Performance

Report

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| Name of service: | Central & Upper Burnett District Home for the Aged Hostel |
| Service address: | 46 Capper Street, Gayndah, 4625, QLD |
| Commission ID: | 5089 |
| Approved provider: | Central & Upper Burnett District Home for the Aged |
| Activity type: | Site Audit |
| Activity date: | 23 August 2022 to 25 August 2022 |
| Performance report date: | 28 September 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 Central and Upper Burnett District Home for the Aged Hostel (**the service**) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* the provider’s response to the assessment team’s report received 19 September 2022
* 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 were treated with dignity and respect. Staff were observed to treat consumers with dignity and respect throughout the Site Audit. Staff had an understanding of consumers’ individual choices and preferences, including how consumers preferred to be addressed. Consumers who identified as having cultural or diverse backgrounds stated staff were respectful of their culture and diversity, and they felt valued as consumers at the service. The service had a suite of policies outlining the expectations and responsibilities of staff in relation to kind, respectful and dignified treatment of consumers.

Consumers and representatives described how staff provided care and services that were culturally safe and consistent with their cultural traditions and preferences. Training records identified staff received education in providing care and services that were culturally safe and appropriate. Consumers were supported to make informed choices in relation to when cares and services were provided, when others were involved in choice and decision making, how decisions were communicated and how relationships, including intimate relationships, were encouraged and respected.

Consumers were supported to live life as they chose, including risk taking. Staff identified consumers that took risks and described how they supported consumers to live their best lives. Care planning documentation identified consultation had occurred in relation to risk taking and the appropriate consents and authorisations were completed.

The service kept consumers and representative up to date with information including events, monthly newsletters, noticeboards and information stands were located throughout the service. Personal consumer information was kept secured and consumer privacy was respected by staff. Password protection was in place for the service’s electronic clinical management system.

This Standard is Compliant as all six Requirements are Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives were involved and had input into the assessment and care planning process. Validated assessments were utilised to develop consumer care plans. Care documentation demonstrated care planning outlined individual consumers’ care needs, preferences and management strategies to guide staff practice in the delivery of care.

Consumers and representatives confirmed the service was aware of the needs and required supports of consumers and had discussed and documented consumers’ preferences for their end of life care. Care planning documentation demonstrated consumers’ current needs and preferences were identified and addressed, including advance care planning and end of life planning if the consumer wished.

Consumers explained who was involved in their care and were confident that their care needs were being met. Clinical staff initiated conversations around care planning with consumers and representatives. Care planning documentation evidenced the involvement of a diverse range of external health providers and medical services such as Medical officers, physiotherapists, pathologists, podiatry, dietitian and dementia specialist services. Clinical management and staff consulted and updated families on changes to consumers’ care and service plans in person, via electronic messaging or by telephone, this was evidenced in care documentation. Care plans were available to consumers and were provided on request.

Consumers and representatives confirmed clinical staff regularly discuss consumers’ care needs and any changes in the consumer’s condition or circumstances were addressed in a timely manner including notification to the consumers representative. The Medical officer and allied health professionals were involved in consumers’ care plan reviews when triggered by an incident or change in circumstances.

This Standard is Compliant as all five Requirements are Compliant.

# Standard 3

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

Findings

Consumers and representatives were satisfied that consumers were receiving care that was right for them and optimised their health and well-being. Consumer clinical files, including care assessments, care plans, progress notes, medication charts and monitoring charts, demonstrated care provided was safe, effective and tailored to the specific needs and preferences of the consumer. High impact and high prevalence risks were managed effectively through regular clinical monitoring, clinical incident trending and implementation of suitable risk mitigation strategies for individual consumers.

Consumers who were nearing the end of life had care provided in accordance with their needs and preferences. Care planning documentation included a completed Statement of choice, Advance Health Directive or a palliative care plan, which reflected the need, goals and preferences of the consumer in relation to their end of life care. Clinical files of a recently passed away consumer identified their dignity was preserved, family were consulted, and care was provided in accordance with the consumer’s needs.

Care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in consumers’ condition. Consumers and representatives confirmed the service recognised and responded to changes in consumers’ health in a suitable and timely manner. Consumer deterioration was discussed during handovers and staff meetings, which may trigger a Medical officer review, referral or hospital transfer if needed. Care planning documentation was reviewed and amended, if required, following the deterioration of a consumer.

