Performance

Report

**1800 951 822**

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| Name of service: | Boronia House |
| Service address: | 183 Boronia Road ST MARYS NORTH NSW 2760 |
| Commission ID: | 1025 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 30 April 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 Boronia House (**the service**) has been prepared by P. Sherin, 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 Approved Provider’s response to the Site Audit report received 13 April 2023 acknowledging the assessment team’s findings.
* 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 staff value their identity, culture, and diversity. Staff understood consumers’ care preferences and explained how they treat consumers with respect, such as by using consumers’ preferred name and acknowledging their choices. Care planning documents captured information regarding consumers’ cultural needs and personal preferences.

Consumers confirmed the service respect their cultural background and practices. Care planning documents captured individualised information in relation to consumers’ background, religious, spiritual, and cultural preferences. The assessment team observed provisions within the service to allow for cultural practices, such as various quiet spaces for scheduled visits from religious leaders. The service has a diversity and inclusion policy to guide staff practice, and staff have access to training on cultural awareness and inclusion.

Consumers said they are supported to exercise choice and independence regarding how their care and services are delivered, and to maintain relationships. Staff described ways they support consumers to exercise choice and independence, in line with information under consumers’ care planning documentation. The assessment team observed consumers receiving visitors and staff offering choices to consumers during the Site audit.

Consumers said they are supported to take risks which enable them to live their best lives. Staff were aware of consumers who wish to partake in risk-taking activities, as reflected in care planning documentation. The service completes risk assessments to support consumers to make informed risk-taking decisions and implements strategies to manage consumer safety.

Consumers said they receive up to date information about activities, meals and other events happening in the service. Staff described how information is communicated to consumers and representatives including via newsletters, electronic correspondence, telephone calls and verbally. A range of information such as menus, activity calendars, newsletters and notices were observed displayed throughout the service. Consumers were observed attending a consumer meeting and being provided with information on various topics in relation to care and service delivery.

Consumers felt their privacy is respected and expressed confidence in the service’s ability to protect their personal information. Policies and procedures on privacy and confidentiality are available to guide staff practice. Staff described, and the assessment team observed, staff adhering to privacy practices, such as knocking on doors before entering consumers’ rooms and closing doors when providing personal care.

# 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

Consumers and representatives confirmed they are involved in the assessment and care planning process which includes the consideration of risks. Clinical staff described the assessment and care planning process completed on consumers’ entry to the service and how input is sought from other health professionals. Care planning documentation reflected individual risks to consumers and strategies to guide staff in managing risks.

Consumers said they feel supported to discuss their care needs and wishes, including developing plans for advanced care and end of life wishes. Clinical staff provided examples on how advance care planning is conducted in partnership with the consumer and their representative, when they are comfortable discussing this. Care planning documents reflected effective processes in place to identify the needs, goals, and preferences of consumers, including advance care planning and end-of-life care.

Staff described how they partner with consumers, representatives and other health professionals and providers in the assessment and planning process; this aligned with consumer and representative feedback. Care planning documents evidenced the involvement of consumers, representatives and various health professionals in the assessment and planning process.

Consumers and representatives said staff explain information about care and services and they are aware of how to access a copy of the consumer's care and services plan. Staff described how care plans are provided to consumers and representatives in hard copy or electronically when requested. The consumer handbook outlines how care plans are accessible on request.

The service ensures regular reviews of care plans are scheduled under the electronic care management system. Documentation evidenced care plans are reviewed every 3 months, and when there is a change in the consumer’s condition and needs, or when incidents occur. This aligned with feedback from consumers and representatives.

# 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 said they receive personal and clinical care that is right for them and meets their needs and preferences. Staff demonstrated knowledge of individual consumers’ personal and clinical needs. Care planning documents capture information to guide staff in the provision of safe and effective care, individualised to each consumer. Policies and procedures are available to guide staff practice in delivery of care, including on restrictive practices, skin integrity and pain management.

