Performance

Report

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| Name of service: | Buckland |
| Service address: | 39 Hawkesbury Road SPRINGWOOD NSW 2777 |
| Commission ID: | 0571 |
| Approved provider: | The Buckland Convalescent Hospital |
| Activity type: | Site Audit |
| Activity date: | 15 February 2023 to 17 February 2023 |
| Performance report date: | 23 March 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 Buckland (**the service**) has been prepared by K. Spurrell, 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.
* 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 described how they incorporated their knowledge of the consumer’s background and personal identity into the service and supports they provide to the consumers. Staff were observed treating consumers with dignity and respect by using their preferred names, knocking on doors before they entered their rooms and closing doors behind them when showering and providing personal care to the consumers.

Consumers and representatives said the service provides care and services that are culturally safe, and staff value their culture, personal values, and diversity which influences the delivery of their day-to-day care. Staff identified consumers with individual preferences and care needs and explained how care is delivered with respect. Care planning documentation reflected the consumer’s cultural needs and preferences including who is important to them.

Consumers and representatives said the service supports them to make choices regarding consumers’ care, the way services are delivered and who the consumer wants involved in their care. Consumers said they feel supported to communicate their decisions, make connections, and maintain relationships of choice. Staff described how consumers are supported to maintain relationships, such as regular family visits and taking consumers on outings. Care planning documentation included nominated contact information for the consumer’s representative, enduring power of attorney, family and friends, and their preferred contact method.

Consumers and representatives stated the service supports consumers in taking risks to enable them to live the best life they can. Staff demonstrated an understanding and were familiar with consumers who chose to take risks and how they are supported to understand the benefits and possible harm in taking risks. Care planning documentation identified consumers’ risks, as well as strategies to mitigate risks and ensure consumer safety.

Consumers and representatives advised they receive up-to-date information about activities, meals, COVID-19, and other special events organised at the service. Staff advised the service provides newsletters and other regular communication, sent by email to all representatives, hard copies are made available within the service for consumers; consumer/representative meeting minutes were kept in an accessible area by the reception desk, and the notice boards and can be viewed at any time. Staff were familiar with interpreter services available contact details for translating and interpreting services were displayed throughout the service.

Consumers and representatives reported their privacy is well respected, and they are confident their personal information is kept confidential. Staff described how they maintain consumer privacy when providing care and ensure computers are locked and password protected access consumers’ personal information. Staff were observed knocking on bedroom doors and waiting for a response before entering and closing doors when providing 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 said they were involved in assessment and planning processes and were happy with the management of identified risks for consumers. Staff described the initial and ongoing assessments and care planning documentation evidenced a range of assessments being completed on entry and on an ongoing basis for range of risks including skin tears and pressure injuries and psychotropic medication management. The service has assessment and care planning policies and procedures in place to guide staff.

Consumers and representatives said the service consults with them relation to the needs, goals and preferences of the consumers’ care, and staff have spoken with them about advance care and end of life planning. Staff demonstrated an understanding of individual consumer needs and preferences and said they approach end of life and advance care planning conversations during the admission process, at case conferences and as needs change. Care planning documentation evidenced consumers’ current needs, goals and preferences and advance care planning.

Consumers and representatives confirmed their involvement in ongoing assessment and planning through case conferences, verbal updates and described the involvement of others important to them involved with assessment and planning. Staff described the involvement of others in consumers’ assessment and planning including allied health providers and specialists. Care planning documentation including progress notes and case conference documents, evidenced involvement and input from the consumer/representative, medical officer and allied health specialists in the consumers’ care assessment and planning.

Consumers and representatives confirmed receiving verbal updates and communicating with staff as care changes occurred and confirmed they receive a copy of the care plan if they wanted one. Staff advised the outcomes of assessments are documented in case conference records and care plans for the consumer in the electronic care management system and were updated on consumers’ care needs during handover. Care planning documentation evidenced consumers’ individualised care, and regular communication with consumer and representatives about the outcomes of assessment and care planning.

Consumers and representatives said they are regularly informed when consumers’ care changes and when incidents occur. Care planning documentation showed evidence of review on a regular basis and when circumstances change, or when incidents occur. Staff and management interviewed confirmed care plans are reviewed 3 monthly or when health or care needs change and described how incidents might generate a reassessment or review of consumer’s needs.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said they were satisfied with the care provided and consumers’ personal and clinical care needs were met. Care planning documentation reflected individualised care is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff interactions with consumers were observed and confirmed personal and clinical care is being delivered in line with care plans.

Consumers and representatives said the service manages consumers’ risks and staff identified risks and related management strategies for individual consumers. Care planning documentation identified high impact/high prevalence risks had been identified and effectively managed by the service, including falls, choking, weight losses, pressure injuries, diabetes management, oxygen management and catheter care. The service has policies, procedures, and flowcharts in relation to high impact/high prevalence risks.

