Performance

Report

**1800 951 822**

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| Name of service: | Darlingford Upper Goulburn Nursing Home |
| Service address: | 5 High Street EILDON VIC 3713 |
| Commission ID: | 4430 |
| Approved provider: | Darlingford Upper Goulburn Nursing Home Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 July 2023 |
| Performance report date: | 14 August 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 Darlingford Upper Goulburn Nursing Home (**the service**) has been prepared by D. Fekonja, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

Consumers are satisfied with the personal and clinical care provided by the service. The service is effectively assessing and managing consumers’ skin integrity, wounds, and pain with input from a multidisciplinary health team. The use of restrictive practices on consumers is effectively assessed, managed, and regularly reviewed with evidence of reduction and cessation of prescription when practicable. Consumers and representatives confirmed that benefits and risks associated with restrictive practices are discussed with them and consent obtained.

A suite of policies and procedures is accessible to guide staff in clinical and personal care delivery in line with best practices. Staff were able to describe various ways they provide tailored personal and clinical care to consumers to optimise their health and well-being. The Assessment Team provided evidence of the way the service provides care to individual consumers in the areas of skin integrity, pain management and chemical restrictive practice. Behaviour support plans were in place and non-pharmaceutical interventions contained in the consumers care plan are trialled prior to the use of psychotropic medications.

Based on the information provided in the assessment contact report I find the service is compliant with this Requirement.

# 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 |

Findings

Consumers and/or their representatives said they receive services and support for daily living which meets their needs, goals, and preferences to optimise their independence, health, well-being, and quality of life. Staff demonstrated a thorough knowledge and understanding of individual consumers and were able to explain how they support consumers to maintain their independence. Care plans contained individualised information for each consumer to ensure services and supports meet individual goals and needs.

Information outlining monthly activities was posted around the service and the Assessment Team found that consumers were aware of the activities on offer. Lifestyle staff schedule regular one-on-one conversations with consumers to discuss their desired activities which may result in being included in future schedules.

Based on the information provided in the assessment contact report I find the service compliant with this Requirement.

# 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 |

Findings

Consumers and their representatives are satisfied with the quantity and quality of staff providing care to them and respond to their call within an appropriate timeframe. Staff interviewed by the Assessment Team are satisfied the service is adequately staff and they have sufficient time to complete their tasks during their shift. A review of rosters by the Assessment Team demonstrated that unplanned vacancies are mainly filled with existing staff and the service rarely uses agency staff.

A registered nurse is rostered on each shift and the number of clinical and care staff rostered to the morning shift, afternoon and night shift is consistent over 7 days. Although the service does not have a call bell policy and procedure they informed the Assessment Team that response time are monitored by wait times and feedback from consumers. The Assessment Team observed that call bells are promptly responded to, staff are visible and rooms are neat and tidy.

Based on the information provided in the assessment contact report I find the service compliant with this Requirement.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)