

**Performance Report**

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| Name: | Bowral House Nursing Home |
| Commission ID: | 2644 |
| Address: | 87 - 89 Kangaloon Road, BOWRAL, New South Wales, 2576 |
| Activity type: | Site Audit |
| Activity date: | 22 October 2024 to 24 October 2024 |
| Performance report date: | 16 December 2024 |
| Service included in this assessment: | Provider: 372 Thompson Health Care Pty Ltd  Service: 1004 Bowral House Nursing Home |

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 Bowral House Nursing Home (**the service**) has been prepared by Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others

# 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

These 6 Requirements have been found Compliant, as:

Consumers and representatives reported consumers were treated with dignity and respect. Staff were observed to respect consumer’s identities by calling them by their preferred name and conversations with consumers were undertaken in a respectful manner. Care documentation reflected what was important to consumers to maintain their identity.

Care documentation captured information on consumer’s life history, their cultural and spiritual needs to support staff to deliver culturally safe care. Consumers confirmed care and service delivery was adapted in line with their cultural preferences and to support their individual needs. Staff confirmed consumers were supported to celebrate various days of significance as a way of honouring their culture.

Consumers and representatives confirmed consumers were enabled to make decisions regarding how they wanted their care to be delivered and to nominate who else they wanted involved in decision making processes. Care documentation reflected consumers decisions on who delivered their care and which relationships were important for consumers to maintain. Staff were familiar with consumers care decisions and how they wanted their care delivered.

Consumers confirmed they were supported to live life as they wished, the risks associated with their chosen activities had been discussed with them and risk minimisation strategies had been put in place. Care documentation evidenced risk assessments were completed and reviewed regularly. Staff were familiar with the risks chosen by consumers and knew the strategies required of them to support consumers wishes.

Consumers and representatives said they were provided with current and accurate information which enabled them to make choices regarding care and service delivery. Consumer handbooks provided on entry, promoted consumer choice for activities, meals, family involvement and care provision. Menus and activity calendars were displayed in communal areas and consumer’s rooms to inform consumers daily choices.

Consumers and their representatives said their privacy was respected. Staff described various strategies used to ensure consumer privacy and to maintain consumers confidentiality. Staff were observed seeking consent to enter consumers’ rooms and consumer’s personal information was stored securely on password protected computers.

Based on the information above, it is my decision this Standard is 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

These 5 Requirements have been found Compliant, as:

Care documentation evidenced assessment of risk informed the development of the consumer’s care plan, which guided staff on the care required for individual consumers. Staff confirmed, when consumers entered care, they were assessed for potential risks, with risk mitigation strategies implemented as needed. Staff demonstrated knowledge of what risks existed for consumers and the care needed to promote consumer safety and wellbeing.

Care documentation accurately reflected each consumer's assessed current needs, goals, and preferences, including for advance care and end-of-life. Staff were knowledgeable of what was important to each consumer in relation to their care delivery. Staff confirmed end-of-life discussions were offered to consumers and their representatives upon entry or when there was a change in the consumer's condition.

Consumer’s representatives confirmed they were actively involved in the assessment and planning of consumer’s care. Care documentation evidenced a multidisciplinary approach to care planning, with allied health professionals having input into care recommendations. Staff confirmed they, medical officers and allied health professionals completed consumer assessments initially and on an ongoing basis.

Consumers and representatives said they were informed of assessment outcomes, were familiar with the care strategies implemented for consumers and had a printed copy of the care plan. Staff confirmed consumer’s care plans were readily accessible via an electronic care management system (ECMS). Staff confirmed various communication methods were used to inform consumers and their representatives of changes to consumers care needs.

Care documentation evidenced each consumer’s care plan was reviewed and evaluated for effectiveness when there were changes to consumer needs or when an incident occurred. A care plan evaluation chart and an electronic alert prompted staff to review care plans on a 3 monthly basis. Staff were familiar with review timeframes and the need to complete immediate review, following incidents.

Based on the information above, it is my decision this Standard is 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

These 7 Requirements have been found Compliant, as:

Consumers and representatives said consumers personal and clinical care needs were being met. Care documentation supported restrictive practices were managed according to best practice, provision of care was tailored to individual’s needs and optimised consumers wellbeing. Staff confirmed best practice clinical care was guided by up-to-date policies and procedures, it was informed by consumer choice and care delivery was monitored.

Consumers and their representatives gave positive feedback regarding staffs’ management of high impact risks to consumers. Care documentation evidenced staff implemented risk management strategies in line with care directives in response to falls, responsive behaviours, unplanned weightloss and wounds. Staff confirmed their management of high impact risks was guided by policies and procedures, with medical officers contributing to harm minimisation strategies.

