Performance

Report

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| Name of service: | Boort District Health Low Care |
| Service address: | Kiniry Street BOORT VIC 3537 |
| Commission ID: | 3297 |
| Approved provider: | Boort District Health |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 21 April 2023 |
| Performance report date: | 31 May 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 Boort District Health Low Care (**the service**) has been prepared by D. 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 19 May 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

Consumers and representatives said they are treated with dignity and respect and their privacy is maintained. Consumers said staff know their background and what is important to them and care plans evidenced consumers’ backgrounds, interests, and preferences. The Assessment Team viewed the employee handbook outlining the service’s ‘ person-centred care’ process, including delivering culturally safe care. The Assessment Team observed staff interacting with consumers during the site visit. Staff addressed consumers by their preferred names and spoke with respect.

Consumers are able to exercise choice and control over how care and services are provided to them. Staff support consumers make decisions and help them maintain relationships both within and outside of the service. There are currently no consumers who engage in activities requiring a risk assessment, however, the service had processes and policies in place to guide staff when required.

Consumers and representatives confirmed they receive current and timely information enabling them to exercise choices such as daily menu choices and weekly activity options. There are also notifications on display throughout the service to facilitate consumers to exercise choice. Consumers are offered 3 meal choices and 2 desserts for lunch and soup, a choice of 2 main meals and dessert for the evening meal. Consumers can also change their minds and choose to have the options of salad or sandwiches.

Clinical and care staff described how they always knock before entering a consumer’s room. Consumer information is only provided to those nominated by the consumer as their primary contact. Handovers are conducted in a private area away from consumers and the public and all handover sheets are securely disposed of.

Based on the evidence I find the service compliant with this Quality Standard.

# 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

In relation to requirements 2(3)(a) and 2(3)(e), the Assessment Team found the service was not ensuring assessment and planning processes inform the delivery of safe care or reviewing care when circumstances change.

Consumers felt safe and confident that the staff took the time to listen and understand how to support their needs, goals and preferences. Staff however told the Assessment team that the assessment and planning process did not always ensure care documentation reflected some consumers’ current care needs. There was incongruent information in relation to one consumer’s clinical care needs and behaviour management information. Another consumer ‘s wound charts did not have clear information on wound measurements, photographs, dressing type and frequency. Care information was not reviewed for one consumer following changes in their condition in relation to chemical restrictive practices, mobility and clinical needs.

This feedback was provided to management of the service who responded immediately during the site audit by reviewing and updating one consumer’s information and initiating actions on the service’s continuous improvement plan. This included assessment and planning education for staff, an urgent review of all consumer care documents, an overall review of the ‘Resident of the Day’ process, and the implementation of quarterly audits.

The approved provider in its response confirmed that the ‘Resident of the Day’ process has been reviewed and updated to include a range of measures to ensure the consumer’s current care needs are accurate and along with the care being provided. All 13 permanent consumers have been reviewed using the updated process. Audits will be implemented to ensure all data in the assessments and care plans are current. Education has been provided to clinical staff in relation to the new process.

All residents prescribed psychotropic medication ‘as required’ have had a review and their ‘as required’ medication ceased if there have been no behaviour or occasions to administer. Policies in relation to restrictive practices, behaviour monitoring and wound management have all been reviewed and updated.

Although the Assessment Team found the service not met in relation to requirements 2(3)(a) and 2(3)(e), I have come to a different decision. I have based this decision on the further evidence submitted by the approved provider in relation to the improvements they have made in response to the site audit report. Gaps identified in relation to consumer care have been rectified and processes updated to ensure quality assessment and care planning are provided to consumers.

In relation to the other requirements under this Quality Standard, consumers were aware of assessment and planning information and were confident the information was reflective of current care. Advanced care and/or end of life care is discussed with all consumers and/or representatives. Two consumer files reviewed by the Assessment Team included current needs, goals and preferences in relation to advanced and end of life care. The service also ensures consumers and representatives are involved in the assessment and planning of care and services.

The outcomes of assessment and planning are communicated to consumers and representatives in a timely manner and care plans are readily available to them. Staff advised that consumers and/or representatives are regularly contacted and kept informed mostly by telephone or face-to-face. Consumer documentation reviewed by the Assessment Team evidenced ongoing communication with each consumer and/or representative.

Based on the information provided I find the service has made the necessary improvements to the identified deficits and is compliant with this Quality Standard.

# 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

Consumers and representatives were satisfied they receive personal and clinical care that is safe and right for them. Consumer files included assessments and care plans, progress notes, medication and charting and reflect individualised care, in particular as regards pain management and restrictive practice. The service accesses policies and tools at the organisational level, for key areas of clinical care including wound management. There are no consumers subject to chemical restrictive practices.

The high impact and high prevalence risks for consumers at the service are mainly falls. High impact and high prevalent risks are effectively managed through clinical data monitoring, trending and risk mitigation strategies for individual consumers, including low lying beds, beds against walls and sensor mats. The service did not identify however that beds against walls constituted mechanical restraint and feedback was provided to management at the time of the site audit. Information provided by the approved provider in response to the site audit report outlines it has taken measures to ensure consent has been obtained for consumers subject to all restrictive practices. Falls incidents are reported through the risk management system including an investigation to support decision-making to determine reporting a SIRS (Serious Incident Reporting Scheme) incident.