Consumers and representatives provided positive feedback in relation to consumers’’ care needs being effectively communicated between staff and consumers advised they received the care they needed. Information relating to consumers’ condition, changed needs or preferences was documented in the service’s electronic clinical management system and was communicated via handover, electronic messaging and face-to-face communication.

Referrals occurred to Allied health and medical specialists, referrals were timely and appropriate. Consumers had access to a range of health professionals, including allied health professionals and medical specialists. Physiotherapy services were used for mobility and pain assessments and the deliver pain management strategies.

The service was prepared in the event of an infectious outbreak, including the possibility of a COVID19 outbreak. The service had a trained Infection Prevention Control lead and plentiful supplies of personal protective equipment. Antiviral medication was in stock at the service and additional stock could be sought from the local hospital or pharmacy. Staff advised of processes to take to ensure appropriate antibiotic prescribing. While some information in the service’s outbreak management were not current or recorded, I am satisfied with the effectiveness of the Pandemic Action Plan submitted by the Approved provider in its response to the Site audit.

This Standard is Compliant as all seven Requirements are Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers were supported with activities of interest to them, inside the service and outside in the community. Consumers provided feedback their independence, health, well-being and quality of life had improved since entering the service. Care planning documentation evidenced consumers’ needs, goals and preferences and events and items that were important to them and their quality of life. Consumers felt connected and engaged in meaningful activities that observed and acknowledged sacred, cultural and religious practices. Day of celebration were recognised that were meaningful to the consumers’ culture, religion and diversity. Strategies for staff to support consumers’ emotional, spiritual and psychological well-being were included in care planning documentation.

Staff described how they supported consumers to participate in the community or engage in activities of interest to them and could describe specific consumers who undertook individual activities outside the service. Care planning documentation contained information for consumers who participate in community projects or activities and social and personal relationships of significant importance. Consumers confirmed they could maintain social and personal relationships.

Communication processes ensured consumers’ needs, preferences and condition were effectively communicated within the service and with those with care responsibilities. Care planning documentation for consumers provided adequate information to support safe and effective care as it related to services and supports for daily living. Consumers were referred in a timely and appropriate manner to other organisations and providers of service. Staff described other individuals, organisations and providers of other care and services and specific consumers who utilised these services.

Consumers provided positive feedback in relation to meal service, they reported meals were varied and of suitable quality and quantity. Consumers had opportunity to provide feedback regarding meals through various forums including feedback forms, speaking directly to the chef, at meetings and through the annual food survey. Staff offered a variety of options for morning and afternoon teas, including making fruit smoothies, to encourage nutrition and hydration especially in the warmer weather.

Consumers had access to equipment that was fit for purpose, well maintained and clean to assist them with their daily living activities. Shared equipment was monitored by staff and if deemed faulty was taken out of service and a work request was raised.

This Standard is Compliant as all seven Requirements are Compliant.

# Standard 5

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

Findings

The service was opened in 1978 and is geographically located in the oldest town in Queensland. Consumers found the service easy to navigate around and enjoyed the big spaces for social interaction and confirmed family and friends were always made to feel welcome. Consumers were consulted when changes at the service were considered which made them feel involved and enhanced their sense of belonging.

Consumers were satisfied with the cleaning of their rooms and the cleanliness throughout the common and outside areas. Some outside areas had shaded roofing to support consumers to access the areas in all seasons and weather types. Chickens, birds and fish resided at the service for the enjoyment of the consumers and their visitors.

Consumers stated the furniture, fittings and equipment provided assisted them to be independent and was kept clean and well maintained. Consumers advised the maintenance officer and staff reacted in a timely manner when maintenance was required, or items need attention.

This Standard is Compliant as all three Requirements are Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt encouraged, safe and supported to provide feedback and make complaints, and described the various methods available for them to lodge complaints or provide feedback. Feedback and complaints forms were located in various areas throughout the service and were included in the monthly consumer newsletter. Staff assisted consumers to complete the feedback and complaints forms if assistance was required.

The service had information and posters promoting external complaints mechanisms, including advocacy services. The consumer handbook included information regarding internal and external complaints agencies to inform consumers and representatives of the complaints processes available to them. Consumers and representatives had an awareness of the internal and external complaints mechanisms available for them to lodge complaints if required.

Management and staff had a shared understanding of the process to followed when feedback or a complaint was received. Staff confirmed that if consumers or representatives were to raise an issue with them directly, they would promptly inform management for investigation and remedial actions. The complaints register contained examples of open disclosure with the complainants when things went wrong.