Care documentation, for consumers who had passed away, evidenced staff delivered care to ensure consumers comfort and dignity during the end of life. Staff were knowledgeable of care processes at end of life including comfort cares, consultation with families, medical officers and palliative care specialists and monitoring consumers for pain. Consumer representatives gave positive feedback confirming consumers were assisted to pass with dignity.

Consumers and representatives reported changes in consumers clinical function, capacity, or condition were recognised and addressed in a timely manner. Staff were familiar with the signs and symptoms which may indicate deterioration and confirmed increased monitoring was implemented to ensure escalation occurred promptly. Care documentation evidenced staff responded quickly when deterioration was detected.

Consumers and representatives reported staff were aware of consumers care needs and felt communication between staff was effective. Staff advised changes to consumers care was communicated via handover, electronic alerts and care plans accessible via the ECMS. Allied health professionals confirmed they had access to the ECMS, and their assessments and recommendations were recorded within consumer’s files to inform staff.

Consumers and representatives confirmed consumers had been referred to medical specialists and allied health professionals, when required. Staff were familiar with referral processes and allied health professionals confirmed referral processes ensured prompt review of consumers. Care documentation evidenced, following referral, consumers were reviewed by allied health professionals and their recommendations were reflected in consumers care plans.

Consumers and representatives gave positive feedback on the management of infectious outbreaks, including staffs use of personal protective equipment (PPE). Staff were knowledgeable of methods used for preventing and controlling infections and understood how to minimise the need for antibiotics and ensuring they were used appropriately. An outbreak management plan, posters and signage displayed informed staff of strategies to prevent and control infection, with staff observed to practice hand hygiene and use PPE correctly.

Based on the information above, it is my decision this Standard is 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

These 7 Requirements have been found Compliant, as:

Most consumers and representatives said consumers independence was supported, and consumers were encouraged to participate in activities that reflected their interests and lifestyle needs. Two representatives raised concerns regarding the cessation of bus outings, however this was only temporary and due to staff leave. Staff were knowledgeable of the diverse interests of consumers, including the strategies used to promote their involvement. Care documentation evidenced assessments to identify consumers’ needs, goals and preferences were undertaken, with services and supports planned to optimise their health and well-being.

Consumers said they were able to continue with their own cultural and religious practices, and staff provided emotional and spiritual support when needed. Staff were familiar with the individual strategies to support consumer’s emotional and psychological well-being. Staff were observed providing emotional support to consumers, who were feeling low.

Consumers said they were supported to take part in community activities, to visit family, go shopping or do things of interest to them. Staff were familiar with consumers personal relationships and those consumers who have developed close friendships. Care documentation identified, the people and activities of interest, which were important to individual consumers.

Consumers advised staff who provided their services and supports were aware of their needs, preferences and they were confident this information was shared with external agencies as required. Staff confirmed consumer information was shared through the ECMS, forms and handover processes. Care, lifestyle and catering documentation was observed to contain consistent information on consumers needs, preferences and conditions.

Staff confirmed they had access to a range of external supports and services and gave practical examples of how their referrals had assisted consumers to access additional support.

Most consumers and representatives gave positive feedback on the quantity, quality and variety of meals. While others said, at times, they did not like the meals, they were served cold or were previously of poor quality, with management confirming the employment of a new chef and the purchase of food warming equipment had been undertaken in response. Care documentation reflected consumers dietary needs, including allergies. Staff were observed offering consumers choice for their meals and facilitating meal services in ways which enhanced consumers dining experience.

Equipment used to support consumers to engage in lifestyle activities and receive daily living support was observed to be suitable, clean and well-maintained. Consumers confirmed equipment provided to them was clean and in good working condition. Maintenance documentation evidenced equipment was routinely inspected and serviced, with repairs completed in a timely manner.

Based on the information above, it is my decision this Standard is 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

These 3 Requirements have been found Compliant, as:

The service environment was observed to be functional, promote consumer independence and contained various social and private spaces including multiple courtyards for the enjoyment of consumers and their visitors. Consumer’s rooms presented a domestic homelike environment and contained personalised items to evoke a sense of belonging for each consumer. Consumers said they felt at home and welcomed.

All courtyards, balconies and garden areas were observed to be unlocked, well-kept and maintained, while indoor areas were clean and comfortably furnished. Most consumers and representatives confirmed their rooms and the broader service environment was kept clean and tidy, however one said they often cleaned the room themselves with management confirming this would be followed up. Maintenance documentation evidenced regular servicing was completed as scheduled.