Consumers and representatives said they have completed advance care directives with their end of life wishes and preferences included. Staff described the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised and dignity preserved through regular repositioning, pain management, eye and mouth care, emotional and spiritual support. Care planning documentation evidenced advance care planning and the needs, goals, and preferences of consumers for end-of-life care, including comfort care.

Consumers and representatives said the service responds effectively when there is a deterioration in the consumer's condition, health, or ability. Staff explained the process for identifying and reporting changes and deterioration in a consumer’s condition such as recognising pain, poor appetite, weight loss, bowel movement, changed behaviours and mobility changes. Care planning documents and/or progress notes reflected the identification of and response to deterioration or changes in condition. The service has policies, procedures and flowcharts relating to acute deterioration to guide staff in identifying and responding to the deterioration of consumers.

Consumers and representatives said the consumer’s care needs and preferences are effectively communicated between staff, and they receive the care they need. Staff said information relating to consumers’ conditions, needs and preferences is documented in the electronic care management system via care planning documentation, progress notes, handovers and communicated where the responsibility for care is shared. Consumers’ files demonstrated staff notify the consumer’s medical officer and representatives when the consumer experiences a change in condition, a clinical incident, is transferred to, or returned from the hospital, or is ordered a change in medication.

Consumers and representatives advised timely, and appropriate referrals occur, and the consumer has access to relevant health supports and services such as the medical officer, physiotherapist, occupational therapist, dietitian, speech pathologist, geriatrician, palliative care consultant, podiatrist, dentists, and dementia support services. Care planning documentation evidenced a referral process to other health care providers as needed. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

Consumers and representatives confirmed staff perform standard and transmission-based precautions to prevent and control infection. The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The service has an infection prevention and control lead who has completed the appropriate training and staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for 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 said they felt supported by the service to do the things of interest to them including participating in activities as part of the service’s lifestyle program and/or spending time on independent activities of choice. Staff said they ask consumers about their needs and preferences, and they receive feedback from consumer and family meetings. Care planning documentation identified the needs and preferences of consumers in each case.

Consumers said they feel supported to maintain social, emotional, and spiritual connections which are important to them. Staff said they know the consumers well and if a consumer is feeling emotional unwell or agitated, they usually know why and provide necessary emotional support to them. Care planning documentation showed consumers’ spiritual preferences were documented. The activity calendar included various church services scheduled at the service.

Consumers felt supported to participate in activities within the service and in the outside community as well as have personal relationships and do things of interest to them. Staff explained how consumers are encouraged to participate in the activities of interest to them by asking them to join activities that are specified in their care plans. Care planning documentation identified the people important to individual consumers and activities of interest. Lifestyle staff highlighted a strong connection to the community with regular visits from volunteers.

Consumers and representatives reported information about their condition was effectively communicated to those who provide daily care to meet their needs. Staff said information regarding consumer conditions are contained in care plans and identified at handover. Management said any changes to the consumers care is communicated to their representatives. Care planning documentation identified the condition of consumers and their needs and preferences and provided adequate information to support the delivery of safe and effective care.

Consumers confirmed referrals were made in timely manner and they could access other organisations as needed. Staff demonstrated an understanding of what organisations, services and supports were available in the community should a need be identified for a consumer. Care planning documentation demonstrated timely and appropriate referrals are made to individuals, other organisations and providers of other care and services.

Consumers and representatives said they were satisfied with the variety and quantity of food available. Care planning documentation evidenced consumer dietary requirements and preferences were captured, and food was being prepared in line with this. The services’ menu was displayed in the reception area and evidenced consumers have options for all meals. Staff said consumers can request an alternative meal if they do not like any of the choices offered.

Equipment used to support consumers engagement with activities of daily living, and lifestyle activities, were observed to be safe, suitable, clean, and well-maintained, this included mobility equipment such as walking aids and wheelchairs. Maintenance documentation such as preventative and reactive schedules were observed to be current and up to date. Daily maintenance logs showed no outstanding requests.

# 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 and representatives said the service environment is open and welcoming and they feel at home. Consumers’ rooms were observed to be decorated with their personal belongings. Staff described how consumers could move independently, throughout the service and consumers were observed moving freely between their rooms, the lounge and dining areas for daily activities. The service is light filled, with wide hallways and handrails for support.

Consumers and representatives said the service environment is clean, well maintained, and comfortable, and they can move freely indoors, to the outdoor courtyard, and access the outside with a key code. The service’s cleaning is undertaken by a third-party contractor with daily, weekly, monthly, and quarterly cleaning schedules The cleaning log is updated daily as work is completed and the service environment was observed to be clean, and well-maintained.

