Performance

Report

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| Name: | Bracken House Dubbo |
| Commission ID: | 0215 |
| Address: | 315 Macquarie Street, DUBBO, New South Wales, 2830 |
| Activity type: | Site Audit |
| Activity date: | 29 November 2023 to 1 December 2023 |
| Performance report date: | 9 January 2024 |
| Service included in this assessment: | Provider: 1233 United Protestant Association of NSW Limited  Service: 231 Bracken House Dubbo |

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 Bracken House Dubbo (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The Approved Provider submitted an email on 15 December 2023 stating they accept all findings within the Site Audit report.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff treat them with dignity and respect, spending time getting to know them, their background, and values. Staff described processes to understand consumer life stories and how this information was integrated into care planning documentation. The consumer handbook informed consumers of their right to be treated with dignity and respect with their identity, culture, and diversity valued.

Staff demonstrated familiarity with consumers’ cultural needs in line with care planning documentation and could explain how this informed provision of personalised care and services. The services cultural diversity and safety policy outlined expectations, and consumers said provided care recognised their cultural traditions and preferences.

Consumers and representatives said staff support and respect consumer choices about care and services, and who is involved, and maintaining relationships. Care planning documentation reflected choices in line with consumer feedback and staff said they consult with consumers regularly to confirm preferences, support choices, and optimise independence.

Consumers described how the service supports them to take risk, discussing choices and strategies associated with the activity. Management and staff explained they supported consumers to live their best lives, including through taking risks, but seek to minimise potential for harm through consultation and assessment processes. A Dignity of risk assessment was undertaken for consumers wishing to undertake activities with risk, demonstrating input of the consumer in making informed decision and developing mitigating strategies.

Consumers and representatives said there was sufficient written and verbal information to inform choices. Staff and management described provision of information to consumers in line with preferences, adapting communication method to meet needs of consumers with sensory impairment.

Consumers were satisfied with staff actions to respect privacy, with staff explaining they always knock on doors and seek permission before entering rooms. Management explained actions to maintain confidentiality, including securing personal information in password protected electronic systems which were observed to be locked when not in use. Staff actions are informed by the privacy policy, detailing need to ensure information is kept confidential and relevant to consumer needs.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described initial and ongoing assessment processes, explaining how they were used to identify risks and develop care plans to inform safe and effective care for each consumer. Care planning documentation demonstrated consideration of individual risks and tailored mitigating strategies.

Consumers and representatives explained being consulted to identify needs, goals, and preferences, including for advance care and end-of-life directives. Staff and management explained how they captured preferences within care planning, and approach for discussion of end-of-life needs, captured in a ‘statement of choice’ document. Care planning documentation identified consumer needs, goals, preferences and included end-of-life planning.

Consumers and representatives detailed their involvement and input within assessment and planning processes. Staff explained partnering with consumers and others involved within care, including representatives and other providers. Care planning documentation demonstrated staff consultation with consumers, representatives, and others involved within care, including other providers of care and services.

Consumers and representatives said they receive updates on care and services, staff explain things as needed, and a copy of the care plan is provided following scheduled reviews. Staff explained processes in place to ensure regular updates were provided. The outcomes of assessment and planning were accessible to staff through care planning documentation within the electronic care management system.

Consumers, representatives, and staff explained care and services were reviewed every 6 months or when incidents or changes occurred. Staff explained monitoring processes undertaken to identify need for reassessment, including monthly Resident of the day review. Care plan documentation demonstrated regular reviews for continued effectiveness, including when incidents occurred or circumstances changed.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they receive care that meets their needs and optimises well-being. Management and staff demonstrated understanding of best practice principles in relation to use of restrictive practices, skin integrity and wound care, and pain management and explained personalised strategies developed for individual consumers captured within care planning documentation.

Staff demonstrated awareness of high impact or high prevalence risks associated with consumer care, detailing processes to monitor and minimise incident or harm in line with care planning documentation. Consumers and representatives said risks associated with care of consumers was identified and managed well with developed strategies.

