Performance

Report

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| Name of service: | Creswick District Nursing Home |
| Service address: | 1 Napier Street CRESWICK VIC 3363 |
| Commission ID: | 4467 |
| Approved provider: | Central Highlands Rural Health |
| Activity type: | Site Audit |
| Activity date: | 8 February 2023 to 10 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 Creswick District Nursing Home (**the service**) has been prepared by S Turner, 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
* the approved provider’s response to the Site Audit report received 24 February 2023
* 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 were treated with respect and dignity in the service and that their diversity and culture is valued. Staff said they were respectful when addressing consumers and demonstrated an understanding of their backgrounds and culture. A review of consumer care plans captured consumers’ backgrounds and preferences. The Assessment Team observed photographs of consumers celebrating various cultural days.

Consumers and representatives said they were supported in making decisions about their care and that these were communicated with others involved in the care. Staff said consumers were involved in their own care and were supported to make their own choices to maintain their independence and personal relationships. The Assessment Team observed consumers participating in activities of their choice at the service.

Consumers and representatives sampled described how the service enables them to take risks and supports them to live in a way that is fulfilling to them. Staff were able to explain the process in place to assist consumers that wanted to take risks. The Assessment Team noted dignity of risk forms in place, with the risk explained and risk mitigation strategies in place.

Consumers and representatives said they were satisfied with the information provided to them by the service and stated the information is communicated in a way that enables them to make decisions about their care. Consumer’s care plans showed consumers needs and preferences were effectively communicated and were updated when needs changed and included notes indicating what matters to consumers and detailed their communication needs.

Consumers and representatives said the staff and the service respected their privacy and they believed their information was kept confidential. Clinical staff interviewed explained how they maintain consumers’ privacy and described the processes in place to ensure that consumers information is kept confidential. The Assessment Team observed staff knocking on consumers doors before entering, and when providing personal care, the doors to the rooms were closed.

# 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

Representatives and consumers confirmed they were involved in assessment and care planning and said the care delivered meets the consumer’s needs. Staff interviewed said they were aware of assessment and care planning processes, which identify risks to the consumer’s safety, health, and well-being. Care planning documentation for consumers showed individualised care plans including identified risks to each consumers, health, and well-being.

All consumers and representatives said clinical staff regularly discussed their needs, goals and preferences, including what their end-of-life wishes were. Staff reported end of life wishes were discussed when care plans were developed and reviewed every two months or more frequently if required. Care planning included end of life wishes and strategies to manage pain and life- prolonging interventions.

Consumers and representatives said they were involved in assessment and planning on an ongoing basis. Staff said consumers and their representatives and other providers were involved in the assessment, planning and review of care plans. Care documentation for consumers identified consumers and their representatives were consulted in assessments and care planning and other multi-disciplinary team members.

Consumers and representatives said they can access the consumers care plan if they wish and they are involved in the care plan reviews. Staff reported that consumers and representatives were involved in the assessment and review process and were consulted during the process. Care planning demonstrated the outcomes of assessment and planning, including engagement with consumers and their families.

Consumers and representatives said consumers care and services were regularly reviewed. Staff were aware of the requirement to report any change in the consumer’s condition, needs or preferences, and subsequent care plan review or update. Care plans sampled demonstrated evidence of review on a regular basis, or when circumstances change, and when incidents occur.

# 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 safe and effective personal and clinical care was provided, which reflects the consumer’s needs and preferences. Clinical staff said they were provided with support, resources, and training, which ensures they are kept up to date with best practice and the needs of consumers. Care planning showed behaviour support plans were in place and non-pharmacological strategies were trialled before the use of chemical restraint. Pain and wounds were managed in line with care planning documentation.

Consumers and representatives said they were satisfied with the way the service managed risks associated with consumers’ care and services. Clinical staff reported risks assessments are competed on admission and the service has processes to manage high impact risks. Care planning documentation identifies risks to consumers and strategies were in place to mitigate risks.