Care documentation demonstrated high impact and high prevalence risks are effectively managed by the service, and strategies implemented to minimise risks. Consumers and representatives were satisfied that risks are managed effectively. The service conducts monthly clinical trending and analysis to identify areas of risk and implement improvements.

Care planning documents confirmed consumers who were nearing end-of-life had their dignity maintained and care provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort is maximised and dignity preserved at the end-of- life stage. The service has access to external palliative care services for assistance in supporting consumers.

Consumers and representatives said staff respond promptly to any changes or deterioration in consumers’ health and condition. Review of care planning documentation, progress notes and charting confirm changes and deterioration are recognised and responded to in a timely manner.

Consumers and representatives said they are confident the consumer’s condition, needs and preferences are documented and communicated with relevant staff. Staff described various ways they communicate information including via verbal handover processes, meetings, and accessing care plans through the electronic care management system. Clinical staff were observed conducting handover and communicating consumer information to each other.

Staff described the service’s processes for making referrals and confirmed access to a range of health professionals and providers for consumer needs. Care planning documents and consumer feedback evidenced the service made appropriate referrals to other providers or organisations in a timely manner.

Consumers and representatives were satisfied with the service’s management of COVID-19 and the minimisation of infection-related risks. The service has policies and procedures on infection control and antimicrobial stewardship, has appointed an infection prevention and control lead, and staff receive training on infection control. Staff demonstrated knowledge of infection control practices and how to minimise the use of antibiotics.

# 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 expressed satisfaction with the services and supports provided for daily living which meet their needs, goals, and preferences. Staff provided examples of what was important to consumers and what they liked to do such as, the introduction of a vegetable garden for consumers who said they used to grow their own food or who enjoyed gardening. Lifestyle staff described how the service’s activity calendar is developed based on consumer input.

Consumers said their emotional, spiritual, and psychological needs are supported at the service. Staff provided examples of supporting consumers’ emotional, spiritual, and psychological well-being. Care planning documentation includes information on individual consumers’ emotional support strategies and how these are implemented. The service has a chapel where religious services are held regularly. Consumers are referred to volunteers, psychologists, and other individuals and providers where required to support their wellbeing.

Consumers said they are supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Care planning documents identify the people of importance to the consumer and activities of interest to them.

Consumers and representatives said information about consumers’ condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Staff described how changes in consumers’ care and services are communicated including via handover, progress notes, huddles, and staff meetings.

Consumers confirmed they have access to other providers and are referred as needed. Staff provided examples of consumers being referred to various providers of care and services. Care planning documents demonstrate the service collaborates with external services to support the diverse needs of consumers.

Consumers expressed satisfaction with the variety, quality, and quantity of food. Staff were aware of consumers’ nutrition and hydration needs and preferences. Processes are in place for consumers to provide feedback on meals and to request an alternate option if they do not like what is on the menu. The assessment team observed a refrigerator equipped with drinks and snacks, and a fresh fruit station accessible for consumers in each residential area.

Equipment to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained, and this was confirmed by consumers. Staff said they have access to equipment when they need it and could describe processes to ensure the safety, cleanliness and maintenance of equipment.

# 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 said the service environment is welcoming to visitors and that they felt comfortable, safe and at home at the service. Consumers said they are encouraged to personalise their rooms to their preference with memorabilia and furniture of their choice. The service environment was observed to be decorated comfortably, free of clutter and hazards, and with plenty of seating areas for consumer use.

Consumers and representatives said the service environment and consumer rooms are kept clean and well maintained and they can move freely both inside and outside the service. Communal areas and outdoor spaces were observed to be tidy and free of hazards. Consumers were observed moving freely inside and outdoors, including leaving the premises through the main doors. Consumers living in the service’s secure memory support unit have access to an enclosed garden area.

Consumers were aware of how to raise a maintenance request, and said items were repaired or replaced quickly when required. Staff described how cleaning of shared equipment is ensured and what to do if equipment maintenance is required. Maintenance staff described processes in place for preventative and reactive maintenance at the service. The assessment team observed furniture in communal areas and consumers’ rooms to be comfortable and suitable for its purpose. A range of equipment observed at the service appeared clean and well-maintained and was stored appropriately.