Consumers and representatives said equipment provided by the service for consumers to use is well maintained, safe and clean. Furniture and fittings were observed to be safe, practical, clean, well maintained and sturdy. Equipment for daily living activities was available and suitable for the needs of the consumers. Management described and demonstrated how maintenance is scheduled and carried out for routine, preventative, and corrective maintenance requirements.

# 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 understand how to give feedback or make a complaint and said they feel comfortable doing so. Staff described the feedback process and how they support consumers to provide feedback. The service has regular consumers/representatives’ meetings providing an opportunity for consumers and representatives to raise concerns and feedback. Multiple feedback boxes and feedback forms were observed to be readily available throughout the service.

Consumers and representatives described various ways in which they can voice concerns, provide feedback, and make a complaint externally, but they felt comfortable raising any issues with management and staff directly. Staff were aware of how to access advocacy and interpreter services. Information on advocacy services was observed on noticeboards and was available in different languages.

Management described processes for addressing feedback and complaints, including the use of open disclosure principles. Staff were aware of the term open disclosure, the importance of resolving issues and apologising to consumers when things go wrong. Consumers and representatives indicated the service has responded appropriately when they’ve made a complaint or provided feedback.

Consumers said they were confident the service uses feedback and complaints to make improvements and confirmed they had been involved in finding solutions to issues raised such as for food and renovations. Management said all complaints are acknowledged, reviewed, and actioned accordingly, and are stored in the digital complaints system with issues marked as completed. The complaints register evidenced the service was monitoring and responding appropriately to feedback and complaints.

# 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 said the number of staff at the service are meeting the needs of the consumers. Management described how they ensure there is enough staff to provide safe and quality care by having a master roster which is designated per the classification of a staff member and is designed to cover the care needs of their consumers. The service has a continuous improvement plan with a focus on maintaining a sustainable workforce through recruitment, training, and staff engagement.

Consumers and representatives provided feedback that staff engage with them in a respectful, kind, and caring manner, and are gentle when providing care. Care planning documentation showed that consumers’ cultural, lifestyle and religious preferences are recorded and accommodated. Staff described individual consumers’ needs and preferences and were observed being attentive and respectful in their interactions with the consumers.

Consumers said staff were experienced and capable and had the knowledge to provide the care and support they needed. Management described training new staff during induction, with the infection control lead providing hygiene and personal protective equipment competency checks and the physiotherapist conducting manual handling training. Training records evidenced staff had completed mandatory training for the year and the human resources team undertakes police checks, qualifications and registration checks and approves them before orientation commences.

Consumers and representatives confirmed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff said they receive ongoing training, including annual mandatory training and completing core competencies. Management said there is an online training portal which includes the mandatory scheduled training, non-mandatory training, and additional training for a need is identified.

Staff confirmed they participate in annual performance assessments. Management described the performance review process and how they use continuous assessment of staff during team meetings, feedback processes, observations, and consumer feedback. The service has an annual staff appraisal cycle and provides direct feedback to staff following incidents, observations or complaints, or compliments as required.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they were involved and engaged with the development and delivery of their care and services through both individual care meetings and consumer/representative meetings. Staff confirmed the service keeps consumers and representatives informed of changes in care or when things go wrong, to ensure effective communication and engagement. Management demonstrated the organisation has effective systems to engage and support consumers to be involved in the decision-making aspect of their care and services.

The organisation demonstrated how the governing body promotes a culture of safe, inclusive, quality care and is accountable for its delivery through the organisational structure which provides support through the designated quality teams to ensure the board and senior managers are aware of and accountable for the service delivery. Management and executive staff demonstrated high levels of engagement with both the CEO, the Board and with front-line staff and consumers. Consumers and representatives said they feel safe at the service, and they receive regular updates in relation to outcomes of care and services.

The service has a governance framework in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The management team monitors and reviews routine reporting, and analysis of data related to incident management, workforce requirements, and complaints. The Board satisfies itself systems and processes are in place to ensure the right care is being provided in accordance with the aged care quality standards. Staff demonstrated they were familiar with the resources and learning requirements for each section of this requirement.

The service was able to demonstrate that effective risk management systems and practices are in place to identify and manage risks for the safety and wellbeing of consumers. Policy and procedures such as for assessment and care planning, incident management and serious incident reporting, are available to guide clinical staff; staff were aware of policies, had undergone training and could demonstrate a sound understanding of these policies. Risk management documentation was observed to be embedded throughout the operating system, including a standing agenda item for both quality and operational meetings, policies and procedures, and learning and development.

The organisation’s clinical governance framework includes policies and practices covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had been educated about the policies and could describe the relevance to their work. The service has embedded formal training modules for restraint and minimising the use of restraint, antimicrobial stewardship, and open disclosure. The Board’s clinical governance committee reviews the data each month.

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)