

**Performance Report**

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| Name: | Boyne Russell House |
| Commission ID: | 4466 |
| Address: | 184-186 Victoria Street, BRUNSWICK, Victoria, 3056 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 17 December 2024 |
| Service included in this assessment: | Provider: 1290 Melbourne Health  Service: 2983 Boyne Russell House |

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 Boyne Russell House (**the service**) has been prepared by Nicola Eastwood, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider confirmed on 17 December 2024 they would not be submitting any further information in response to the Site Audit.

# 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 confirmed they were treated with dignity and respect. The varied cultures within the service were seen to be respected and celebrated. Staff demonstrated an awareness of consumers identity and cultural needs. The Assessment Team report included examples of how individual consumer cultures were recognised with multicultural food options and consideration of religious preferences. The service has implemented an indigenous friendly menu including locally sourced ingredients.

Consumers confirmed they are involved in decision-making and the service provides them with information related to their care and services. Consent documentation and authority were included in consumers files, related to privacy and information sharing, alternative decision-makers, trustees and power-of attorneys. Staff identified consumers from culturally diverse backgrounds and consumer care plans were reviewed and identified their cultural needs.

Dignity of risk documentation and risk authorisation forms were included in consumer files containing risk-minimising and alternative strategies following discussion with consumers and their representatives. The Assessment Team report included examples of support for consumers to maintain personal interests outside of the service and access social leave as desired.

Information was provided to consumers and their representatives in a timely manner and in a clear, easy to understand way, allowing them to make informed choices. The service is small with some shared bedrooms and bathrooms, although consumer privacy was maintained, and information was kept confidential and according to consumers wishes. Staff access information on mobile workstations and maintain privacy of information ensuring they are facing walls not into open spaces and computer logins were individual with double authentication required.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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 described how the care provided helped them manage risks, and these were documented in the consumers file and care plan. Staff follow a schedule for assessments when a consumer enters the service to ensure all risks are identified. Allied health mobility assessments related to falls risks are completed with strategies to minimise risk and injury. There was evidence of consideration to skin conditions and risks associated with skin integrity. Consumers with complex care needs included consideration of risks related to their condition and ongoing care. The service has a schedule for completing assessments, including on entering the service, on an allocated 'resident of the day' (ROD) schedule, and when changes occur. End of life planning is discussed with consumers after developing a rapport or sooner as needs arise. There was evidence of consideration to individual consumer needs, particularly where challenging behaviours emerge or personal hygiene preferences had been requested.

The service is a part of the broader Royal Melbourne Hospital network and have access to on-call doctors as well as the hospital outreach services. Assessment and planning documentation included recommendations of these providers of care and services. There was evidence of dietician involvement and sharing of information where consumers also access funding through other bodies.

Consumers confirmed they have access to medical practitioners and are aware of their treatment and care plans. The resident of the day process included review of all care needs and communication with consumers and their representatives. There was evidence of identification and escalation of care needs where deterioration occurred including physiotherapy review following falls and review of care plans and assessments.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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 indicated they were happy with the care they received. Staff demonstrated how they tailor personal and clinical care to consumer needs to optimise their well-being. The Assessment Team Report included examples of complex care needs and treatment plans reflective of best practice and consideration to enhancing consumer well-being, independence and choice.

Risks associated with consumer care were identified as restrictive practices, pressure injuries, behaviour management and diabetes management. Management indicated consumers were often referred from the hospital and had complex nursing and social needs, including mental health. The service tracks and reports monthly clinical statistics.

All consumers were identified as being subject to environmental restrictive practice and had appropriate authority in place. Management indicated they were conservative with risk and all consents for environmental restraint included individualised strategies for consumers to safely exit the premises. There was evidence of effective pressure injury prevention measures and broader hospital policies guide the management of wound care.

Staff were aware of consumers with challenging behaviours and explained strategies in place to minimise incidents of aggression and distress of consumers. The environment was observed to be calm, consumers settled and staff interacting with consumers in ways that minimised episode of aggression and respected consumers condition and diversity.

Needs, goals and preferences of consumers nearing the end of life are recognised and addressed. Community palliative care services are available, and consumers may be referred by staff and medical officers. They provide symptom management including pain and nausea, and emotion, spiritual and social support to consumers and their families. There was evidence of identification and escalation of care where changes and deterioration of consumer condition was identified. The Assessment Team report included examples of where specific events initiated additional care strategies and involvement of specialty services.

Information about consumer conditions, needs and preferences was documented and communicated within the organisation. Consumers were happy with the care provided and confirmed staff knew what they needed and how to provide their care. Staff explained how they are kept up to date with information through handovers, communication books and the electronic system which all staff including doctors, nurses, allied health and lifestyle staff used to share information.

The service demonstrated timely and appropriate referrals are made for consumers to other providers of care and services. The service maintains close links with the hospital and specialists as well as community health programs.

Consumers described how staff use appropriate personal protective equipment (PPE) when infections were suspected. The service has infection control and antimicrobial stewardship (AMS) policies in place, as well as an outbreak management plan and access to an infection control lead. Staff explained the principles of AMS and how they liaise with doctors around ordering pathology prior to commencing antibiotic treatment.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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

Lifestyle staff develop plans for activities and social connections to optimise consumer’s independence, health, well-being and quality of life. Activities include group and individual supports depending on the needs and preferences of the consumer.

The service accesses a range of health and well-being services, including church clergy, mental health teams and outreach services, psychologists and volunteer associations. The Assessment Team report included examples of where consumers were supported to customise rooms and engage in individual religious practices where preferred. Quiet areas are available where consumers can spend time with their families to ensure privacy. There are also garden areas where consumers and visitors can sit outdoors, these were observed to be well used during the Site Audit.