Furniture, fittings and equipment were observed to be safe, clean and well-maintained. Consumers and representatives gave practical examples of different equipment being provided to meet the needs of consumers; however, one raised a concern regarding the maintenance of bathroom fixtures, with repairs commenced immediately in response. Staff confirmed equipment was routinely inspected to ensure it was safe and any concerns were escalated to prompt repair.

Based on the information above, it is my decision this Standard is 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

These 4 Requirements have been found Compliant, as:

Consumers and representatives confirmed they were encouraged and supported to provide feedback, make complaints and advised they felt comfortable raising any concerns. Staff advised consumers were supported to give feedback through an open-door policy, forms, surveys or meetings. Policies and procedures guided staff on complaints handling and complaint management practices.

Staff gave practical examples of how consumers were supported to access advocacy services and confirmed, translation or interpreting services were provided when needed. Posters and brochures promoted access to external complaints services. Meeting minutes evidenced staff from advocacy services attended consumer meetings to raise awareness of their availability.

Consumers and representatives stated management was responsive to any matters they raised. Complaints documentation evidenced complaints were acknowledged, actioned, documented and resolved quickly. Policies, procedures and training provided, guided staff on the use of open disclosure with documentation supporting this was translated into practice.

Continuous improvement documentation evidenced consumer feedback and complaints were used to inform where improvement actions were needed. Staff gave examples of changing workflows to reduce noise at night and meal service routines as how they had improved services delivered in response to consumer feedback.

Based on the information above, it is my decision this Standard is 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

These 5 Requirements have been found Compliant, as:

Consumers and representatives said staff were meeting consumer’s care needs and they were quick to respond when consumers called for assistance. Management confirmed staff levels were monitored; a base roster was used, with adjustments made to staffing allocations in response to changing consumer needs. Rostering documentation evidenced strategies to replace staff on planned and unplanned leave were generally effective.

Consumers and representatives stated staff were kind, caring and consumers were treated with respect. Management confirmed staff interactions were monitored, with staff made aware of the code of conduct and behavioural expectations through the organisation’s values. Staff were observed to speak about consumers in a respectful manner and their interactions with consumers, were caring.

Consumers and representatives said the staff were competent to deliver the care and services required by consumers. Management confirmed processes were in place to establish staff had the required qualifications, could meet regulatory requirements and these remained current. Education records evidenced staff skills competency was assessed annually.

Consumers and representatives indicated staff knew what they are doing, and no areas of extra training were identified as needed. Management confirmed established recruitment processes were used; staff were inducted, and completion of a mandatory training program was required during orientation and annually. Education records evidenced staff completed training as scheduled and additional training was provided, as required.

Management confirmed formal and informal processes were used to assess, review and monitor the performance of the workforce. Personnel records evidenced some staff evaluations were outstanding with system changes made to increase monitoring of compliance. Management advised staff were continuously monitored through observation, consumer feedback and review of clinical and incident data.

Based on the information above, it is my decision this Standard is 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**

These 5 Requirements have been found Compliant, as:

Consumers and representatives said they were comfortable providing comments or making suggestions and confirmed management were responsive to their ideas. Management confirmed consumers and representatives had input into service operations through a variety of means including direct engagement with Board members who visit biannually. Meeting minutes evidenced consumers were consulted regarding proposed service refurbishments.

Management gave practical examples of how the governing body has changed policies, procedures, staffing and available equipment in response to adverse events or clinical incidents. Documentation evidenced a culture of safe, inclusive care was promoted through the organisations vision, mission and value statements with these communicated to staff. Management confirmed the governing body monitors the performance of the service against the Quality Standards through data and regular reporting.

Organisational governance systems were demonstrated to be effective as information was readily available to consumers, staff and stakeholders as needed. Feedback and complaints were used to inform continuous improvement, funding was allocated to meet operational expenses, purchase equipment and to undertake refurbishment to improve the quality of care and services provided to consumers, as required. Staff were aware of their roles and responsibilities to ensure compliance with legislation occurred.

The organisation has a risk management framework, which underpins its risk management strategies, sets out responsibilities, and includes policies and procedures. Management advised the effectiveness of the system was monitored through review of data and auditing to ensure consumers were supported to live their best lives, while any high impact/high prevalence risks were managed appropriately. Staff confirmed they had been trained in risk and incident management processes and were aware of their responsibilities in reporting and escalating incidents including in response to elder abuse of neglect.

A clinical governance framework was documented and included policies and procedures on open disclosure, antimicrobial stewardship and use of restrictive practice as a last resort. Staff confirmed the delivery of clinical care was monitored and when things went wrong open disclosure was used. Care documentation evidenced staff minimised the use of antibiotics and restrictive practices as per policies and procedural requirements.

Based on the information above, it is my decision this Standard is 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)