Performance

Report

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| Name: | Darlingford Upper Goulburn Nursing Home |
| Commission ID: | 4430 |
| Address: | 5 High Street, EILDON, Victoria, 3713 |
| Activity type: | Site Audit |
| Activity date: | 10 January 2024 to 12 January 2024 |
| Performance report date: | 12 February 2024 |
| Service included in this assessment: | Provider: 74 Darlingford Upper Goulburn Nursing Home Inc  Service: 2949 Darlingford Upper Goulburn Nursing Home |

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 P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others.
* other information 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 dignity and respect, and described ways they were supported to maintain their identity. Staff demonstrated respect towards consumers and an understanding of each consumer’s identity, background and care preferences. Care planning documents recorded details about consumers’ identity, culture and diversity. The service had written policies, procedures and staff training in relation to treating consumers with dignity and supporting their culture and diversity.

Consumers and representatives confirmed the service respected their cultural backgrounds and provided care that was consistent with their cultural traditions and preferences. Staff described how they tailored care to ensure it met the specific cultural needs and preferences of consumers. Consumers’ care planning documents showed the care and services delivered were culturally safe.

Consumers felt supported to make informed choices about their care and services, maintain their independence, and live the life they chose. Consumers said they could choose who was involved in their care and were encouraged to make connections and maintain relationships. Staff responses and care planning documents showed consumers’ independence, care choices and important relationships were supported. The service had documented policies and procedures to guide staff in supporting consumer choice and independence.

Management described how the service supported consumers to make informed decisions and take risks to live their best lives. Consumers said they were supported to take risks if they wished, to enhance their quality of life. Staff were aware of the consumers who took risks and supported their right to make choices which enhanced their independence and well-being. Care planning documents showed risks were identified and assessed and appropriate mitigation measures were taken, in consultation with consumers and representatives.

Consumers and representatives said current, clear and easy to understand information was communicated to them in a way that enabled them to exercise choice. Representatives said they were regularly kept informed about what was happening at the service and any changes to consumers’ care and services. Staff described different ways current information was communicated effectively to consumers, including those with poor cognition or sensory deficits.

Consumers said their privacy was respected and personal information was kept confidential. Staff described respecting consumers’ privacy, conducting clinical handovers in private areas and storing personal information in the locked nurses’ stations. The service had written privacy policies and procedures which informed staff practice.

# 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 satisfied the assessment and care planning process considered risks to their well-being and informed the delivery of safe and effective care and services. Staff detailed effective assessment and care planning processes and described how they considered risks to consumers’ health. The service had documented clinical policies and procedures to guide staff in the assessment and care planning processes.

Consumers and representatives said their needs, goals and preferences were considered during assessment and care planning, which included advance care and end of life planning. Staff described how assessment and care planning identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end of life planning, if the consumer wished. Consumers’ care plans confirmed assessment and care planning identified current needs, goals and preferences and end of life plans.

Consumers and representatives felt they were partners in the assessment, planning and review of consumers’ care and services, and they could involve other service providers, as required. Care planning documents showed ongoing input from consumers, representatives and other individuals and organisations. Staff detailed the processes for involving consumers, representatives and other providers in the assessment and care planning process.

Consumers and representatives said the service regularly updated them in relation to the outcomes of assessment and planning and their health status. Staff detailed effective processes for promptly informing consumers and representatives about the outcomes of clinical assessments. The service had written policies and procedures to guide staff practice in relation to assessment and care planning and communicating outcomes to consumers and representatives.

The service had documented processes for the review of the effectiveness of care and services regularly, and when circumstances changed, or incidents impacted on the needs, goals or preferences of consumers. Staff detailed the processes for the review of care plans and care planning documents confirmed review processes were undertaken in accordance with the service’s policies and procedures.

# 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 confirmed they received safe and effective personal and clinical care that was best practice, tailored to their individual needs and optimised their health and well-being. Representatives said they were satisfied with the personal and clinical care provided to consumers Staff knew the individualised personal and clinical care needs of consumers which was detailed in their care planning documents. Documented policies and procedures supported staff in the delivery of safe and effective personal and clinical care.