Staff and management explained how they would recognise and address needs and preferences for consumers nearing end-of-life, focusing on comfort, pain management, and emotional and spiritual supports. Care planning documentation for a late consumer demonstrated consultation with representatives on deterioration and transition to palliative care, capturing cultural considerations, wishes, and comfort needs and emotional support for the consumer and family. The end-of-life and palliative care procedures detailed roles, responsibilities, and actions for staff in maintaining consumer comfort when nearing end-of-life.

Consumers and representatives said the service was responsive to changes in consumer care needs. Staff explained monitoring processes to promptly identify change in consumer health status and escalation pathways for management of deterioration. The service’s policy for management of acute deterioration of consumer health detailed assessment, monitoring, and referral pathways dependent upon course of deterioration.

Consumers and representatives said information about consumers was communicated effectively with them and with other staff, and staff were always familiar with consumer needs and preferences. Staff, including visiting providers, explained communication processes, including documentation in progress notes and handover processes. Care planning documentation was readily available to staff and included detailed information within progress notes and care and services plans to communicate consumer condition, needs, and preferences.

Consumers and representatives said they had ready access to health professionals and organisations. Clinical staff described referral processes to differing providers. Care planning documentation demonstrated timely referral and responses.

Consumers and representatives expressed confidence in the service’s actions to minimise infection-related risks, saying staff were observed practicing hand hygiene and wearing personal protective equipment. Staff demonstrated understanding of precautions to prevent infection, manage outbreaks, and ensure appropriate antibiotic use. The service ensured best practice processes were followed through policies, procedures, and the involvement of an Infection prevention and control lead.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff explained consumer needs, goals, and preferences are identified, captured within care planning documentation, and used to inform care and services, such as individual and group activities. Consumers and representatives detailed services available to support well-being and independence, including volunteers, and management explained additional exercise activities were developed to meet consumer needs and wants.

Consumers explained how staff supported them when feeling low, and spiritual services are regularly offered within the activities schedule. Care planning documentation included information on consumer well-being needs, goals, and preferences with relevant support strategies. Staff explained how they monitor for signs of emotional change and gave examples of supportive actions they take when identified.

Consumers and representatives described consumer participation in activities of interest, including outside the service, and maintain relationships with people of importance. Staff described involvement of community services, and care planning documentation included supports for consumers to participate in local community events.

Staff explained how information about consumer conditions, needs, and preferences were shared relating to services and supports. For example, dietary changes were communicated with kitchen staff during handovers, and the chef updated written summaries of consumer needs stored in each kitchenette.

Consumers were satisfied with available providers of services and supports. Staff explained referrals to other organisations and services, such as pastoral care and volunteers. Documentation demonstrated referrals were timely and appropriate.

Consumers and representatives expressed overall satisfaction with the quality and quantity of provided meals, and feedback sought and acted upon. Kitchen staff explained the menu was created using consumer preferences and feedback, with Dietitian input to ensure adequate nutrition, offering a choice of main meals and alternative options if required.

Consumers reported having access to equipment to assist with daily living activities. Staff described processes to ensure equipment was safe, clean, and well-maintained, and receive sufficient training on use. Equipment was observed to be readily available, clean, and in good condition.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service as welcoming, explaining consumers were encouraged to personalise their rooms with personal items and photos. Sufficient signage, lighting, and handrails were available to support independent consumer movement within the service, and consumers were observed socialising in communal areas.

Consumers and representatives said the environment is clean and well-maintained, and staff explained associated processes to achieve this. Whilst access to a garden area was observed to be restricted due to locked doors, this was reported as unintended with a maintenance request lodged to address faults. Consumers and representatives said consumers could readily access outdoor areas.

Consumers and representatives were satisfied furniture, fittings, and equipment were clean and well maintained, with regular safety checks and scheduled cleaning and maintenance. Staff explained their roles in ensuring equipment, furniture, and fittings were safe and suitable for each consumer.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were familiar with complaints processes and comfortable to give feedback. Staff described processes to encourage and support feedback and complaints and said they would assist consumers by filling in forms or escalating concerns. Feedback and complaints forms were displayed, and could be submitted anonymously if required, and meeting minutes demonstrated opportunity and encouragement for consumers to voice concerns.