Consumers and representatives said clinical staff regularly discussed consumers’ needs, goals, and preferences, including what their end-of-life wishes were. Clinical staff described the process in providing end of life care and the involvement of specialist health professionals. Care planning included end of life wishes and strategies to manage pain and life prolonging interventions.

Consumers and representatives described how consumers’ complex care needs are recognised and responded to in a timely manner. Staff described how they recognise and respond to deterioration or changes in the consumer’s condition, including observing consumers, completing assessments, providing relevant referrals, and notifying representatives. Care planning evidenced appropriate action when there was a change in the consumers condition.

Consumers and representatives sampled were satisfied consumers’ care needs and preferences were effectively communicated between staff and that consumers received the care they needed. Staff described how changes in consumers’ care and services are communicated in the services online progress notes and at handover. Care documentation demonstrated progress notes, care plans and handover reports provide adequate information to support effective and safe sharing of the individual consumers information to support care.

Consumers and representatives were satisfied consumers get the care they need, including referrals to allied health professionals. Staff described the referral process, including examples of specialist providers that consumers have been referred to. Care planning documents showed appropriate and timely referrals to external health providers.

Consumers and representatives stated they are satisfied with infection control practices at the services. Staff reported they had received training in the infection minimisation strategies and the processes they follow to support the minimisation of infection related risks. Documents were reviewed which evidenced the services protocols in infectious outbreak, including a COVID-19 outbreak. All staff and most consumer files evidenced COVID-19 and influenza vaccinations were up to date. The Assessment Team observed the service had sufficient supply of personal protective clothing (PPE) in the event of a COVID-19 outbreak.

# 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 representatives said their daily living needs goals and preferences were supported to optimise their independence, well-being and quality of life. Staff explained how they support consumers. Lifestyle staff said they undertake a lifestyle assessment on entry to the service and then tailor activities around the schedule.

Consumers and representatives said they felt their emotional, spiritual, and psychological needs were being well supported. Staff said the service provided various activities and supports to consumers based on their beliefs, needs, and interests. Care plans demonstrated the service is tailoring support to consumers.

Consumers and representatives said they were supported by the service to maintain contact with people who were important to them and engage in activities both inside and outside of the service. Staff provided examples of how they helped facilitate these connections. Care plan reviews noted that each consumer have a lifestyle assessment and plan form filled out upon entry to the service and updated when required.

Consumers and representatives said the service provided care that met their needs and preferences, and these were communicated between the staff and others responsible for care.

Staff explained how they were kept informed on the changing conditions of the consumers. Care planning outlined the needs and preferences of consumers, which staff all had access to. The Assessment Team observed handover, staff shared information relevant to consumers’ conditions, support, and services.

Consumers and representatives said the service provided them with timely and appropriate referrals and support to other organisations. Staff explained the organisation has volunteers that come into the service to spend time with the consumers. The service has processes and documentation for making referrals for individuals and providing support for the consumers lifestyle needs.

Consumers said the meals at the service were varied and of suitable quality and quantity. Hospitality staff were able to explain the process used to communicate the consumers’ needs and preferences to the kitchen. Sampled consumers care plans were reviewed and all included their personal dietary preferences. The Assessment Team observed consumers to be enjoying their meals and the food was observed to be appetising with adequate portions.

Consumers said that they found the service to be clean, safe, and well-maintained. Staff stated the equipment was always available when required. Maintenance staff were able to explain the processes in place for preventative maintenance of equipment. A review of maintenance documentation was reviewed and found support equipment to be appropriately maintained.

# 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 interviewed stated they felt, at home at the service, and both the environment and staff were welcoming. Management reported the service has recently undergone renovations which has enabled consumers to get around more easily. The Assessment Team observed the service environment to be very welcoming, modern architectural design and easy to navigate. All areas were well lit with handrails, and wide paths for consumers to move around with ease.

Consumers and representatives said the environment was safe, clean, comfortable and well maintained, and that they were able to move freely both indoors and outdoors. Staff explained how they report a maintenance issue. The Assessment Team reviewed documentation, such as cleaning logs which demonstrated tasks getting completed, and observed a clean environment with consumers moving around the service freely.