Information regarding consumer needs is communicated within the organisation through verbal handovers, electronic documentation and the use of communication books. Information was shared between nursing, allied health, catering and lifestyle staff.

The service makes timely and appropriate referrals to community service organisations and other providers of care and services. Consumers described how they are supported with daily living by other organisations and providers of care and services.

Most consumers indicated they enjoyed the food provided by the service. Meal trolleys were observed to have dietary requirement cards on consumer trays to ensure staff provide the correct meal. Lifestyle staff who assist with meal service in the dining room stated they receive handover information when consumer dietary needs change. The Assessment Team noted a wide variety of meal options available including a new initiative for a texture modified sandwich option.

Staff review consumer personal equipment monthly to ensure it is appropriate, in working order, with slide sheets and slings sent to the laundry and other equipment cleaned.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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 explained they can receive and entertain visitors and friends comfortably in their rooms or courtyards. The service is a single-story building and has secure courtyards that consumers can access freely. The service has a designated smoking area as well as other seated outdoor areas for consumers to utilise.

Consumers confirmed they move freely inside and outside of the service with doors to outside courtyards remaining open during the day. Staff described cleaning regimes and management of hazards. A review of maintenance requests showed no outstanding issues posing a significant risk to consumers. The maintenance system consists of preventative and reactive maintenance to ensure equipment and furnishings are safe, clean, and well-maintained.

There is a daily cleaning checklist to ensure completion of daily cleaning tasks and cleaning supplies and chemicals are stored securely in a locked storeroom. Staff confirmed they have access to cleaning equipment and discussed how they would log faulty equipment for the attention of maintenance staff. A range of equipment is available including mobility aids and other specialised equipment to assist in the care of consumers. The furniture, fittings, and equipment were observed to be clean and well-maintained.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 confirmed they are aware of the feedback process and are encouraged to provide feedback. Documentation, including meeting minutes and feedback systems, showed the service encourages and actions feedback. Feedback forms, information provided by the Aged Care Quality and Safety Commission regarding complaints and a copy of the Charter of Aged Care Rights is prominently displayed within the service.

Staff demonstrated their knowledge of complaint and advocacy services. Information about advocacy, feedback and language services was observed throughout the service and is in the consumer information pack. Management described online feedback mechanism, and hard copy feedback forms are available for consumers and representatives to access and can be printed in a variety of languages.

The service has a comprehensive policy and procedure for practising open disclosure. Documentation reviewed reflected that the service is taking appropriate action in response to complaints and utilises open disclosure. Staff demonstrated their understanding of the complaint’s resolution process including being open and having timely communication, acknowledging the mistake and apologising.

Consumers and representatives said they feel confident the service reviews their feedback and complaints to improve the quality of care and services. Management explained that identification of consumer issues and areas for improvement occur through discussions with consumers, representatives, and staff. The feedback register and PCI reflected that improvements have been made based on service feedback.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

Consumers and representatives were satisfied with the number of staff at the service, confirming call bells are answered promptly. Management explained they forward plan staffing requirements based on consumer occupancy. As the service is a part of the broader Royal Melbourne Hospital network staffing ratios are generous compared to other residential aged care services.

Management explained that they support the workforce with current information, tools and resources to respond to consumer life experiences, culture and diversity. The service celebrates cultural days, provides training and updates staff by email notice boards and meetings.

The organisation checks worker qualifications, including professional registrations, criminal checks, and vaccination records for COVID-19 and influenza. Staff described the onboarding and orientation process, including completing competencies and mandatory training on abuse and neglect, dementia, code of conduct and the SIRS.

Management described the orientation program, role specific training and how staff are supported to engage with ongoing training in response to clinical need and data trending. Training records reflected staff had completed annual mandatory training as well as toolbox training sessions.

Staff confirmed their performance is reviewed throughout the year and management explained that they monitor staff performance through regular meetings, formal supervision and annual performance appraisals. Performance monitoring includes consideration of incidents, feedback and compliments.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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 encourages consumers to provide feedback and engage in meeting forums. Management and staff described how the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and its involvement in this delivery. The organisation has a governance structure in place that supports accountability over care and services delivered. This includes a hierarchical structure to ensure full oversight and governance by the organisation’s board and various committees. The governance committee and quality committee have oversight of clinical care where discussion of risks at the service and risk ratings are discussed.

Aged care updates and legislative changes are communicated by the organisation’s legal team to the management, to ensure information has been actioned appropriately. The service has an internal audit schedule, and results are tabled and reported to the relevant committees and actioned as required.

Staff confirmed information is available to them to provide effective care, including care planning documentation, policies and procedures, human resources, and training material.

Opportunities for continuous improvement are identified through consumer, representative and staff feedback, audits, surveys and incidents. The service’s PCI reflected such improvement actions. Management working within the service produce monthly reports outlining financial performance which are provided to the senior leadership team, director of nursing and the Board.

The service has a corporate human resource department which captures information related to staff recruitment and qualifications, criminal checks, education and training. The Assessment Team reviewed position descriptions which contained clear information regarding necessary qualifications and required tasks. Regulatory compliance is managed at an organisational level, with any updates or changes to legislation and its policies and procedures then communicated to staff at a service level through staff meetings, emails, and audits to ensure compliance. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services PCI.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and a review of documentation. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an effective incident management system in place to identify, record, manage, resolve, and report all incidents.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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)