In relation to end of life discussions, consumers indicated they are consulted on a regular basis and described their confidence the service maximises their dignity and comfort. Staff were able to describe how they approach end of life conversations and how they care for consumers nearing the end of life, support family visits and provide regular comfort care. The service has referral pathways to specialist palliative care if required.

Consumer deterioration is discussed at handovers, huddles, and during medical practitioner reviews with consumers transferred to the hospital if needed and there is a review of care planning documentation on return. Staff have received education from Ambulance Victoria in relation to deterioration and there are policies to guide staff in the online portal. Care planning documentation and progress notes show identification of, and timely response to, deterioration or changes in consumers’ condition.

Consumers and representatives were satisfied consumer needs and preferences are effectively communicated between staff and others. A review of care planning documentation demonstrated progress notes, plans and handover provided adequate information to support the effective sharing of consumer information to support care. Although there was some information missing in one consumer’s file, staff said they knew what their needs were and were able to outline what they were to the Assessment Team.

Staff described how a range of health professionals are available to aid in consumer care needs, such as physiotherapists, specialist palliative care and geriatricians and file review showed timely and appropriate referrals are made.

The organisation has policies/procedures to support the minimisation of infection-related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Staff demonstrated knowledge and understanding of infection control practices and antimicrobial stewardship. The service has an appointed infection prevention control (IPC) lead who provides support and guidance to the service to prepare, respond and recover from outbreaks such as COVID-19. The Assessment Team observed some staff wearing their face mask either under their nose or chin and hand hygiene was inconsistently performed when staff touched and/or adjusted the face mask. Management acknowledged the feedback.

Based on the evidence overall I find the service compliant with this Quality Standard.

# 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 are satisfied the services consumers receive are safe, and effective and support the consumer to optimise their independence, health, well-being and quality of life. Staff demonstrated knowledge of individual consumers, their preferences, choices and the supports required to allow consumers to do the things they enjoy. Activities are tailored to consumer requirements, the focus for individual consumers varies depending on their current needs. For example:

* A consumer requiring emotional support will receive one on one care and how a consumer with cognitive decline, although passive in their engagement, will be acknowledged and included in group activities.
* Care planning documents contain a ‘leisure, lifestyle and wellness’ plan that provides the consumers’ past and present interests and activities.
* A weekly breakfast is prepared where consumers are able to attend and observe the process. This involves all senses including sight, smell and taste. All consumers benefit from this activity.

Consumers’ emotional, spiritual and psychological needs are also supported by the service based on each individual consumer’s needs and preferences as documented in their care plans. A church service is provided for consumers weekly for those who choose to attend. The schedule also allows for one on one chats with consumers as part of their emotional care.

Consumers are able to maintain the social and personal connections most important to them, and the service supports their personal relationships. Care planning documents contain information about significant relationships within and outside the service and information about consumers’ interests and their participation in activities outside the service. Two consumers said they were supported to participate in the community as they choose.

Consumers have access to other services should they desire including input from volunteers, community groups, allied health professionals, representatives of faith and specialist organisations. There are posters promoting external support services such as translation, advocacy and complaints services and the consumer community handbook includes referrals to available supports such as the RFDS, the Aged Care Quality and Safety Commission, (ACQSC), and Older Persons Advocacy Network.

A variety of meals are offered at the service in accordance with dietitian and speech pathology recommendations following clinical assessments as required. Care planning documents note consumers’ food needs, likes, dislikes and food allergies. Menu choices and alternative options are available at all mealtimes. The kitchen’s electronic management system is used to create a menu every 6 months based on consumer preferences and changes to consumers’ dietary needs and food textures are fed directly from their clinical care plan.

Equipment is safe, clean and suitable for consumer and staff use. Staff confirmed they have access to equipment when they need it and that it is clean and well-maintained. Cleaning wipes are located near the equipment to ensure it is sanitised before and after use.

Based on the evidence I find the service compliant with this Quality Standard.

# 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

The environment was observed to be welcoming and there was adequate signage to assist navigation. There is a dining room, outdoor courtyards, lounge and activity areas to facilitate interaction between consumers. One consumer expressed satisfaction with the service environment and how it supports their independence, interaction with others and is functional. Consumers are encouraged to personalise their rooms to make them feel more homely and this was observed by the Assessment Team.

Consumers are able to move freely within and outside the service with electronic doors to outside courtyards remaining open during the day. Consumers were observed accessing indoors and outdoors using a range of mobility equipment, without difficulty, eased by the automatic doors, and the handrails installed along each wall. The service is well maintained with regular cleaning and maintenance schedules.

Furniture, fittings and equipment are clean and well maintained and allow consumers with different mobility needs to socialise in the communal areas. There is also a palliative care room configured to accommodate the needs of consumers and their families. The room is larger and has couches and access to outside courtyard areas with privacy screens.