Consumers and representatives said furniture and equipment is safe, clean and well maintained when used. Staff explained how regularly the shared equipment is cleaned, and how preventative maintenance is performed. The Assessment Team observed furniture and equipment throughout the service to be clean, well maintained, and appropriate 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

Representatives said they were encouraged and supported to raise concerns or provide feedback verbally and in writing and at resident meetings. Management and staff described the different ways for consumers to provide feedback. Resident meeting minutes showed complaints, requests, suggestions or compliments were welcome and discussed during the meeting. The Assessment Team observed feedback boxes located in the service with feedback forms nearby.

Management and clinical staff interviewed knew how to access advocacy, social work and interpreter services for consumers. The Assessment Team observed information regarding external complaints and advocacy services displayed throughout the service. The Assessment Team reviewed feedback and complaints records electronically and noted the service had actioned feedback.

Feedback was received from representatives who had made a complaint and complaints documentation confirmed that the service responds to complaints appropriately, communicates with complainants and offers an apology as required. Management and clinical staff were aware of the complaints management and open disclosure process.

Representatives said their feedback resulted in service improvements. Management and staff described how service improvements have been made in response to feedback. The Assessment Team reviewed the Service Improvement Plan and identified examples of feedback received, resulting in improvements being made to the service such as implementing a guard of honour as deceased residents leave the service.

# 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

Consumer representatives reported an awareness of staffing challenges at the service but said the care of their loved ones had never been adversely impacted and the staff responded to call bells promptly. Management reported call bells were presently not being analysed due to the renovations to the site, but also noted that they have not received any complaints from consumers or their representatives regarding call bell wait times. The Assessment Team observed call bells were being attended to promptly. A review of the rosters and other documents demonstrated the service has access to a sufficient pool of staff to fill shifts to support safe, and quality care and services.

All consumers and representatives said the workforce interacted with the consumers in a kind, caring and respectful manner. Clinical and care staff interviewed said that they call consumers by their preferred names. This was observed by the Assessment Team. Staff were observed to be knocking on consumers bedroom doors prior to entry and using respectful language when assisting consumers.

Consumers and representatives said staff knew what they were doing, and management could describe how they determined whether staff were competent and capable in their roles. Management advised the service only employs staff with relevant registrations and police checks. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives were satisfied staff were adequately trained and equipped to do their jobs. Clinical staff said adequate training was received to perform their assigned duties. A review of other documentation found additional evidence that the workforce is satisfactorily recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Staff confirmed they have an annual appraisal and were satisfied with the outcome. Management confirmed staff appraisals were carried out annually and topics covered during this included values, goals, professional development and compliance. The Assessment Team sighted appraisals which identified positive performance and opportunities for development and improvement.

# 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 reported they were engaged in the development, delivery and evaluation of care and services. A representative provided the example of trialling new contract caterers and seeking feedback to improve the food. Staff described mechanisms to engage consumers in this process. Documentation review showed consumers were involved and engaged in evaluation of services through consumer meetings and surveys.

Management described how the governing body, were involved in the delivery of care and services as indicated in its organisational chart and outlined in its Organisational Governance Framework. Management provided an organisational chart that detailed clear lines of reporting and layout of the business structure.

The service has effective organisation wide governance systems in place including in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. For example:

* The service has a document management system that involves systems and processes to support the security of information and affords confidentiality. Staff expressed satisfaction with the information they receive advising that it is primarily communicated electronically and includes access to policies and procedures.
* The service pursues, seeks, identifies, monitors, and reviews inputs for service improvement following the process outlined in its Service Improvement Plan Policy. The Service Improvement Plan outlines improvement initiatives and includes details such as the source, related standards/requirements, action required, due date, expected date, person accountable, outcomes, evaluation and status.

Management described how incidents are identified, responded to, and reported within legislative requirements including the Serious Incident Response Scheme. Reporting lines are in place where risks are escalated to management and further to the governing body, who has the overall responsibility for the oversight of risk, and the systems and processes of risk management.

The service demonstrated a clinical governance framework in place including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated an understanding of these concepts and gave practical examples of how the principles could be applied to 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)