governance issues to the CEO. The organisation demonstrates feedback and complaints are reviewed and used to improve/inform quality care and services. Changes to legislation result in policy updates, review by the executive team and reporting to the board for ratification. Organisational strategic planning occurs to ensure structures/preparedness for aged care reform changes in 2024.

Requirement 8(3)(d)

Previously the service did not demonstrate effective policies/procedures incorporate current legislative requirements and effective risks management. Responsive actions include review of risk management systems and completion of documentation.

An organisational risk management governance framework is supported by policies/procedures. Organisational and service risks are reviewed/monitored by the executive team to enable consumers to live the best life they can by supporting cultural needs. The organisation identified risks which have most impact on consumers and the service demonstrates management systems resulting in risk mitigation strategies and decreased risk. The executive team note commitment to further review and development of strategies relating to consumers who chose to smoke, including increasing night staffing numbers.

Requirement 8(3)(e)

Previously the service did not demonstrate effective policies/procedures to guide staff in relation to antimicrobial stewardship, minimising restrictive practice use and principles of open disclosure. Responsive actions include revision of clinical governance framework, development of policies/procedures relating to antimicrobial stewardship, open disclosure and minimising use of restrictive practices; clinical governance training for board members and provision of staff education relating to new policies.

An effective clinical governance framework is underpinned by policies/procedures to guide staff; particularly regarding antimicrobial stewardship, principles of open disclosure and restrictive practices. Management (as part of the executive team) and registered nurses review clinical care relating to risks for example, psychotropic medication use, restrictive practices, falls, unintended weight loss, infections, pressure injuries, complaints, serious incidents, medication incidents which are reported to the CEO and board members for oversight.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)