Performance

Report

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| Name of service: | Casterton Memorial Hospital Nursing Home |
| Service address: | 63-69 Russell Street CASTERTON VIC 3311 |
| Commission ID: | 3495 |
| Approved provider: | Casterton Memorial Hospital |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 7 October 2022 |

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 Casterton Memorial Hospital Nursing Home (**the service**) has been prepared by M Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* 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 their representatives said consumers are treated with dignity and respect, their culture and identity is valued and care is provided consistent with cultural traditions and preferences. Staff described how they support consumers’ choices and preferences. Care planning documents identified details of consumers’ cultural and spiritual needs and other preferences.

Consumers said they are given choices about how their care and services are delivered and who is involved. Consumers said they are supported to maintain relationships. Staff described how they support consumers to be independent and make choices.

Consumers and their representatives said consumers are supported to live their best lives, have adequate knowledge to make decisions and can take risks. Care planning documents contain risk assessments that include mitigation strategies.

Information is provided in a timely and clear manner to support consumers to make daily choices regarding their care needs, meals and lifestyle activities. Information is given verbally, via activity schedules and noticeboards.

Consumers said staff respect their privacy and knock before entering. Staff were observed maintaining consumers’ privacy and dignity. Consumers’ confidential information is secured electronically or at the nurse’s station and restricted to relevant staff.

# 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

Care planning commences when consumers enter the service. Assessment and planning processes identify consumers’ needs, goals, preferences and consider relevant risks. Advance care and end of life planning is included if the consumer wishes.

Care plans reflected involvement, recommendations and directives from allied health professionals and medical officers. Consumers and their representatives confirmed they are involved in assessment and planning processes and they may access copies of care plans.

Care plans reflected updates and reviews occur when deterioration or changes to consumers’ health and well-being are identified.

# 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 their representatives said consumers receive personal and clinical care that is tailored to optimise their health. Care planning documents reflected consumers receive individualised care. Care plans reflect how skin integrity care and pain management are tailored to consumer’s needs, and restrictive practices are used in line with policies.

Care plans reflected effective strategies are applied to manage and minimise high impact and high prevalence risks for each consumer.

Staff described how they deliver end of life care to maximise consumers’ comfort, and support families to be present.

Care plans and progress notes reflected staff recognise and respond to deterioration or changes in consumers’ condition in a timely manner. Staff gave examples of actions taken.

Consumers and their representatives were satisfied with the communication of information within and outside the service regarding care needs and changes. Staff described how information is shared through verbal and documented handovers at the start of each shift and electronic care plan notifications.

Consumers and their representatives said timely access is available to other health professionals. Care plans reflected ongoing referrals occur and input from other providers is documented,

Staff said they are trained in infection control and management of antibiotics, and gave examples of how they apply the training.

# 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 and their representatives said services and supports for daily living meet their needs, goals and preferences and maintain independence and quality of life. Staff knew what was important to consumers and developed interest groups to encourage consumers to enjoy gardening, cooking and games.

Consumers said their spiritual, emotional and psychological well-being is supported, and they are able to maintain connections with others.

Consumers said they are supported to participate in community activities of their choice within and outside the service. Leisure, lifestyle and well-being plans identify activities of interest and people who are important to consumers. Staff said they work with community groups to support consumers to maintain connections and pursue interests.

Information about changes to consumers’ condition, dietary and lifestyle preferences and additional support is communicated and shared between staff through handovers and care documentation.

Care planning documents and consumer feedback reflected consumers are referred to other services and providers.

Consumers said they were satisfied with the quality, quantity and variety of meals provided and said they can request further items in line with their preferences. Staff described how they accommodate consumers’ needs and preferences. Ongoing consumer feedback is obtained.

Equipment used to support consumers to engage in activities of daily living was observed to be safe, suitable, clean and well maintained. Consumers said they feel safe when using equipment and know how to report any concerns. Staff said sufficient equipment is available to meet consumers’ needs.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said the service environment is comfortable, safe, welcoming to their family and friends and feels like home. Consumers are supported to personalise their rooms. Consumers were observed utilising the outside and garden areas.

Consumers said the service is clean, well maintained and comfortable. Consumers were observed moving freely. Signage is located throughout the service to support navigation.

Furniture, fittings, and equipment were observed to be safe, clean, well maintained and suitable for consumers.

# 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 their representatives said they are encouraged to give feedback or make complaints, and were aware of feedback forms and options to complain anonymously. Complaints information is available in the consumer handbook and brochures.

Consumers and their representatives said they are aware of advocacy and external complaint services. Staff described how they assist consumers with communication difficulties to raise a complaint or provide feedback. Information about advocacy and language services was observed in the consumer handbook and posters.

Consumers and their representatives said the service takes prompt and appropriate action when complaints are made, or when an incident occurs, and an apology is made. The service’s feedback register showed feedback and complaints are documented.

Feedback and complaints are analysed, trended and used to inform continuous improvement. Planned actions, timeframes and evaluation notes are listed in the service’s plan for continuous improvement. Items are discussed at consumer meetings to obtain consumers’ input.

# 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 said there were sufficient staff and care is timely. Staff said there was enough time and staff allocated. The service has rostering processes to fill shifts.

Consumers and their representatives said staff engage with consumers in a respectful, kind and caring manner. This was consistent with observations.

Staff have position descriptions for their roles that set expectations, skills and responsibilities. Credentials, qualifications and registrations are monitored.

Training records reflected staff complete mandatory and job relevant training and showed staff were up to date with training.

Staff performance is monitored through formal performance appraisals and via feedback from consumers, representatives and other staff. Training and development opportunities are identified.

# 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 their representatives provided examples of how consumers are engaged in the development and evaluation of care and services, via meetings, feedback forms and discussions with staff. They said management are responsive and improvements are made in a timely manner.

The governing body promotes and is accountable for the delivery of safe, inclusive care and services. The Board receives monthly reports regarding clinical governance, quality, risk, continuous improvement and audit results. Information is communicated to staff, consumers and their representatives.

The service has effective governance systems in place relating to information management, regulatory compliance, financial and workforce governance. Continuous improvement occurs, including information derived from feedback, complaints and incidents.

The service has documented risk management framework, with policies in relation to managing high impact and high prevalence risks, addressing abuse and neglect, supporting consumers to live their best lives and managing incidents. Staff had a shared understanding of the policies and how they apply in practice.

The service has a clinical governance framework, with policies to promote antimicrobial stewardship, minimise the use of restrictive practices and use open disclosure. Staff gave examples of how they applied the policies in their work.

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)