Consumers and representatives were satisfied high impact or high prevalence risks to consumers were effectively managed. Care planning documents identified risks to consumers and effective strategies to manage these risks. Staff described the processes in place for identifying, assessing and managing risks associated with the care of each consumer.

Representatives provided positive feedback in relation to the end of life care provided. Care documentation showed the needs, goals and preferences of consumers nearing the end of life were respected, their comfort maximised, and dignity preserved. Staff explained the processes for providing end of life care in line with consumers’ recorded needs and preferences.

Consumers and representatives were satisfied with how the service identified and responded to a deterioration or change in consumers’ condition. Staff provided examples of identifying and responding to a deterioration or change in consumers’ condition. Care documents showed the service responded appropriately to changes in consumers’ condition, function or capacity.

Consumers and representatives were satisfied that current information about consumers’ health was documented and communicated to them. The service had suitable processes in place to document and communicate up to date information about consumers’ condition and care needs. Staff described how changes in consumers’ care and services were communicated effectively through shift handovers, meetings and by accessing care plans.

Consumers and representatives were satisfied they received timely and appropriate referrals to other individuals and organisations providing care and services. The service had policies and procedures to guide staff in referring consumers to other providers of care and services. Staff detailed examples of consumers being referred to specialist services and care planning documents confirmed timely and appropriate referrals to individuals and other organisations.

The service had documented policies and procedures to guide staff in preventing and controlling infections and reducing the risk of antimicrobial resistance. Consumers and representatives were satisfied with how the service prevented infections and managed outbreaks. Staff described strategies to prevent and control infections and reduce the usage of 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 and representatives said the service provided suitable services and supports for daily living to allow them to optimise their independence and quality of life. Staff explained how they worked with consumers and representatives to assess consumers, lifestyle needs, goals and preferences.

Consumers and representatives felt supported to maintain their important social, emotional, and religious connections. Staff said they focus on building rapport with consumers as well as refer to care planning documentation to ensure their awareness of consumers’ social, emotional, and religious needs when providing care and support. Management and staff explained how the service provided emotional, spiritual, and psychological support through pastoral care, visits, activities and events. Care planning documents detailed consumers’ emotional, spiritual, and psychological needs and strategies to support these needs.

Consumers and representatives said they were supported to maintain connections and participate in activities, inside and outside the service. Staff described the range of activities available and provided examples of supporting important relationships and outings into the community. Staff gave examples of various volunteers and community groups connected to the service.

Consumers and representatives said current information about their condition, needs and preferences was effectively communicated between staff, and others who provide services and supports for daily living. Staff said they referred to current information on the electronic care management system and communicated changes at handover discussions.

Consumers and representatives said the service provided timely and appropriate referrals to other providers of lifestyle services and supports. Management and staff described external services and supports available to consumers and provided evidence of referrals. The service had policies and procedures to support the referral of consumers to other professionals, organisations and volunteers.

Consumers and representatives were happy with the variety, quality and quantity of food provided at the service. Staff and management explained how feedback from consumers was sought at mealtimes, through surveys and resident and lifestyle meetings and used to improve meals. Management confirmed the service had recently made improvements to the dining experience and consumers could request a different meal or access snacks such as salads and sandwiches. Dietary information in the kitchen was current and reflected the stated needs and preferences of consumers and their documented care plans. The kitchen was observed to be clean and tidy with staff adhering to food safety and work health and safety protocols.

Consumers and representative confirmed the equipment provided at the service was suitable, clean and well maintained. Staff were aware of the processes for identifying and logging maintenance requests and maintenance documentation confirmed preventative and reactive maintenance was up to date. Equipment was observed to be safe, suitable, clean and well 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 said the service was welcoming and optimised their sense of independence, interaction and function. Consumers said personalising their room and surroundings made the service feel like home. Representatives said they felt welcomed when they visited, and they could use common areas to spend time with their family member. Staff stated they enjoyed assisting consumers in personalising and maintaining the service to promote their sense of belonging. The service appeared welcoming, easy to navigate and optimised to support consumers’ sense of independence and belonging.