Whilst consumers and representatives said they were unaware of advocacy and language services, all said they did not feel a need to seek them. Advocacy material was displayed and readily available, and consumer meeting minutes included reminders as a standing agenda. Most staff were aware of advocacy services and how to access language services, although stated they had no current consumers with need, and management explained representatives of advocacy services attend the service to provide presentations explaining their role.

Consumers and representatives expressed satisfaction with resolution of complaints. Staff and management explained actions taken in response to complaints in line with open disclosure principles. Records of complaint demonstrated timely response and actions taken.

Consumers described positive changes made in response to feedback and complaints. Management advised actions taken when a trend in complaints was identified, resulting in improvements, and ongoing feedback for improvements was sought through a variety of pathways. The Continuous improvement plan included activities generated in response to consumer feedback and actions undertaken.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives, and staff said there were sufficient staff to meet consumers’ care and service needs without rushing. Management reported a recent increase in shifts to meet care minute requirements initially resulted in unfilled shifts covered by agency staff and management, with ongoing recruitment for permanent staff. Call bell reports demonstrated response in a timely manner.

Consumers said staff were kind and caring. Staff undertake training on cultural diversity and safety, and consumer dignity and respect, stating cultural safety is covered within mandatory training. Staff interactions with consumers demonstrated familiarity and respect.

Consumers and representatives described staff as skilled and competent. Management outlined using recruitment processes to ensure staff had sufficient qualifications and knowledge to competently perform the role in line with the detailed position description. Records demonstrated monitoring of staff compliance with mandatory training and professional and legislative requirements, such as police clearances. Monitoring of onboarding processes, including orientation, training, and buddy shifts, is used to determine staff competency or areas for improvement.

Management explained how staff are supported to receive sufficient training to perform their roles and meet expectations of the Quality Standards, for example, in relation to reporting obligations within the Serious Incident Response Scheme. Staff described mandatory and supplementary training provided to support provision of quality care and services. Adherence with training is monitored, and staff reminded of requirement to complete overdue modules.

Staff explained how the performance review process was used to support them and provide opportunities for improvement. Management explained formal and informal performance management processes, with performance management processes utilised if required. Whilst some staff performance appraisals were overdue, management described actions being undertaken to remedy this.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said they were engaged in the service operations through feedback processes and consumer meetings. Management explained the development of a consumer advisory group, and consumers were aware of their ability to participate. The service collects consumer input into development, delivery, and evaluation of care and services through feedback, surveys, and verbal consultation.

Management explained the organisational and governance structure, with monthly reports submitted to subcommittees who escalate trends, concerns, and incidents to the Board. Senior management within the organisation meet weekly with regional managers to discuss Board outcomes, which is then communicated by management to staff. Board meeting minutes demonstrated oversight and accountability for individual services. Management detailed how the service used audit programs to monitor performance internally and against benchmarks.

Management described processes and mechanisms in place for effective governance. Staff feedback demonstrated awareness of policies and procedures relating to identified areas. Observations and documentation demonstrated procedural information, captured within policies, was understood, practiced by staff, monitored by management with oversight by the Board and subcommittees.

Monitoring processes, through daily review of clinical data reports and trending, identified high incident and high prevalence risks associated with care of consumers, which inform monthly reporting to the governing body. Policies, procedures, and mandatory training inform staff obligations to identify respond to abuse and neglect of consumers. Staff were aware of obligation to report incidents, with management explaining the electronic system facilitated oversight by the governing body, and although the Assessment Team identified 2 incidents that had not been reported through the Serious Incident Response Scheme, this was determined to be through error rather than poor understanding of obligations.

The service demonstrated presence of an effective clinical governance framework, consisting of policies, guidelines, and monitoring processes. Staff detailed how policies and procedures informed the delivery of safe and effective clinical care. Clinical staff explained processes for monitoring and minimising use of restrictive practices and application of antimicrobial stewardship, and demonstrated awareness of obligations to apply use of open disclosure when things go wrong.

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)