Based on the evidence I find the service compliant with this Quality Standard.

# 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

The service is providing an environment where the consumers feel encouraged, safe and supported to give feedback. The Assessment Team observed a number of methods used by the service to encourage feedback. For example:

* Posters on noticeboards encouraging feedback and complaints.
* The consumer welcome pack where the complaints process is explained with feedback encouraged.
* Minutes of the management, consumer, family and friends’ afternoon teas demonstrate how the service obtains feedback relating to the care and services provided to consumers.
* The ‘Boort District Health Calendar’ is available to the community and includes a page explaining the complaints platform and encourages the community to provide feedback.

Consumers stated they are able to provide feedback by completing a complaints form or by providing feedback directly to clinical and care staff or management. Consumers and representatives are aware of advocacy and interpreter services but had not had the need to use them. Most feedback is provided directly to staff or management. The quality manager records all verbal and paper-based feedback (complaints and compliments) into the feedback register which is then actioned via the continuous improvement plan. Staff are also encouraged to raise complaints or put forward suggestions via a QR code called ‘bright ideas’.

Consumers and representatives are satisfied that their feedback is used to improve the services provided to them. They gave examples in the area of food and lifestyle activities as areas where their feedback has had a positive influence. The service has a plan for continuous improvement that is based on the outcomes of quality audits and surveys.

Based on the evidence I find the service compliant with this Quality Standard.

# 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

The Assessment Team found Requirement 7(3)(d) was not met, as the service did not ensure all staff were up to date with their mandatory learning. Staff told the Assessment Team they did not have sufficient time at work to complete the training and did not all have access to a computer at home. Some staff claimed that language barriers impacted their ability to complete the training.

The approved provider in their response acknowledged there were some gaps and has taken action to rectify them. They stated 84% of staff had completed mandatory training with 100% of new staff having completed it as part of their onboarding. Further mandatory training is scheduled for June 2023. Staff have been allocated dedicated computers for training purposes and the provider has set up a schedule to ensure they have the time to complete it. Support will also be provided to staff.

Based on the improvements made by the Approved Provider I am persuaded that they are now compliant with requirement 7(3)(d) and therefore I disagree with the Assessment Team’s finding. I also find that the lack of mandatory training has had no negative impact on the care and services provided to consumers based on the information from other Quality Standards.

The service was able to demonstrate there is a mix of staff to deliver and manage safe and quality care and services. Consumers and representatives were satisfied there was enough staff to provide them with safe quality care and services. The master roster is based on a safe consumer ratio and is adapted to meet the care needs and the occupancy level of the service which is currently just below capacity. Where there are unexpected absences the service employs a number of methods to ensure the shift is filled.

Consumers were satisfied that their care is provided in a caring and respectful manner. Staff were able to demonstrate their knowledge of the consumers for whom they were providing care. Management said staff are aware of the expected behaviours and these are reinforced during staff meetings and are reflected in job descriptions and policies and procedures.

Staff have the appropriate qualifications to perform their role and there are position descriptions that detail each role’s requirements, the organisation’s values, knowledge and skills required and the selection criteria which outline required qualifications and registrations.

Performance appraisals are conducted annually close to the anniversary of the staff member’s starting date. There is also feedback provided to staff directly when there is negative feedback received about the staff member from consumers, consumer representatives, or other staff. The organisation has a discipline and performance management procedure followed in relation to staff performance and disciplinary matters.

Based on the evidence provided by the Assessment Team and the further information supplied by the Approved Provider, I find the service compliant with this Quality Standard.

# 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 are actively involved in the development, delivery, and evaluation of care and services at the service. This is done through consumer engagement meetings and providing feedback on their choices in their activities, food and living environment.

Consumers feel safe at the service and feel they are living in an inclusive environment and are provided quality care and services. Organisational supports are provided through the Board and sub-committee structures that facilitate a hierarchy of oversight, adherence to accountability at an organisational and service level, and the continuous monitoring of care and services through the review of key performance indicators, incidents, and consumer feedback and complaints.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and management of feedback and complaints. The service maintains a quality action plan which supports the continuous improvement plan. The plans reflect a range of local and organisational improvements identified and actioned in response to consumer and workforce feedback, complaints, data analysis, reviews, and Commission accreditation. Although Serious Incident Response Scheme (SIRS) training has not been provided to all staff this has not had a negative impact on consumers and information in relation to the requirements has been passed on in other methods such as at handover and huddles.

The service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at the service and organisational levels. Risks are effectively managed through analysis of clinical data monitoring, trending and risk mitigation strategies for individual consumers.

The service has a clinical governance framework in place that provides an overarching monitoring system for clinical care. There are accessible policies in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. The service has processes to record, monitor, trend and analyse antimicrobial usage and staff were aware of the importance of minimising antibiotic usage.

Although the service did not identify instances of mechanical restraint in the form of beds placed against walls. This was explained as being for safety measures and consumer preference however dignity of risk forms had not been completed or discussed with representatives.

Based on the evidence I find the service compliant with this Quality Standard.

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)