Consumers and representatives said the service was clean, well maintained and comfortable, and they could move freely inside and outside, as they chose. Consumers said maintenance requests were attended to quickly and maintenance documents reflected up to date maintenance. Staff said they assisted consumers to access all areas of the service and encouraged volunteers and family members taking consumers out for walks. The service environment appeared safe, clean and well maintained and consumers were observed moving freely around, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment was suitable, clean, well-maintained, and safe. Maintenance staff detailed effective processes in place for the maintenance of the furniture, fittings and equipment. The furniture, fittings and equipment appeared safe, well maintained and suitable for use.

# 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 were encouraged to provide feedback and make complaints through avenues such as talking to staff, using feedback forms and at meetings. Management outlined ways they encouraged consumers and representatives to provide feedback and staff described the processes they followed to escalate concerns expressed by consumers and representatives. The service had a documented feedback and complaints policy and information about making complaints and feedback forms was displayed around the service.

Consumers and representatives knew they could raise concerns externally, but said they felt most comfortable raising any issues with management and staff directly. Staff and management could describe external advocacy agencies and language resources available to support consumers and representatives. Posters and leaflets advertising the Commission, other advocacy and translation services were displayed around the service.

Consumers and representatives said the service took appropriate action in response to feedback and complaints. Staff provided examples of resolving complaints and using disclosure when things went wrong. Management described effective processes for recording and resolving complaints promptly using open disclosure. Staff and management demonstrated an understanding of open disclosure and how it was applied in the event of something going wrong.

Consumers and representatives said the service listened to feedback and complaints and made improvements to the service as a result. Management discussed how feedback and complaints were collected and reviewed to assist in improving care and services. The service’s continuous improvement plan included actions resulting from 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 were satisfied with the care provided and felt there were sufficient staff to meet their needs. Management and staff stated they had the right number and mix of staff to provide the correct level of care to consumers. The organisation used feedback from staff and consumers, clinical indicators, call bell records and regular staffing reviews to ensure there were sufficient staff. Staff rosters showed the service did not have any unfilled shifts in the previous fortnight and management said they investigated call bell response times exceeding 10-12 minutes.

Consumers and representatives said all staff treated them with respect and they were very caring and considerate towards them. Management described how the service promoted a culture of respect through policies, procedures and training. Staff were observed interacting with consumers in a kind and caring manner, and being respectful of each consumer's identity, culture, and diversity.

Consumers and representatives confirmed staff performed their duties effectively, and they were confident staff were competent and skilled to meet their care needs. Position descriptions set out the qualifications and requirements for each role and employee records confirmed professional registrations, criminal history checks, and vaccination records were checked and maintained.

Consumers and representatives felt staff had the appropriate support and training to deliver safe and effective care and services. Staff confirmed receiving initial and ongoing training and support, and felt comfortable requesting additional training to enhance their performance. Management demonstrated an online training system which tracked training completion for all staff. Management said staff were removed from the roster if they had not completed mandatory training by the specified due date.

Consumers and representatives were happy with the quality of staff. Management explained how the performance of the workforce was regularly assessed, monitored, and reviewed. Management and staff confirmed the service had systems in place for probationary and ongoing performance reviews. Records showed formal performance appraisals were conducted annually and the service had a suite of documented policies and procedures related to the management of staff performance.

# 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 confirmed they could provide input into the development, delivery and evaluation of the care and services. Management and staff confirmed the service continually engaged with consumers and representatives and their feedback was used to improve the quality of care and services.

Consumers and representatives said they felt safe and included within the service. Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery. Management described how performance measures such as clinical indicators and incidents were monitored and discussed at relevant committee and Board meetings. The Board satisfied itself there were effective systems and processes in place to ensure compliance with the Quality Standards.

The service had an effective organisation wide governance framework related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. The framework included documented policies and procedures to guide staff practice.

Management explained effective risk management systems in place to monitor and manage high-impact and high prevalence risks associated with the care of consumers whilst supporting consumers to live their best lives. Management said the service identified and monitored risks which were reviewed by relevant committees and the Board. The service recorded and managed incidents through an incident management system which was oversighted by management and the Board.

The service had an effective clinical governance framework which included documented policies pertaining to antimicrobial stewardship, minimising the use of restraint, and the use of open disclosure. Staff could access the relevant policies and procedures and had received training in these areas.

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)