Management advised as part of the complaints process consideration was given to whether the remedial action and continuous improvement had resolved any systemic issues related to the complaint. The service trended, and analysed complaints, feedback and concerns raised by consumers and representatives and used this information to inform continuous improvement activities across the service.

This Standard is Compliant as all four Requirements are Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives provided feedback regarding staffing levels and thought that there were enough staff at the service to meet the needs of the consumers. The service demonstrated the number and mix of the workforce was planned and delivered quality care and services. While there had been some staffing impacts caused by COVID19, this had not translated to a negative impact on consumer care. Staff at the service took steps the ensure all shifts were filled and unplanned leave was replaced, or staff shifts were extended. Call bell response times were monitored and investigated if excessive wait times were recorded.

Consumers and representatives confirmed staff were kind, gentle and caring when providing care. Staff were familiar with each consumer's individual needs and were respectful when discussing their care needs. Staff respected consumer’s privacy by knocking on consumers’ doors before entering their room, encouraging them while they mobilised and referring to them by their preferred name.

Position descriptions were available for staff that reflected the various designated roles of staff, the key selection criteria, responsibilities, key performance indicators and any registration, certification or competency required. Consumers were confident staff were appropriately skilled to meet their care needs and perform their duties effectively. New staff were provided with an orientation program and mandatory training was a requirement for all staff. Documented resources, such as the staff handbook, were provided to inform and guide staff practice.

Education attendance records supported the workforce was adequately trained to deliver quality care and services. Supplementary training was provided if a need was identified. The service’s self-assessment and other supporting documentation demonstrated, performance and competency reviews were completed against the staff member’s position description, professional responsibilities and the service’s values. Performance reviews were conducted annually or as required. Staff assessed and evaluated their own performance and identified opportunities for ongoing professional development, reviews were conducted in consultation with the staff member’s applicable manager or supervisor.

This Standard is Compliant as all five Requirements are Compliant.

# Standard 8

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

Findings

Established processes were in place to support consumers to engage in the development, delivery and evaluation of care and services. Consumers and representatives advised the various ways how they could partner in improving the delivery of care and services. Consumers had input into the development, delivery and evaluation of care and services, including social activities and the delivery of care, through monthly consumer meetings, consumer surveys, during care planning reviews, and through the service’s feedback and complaints mechanisms. Staff at the service engaged and consulted with consumers and representatives, ensuring effective communication was maintained to keep them informed of any changes in care or services.

There was an organisational structure and service reporting arrangement that governed the delivery of quality care and services across the service. Clinical indicators and quality auditing initiatives were monitored and analysed, discussed at relevant meetings, and then distributed to the governing body. A range of strategies were established to promote a culture of safe, inclusive and quality care and services, including attendance at Board meetings and written reports providing overviews of governance and operational issues.

Organisational governance systems were effective including information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Site audit report contained information relating to regulatory compliance which identified deficiencies in the Pandemic action plan and psychotropic medication register. I am satisfied with the Approved provider’s response to these deficits as evidenced in its written response. It is my decision the rectification actions completed by the Approved provider are sustainable and effective. Therefore, it is my decision Requirement 8(3) (c) is Compliant.

Governance frameworks, policies and procedures supported the management of risk associated with the care of consumers, including responding to clinical incidents. Care planning documentation evidenced how consumers were supported through consultation and discussions, to participate in risk taking activities of their choice, to enable them to live the best life they can. Consumers’ clinical incidents including falls, wounds, skin tears, pressure injuries and infections were reviewed, analysed and trended monthly.

The service had a system to support the reporting, recording and reviewing of serious incidents, as per the requirements of the Serious incident response scheme. The service’s electronic care system was used to capture all incidents and critical incidents were escalated to management. Staff understood their roles, responsibilities and escalation pathway in relation to serious incidents. The consumer handbook provided to all consumers on entry to the service, contained information on the Serious incident response scheme and the service’s incident management obligations.

Clinical management and staff understood the clinical governance framework of the service and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented on a day-to-day basis. The service’s policies in relation to open disclosure, antimicrobial stewardship and restrictive practice were available to and disseminated to staff at the service, through staff orientation and mandatory education. Consumers’ care planning documentation, including progress notes and incident forms, reflected compliance with these policies.

This Standard is Compliant as all five Requirements are Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)