# 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

Consumers and representatives said they are aware of how to provide feedback or make a complaint at the service and felt safe doing so. Hard copy feedback forms and quick response codes to submit complaints directly to management were observed available around the service. Review of consumer meeting minutes identify consumers are encouraged and supported to provide feedback. Information on methods to submit complaints is included under the service’s consumer handbook.

Whilst consumers and representatives were aware of external complaints avenues, they expressed they felt comfortable raising concerns with management and staff in the first instance. Staff and management were aware of how to access interpreter and advocacy services for consumers as required. Information on external complaints avenues, interpreters and advocacy services was observed displayed around the service and available in consumers’ rooms.

Consumers and representatives confirmed, and review of documentation demonstrated the service acted in a timely manner in response to complaints and an open disclosure process was applied. Management advised, and staff confirmed the service encourages its workforce to report adverse events, including near misses, to support their culture of learning and continuous improvement. Policies and procedures are available to guide staff practice on feedback and complaints management and open disclosure.

Consumers and representatives expressed satisfaction their complaints or feedback had resulted in improvements to care and services. The service has systems in place to record and trend complaints, feedback and suggestions and this information is communicated to the organisation’s executive team. Review of the service’s consumer and staff meeting minutes, feedback register and continuous improvement plan demonstrate feedback and complaints are reviewed and 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

Most consumers and representatives said there was enough staff at the service to meet consumers’ care needs and calls bells are generally attended to promptly. Management described the rostering processes to deploy sufficient staff and replace absences. Staff said they had sufficient time to complete their activities and felt supported by management. Clinical staff are rostered 24 hours a day, 7 days a week with management available on call after hours.

Consumers and representatives said staff are kind, caring and gentle when delivering care and respectful of consumers’ identity and diversity. The assessment team observed workforce interactions with consumers to be kind, caring and respectful.

Consumers considered staff perform their duties effectively and are skilled to meet their care needs. Staff said they felt competent to provide care and services according to consumers’ needs. Management described processes for ensuring the workforce are competent and have the qualifications and knowledge to effectively perform their roles, including an orientation and onboarding process for new staff with access to buddy shifts, mandatory training, and core competency checks. Recruitment and selection procedures are in place to guide staff practice and position descriptions are available outlining key qualifications and knowledge requirements for each role.

Consumers and representatives confirmed staff are well trained and know what they are doing. Management advised staff training needs are identified through analysis of audits, clinical indicators, feedback and complaints, critical incidents, regulatory changes, and performance appraisals. This information is used to develop the organisation and service level training calendars. Review of training and education records demonstrate staff undertake annual mandatory training and have access to toolbox talks and other training sessions as required.

Management described the service’s performance appraisal process which includes probationary reviews at the 3 and 6-month mark, and annually thereafter. Staff confirmed they have engaged in the performance appraisal process which includes feedback from supervisors on their performance and areas for further development. Review of the service’s performance appraisal register demonstrates staff performance appraisals are up to date.

# 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

The service demonstrated consumers are engaged in the development and evaluation of care and services through surveys, feedback mechanisms and consumer meetings. Consumers felt the service is well run and said they could raise concerns or provide feedback on any aspect of care and services which is considered by management.

Management described how the service’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The governing body meets regularly to review information regarding consumer feedback, incidents, and trends to monitor compliance with the Quality Standards, enhance performance and initiate improvements to care and service delivery.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service’s risk management framework includes policies on high impact and high prevalence risks, the abuse and neglect of consumers, supporting consumers to live their best life, and managing and preventing incidents. Staff provided examples of application of these policies in their roles. Management and staff were able to describe how incidents are identified, responded to, and reported in accordance with legislation including reporting under the serious incident response scheme.

The service has a documented clinical governance framework, supporting by policies and guidelines including in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated knowledge of these policies and described how they would apply these as relevant to their roles.

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)