Performance

Report

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| Name: | Dimboola District Hospital Nursing Home Unit |
| Commission ID: | 3481 |
| Address: | 32-36 Anderson Street, DIMBOOLA, Victoria, 3414 |
| Activity type: | Site Audit |
| Activity date: | 12 March 2024 to 14 March 2024 |
| Performance report date: | 15 April 2024 |
| Service included in this assessment: | Provider: 569 Grampians Health  Service: 2232 Dimboola District Hospital Nursing Home Unit |

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 Dimboola District Hospital Nursing Home Unit (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Overall, consumers and representatives were confident consumers were treated with dignity and respect. Management was aware of feedback from a consumer relating to a staff member who had failed to treat them with dignity and respect, outlining actions taken including making reports through the Serious Incident Response Scheme, and the consumer reported support from management and other staff in resolving this. Staff received training on provision of person-centred care, dignity, and respect on an annual basis, and were able to explain how they knew consumers and used this information to optimise provision of care.

Staff explained unique cultural needs for consumers and how this was considered within delivery of care. Care planning documentation identified cultural needs and preferences of consumers. Consumers and representatives said individual culture was supported and respected.

Consumers said they felt supported to communicate their decisions, make connections, and maintain relationships of choice. Management stated staff practice to honour consumer choices and preferences was informed through policies and procedures. Care planning documentation captured consumer choices within needs and preferences, who they wished to be involved within their care, including substitute decision makers.

Staff provided examples of how consumers were supported to take risks, outlining consultation to discuss potential harm and develop strategies for informed decision-making. Care planning documents identified risks and associated strategies with evidence of informed consent. Consumers said they felt supported to take informed risks to life their best lives.

Consumers and representatives said they received sufficient information through care consultations, meetings, newsletters, and activities calendars to participate in decision making. Staff explained various methods of sharing information, including how this considered consumers’ communication needs and preferences. Displayed information to inform consumers included posters of upcoming events and religious services, menus displayed in large fonts, and activities calendars.

Consumers and representatives explained how privacy was respected, even within shared rooms, with curtains drawn and doors closed during personal care. Staff explained actions to support privacy during personal care, and confidentiality maintained through securing personal information on password protected computers and ensuring information is not discussed in front of other people. Following identification that staff were not always observed knocking on doors to consumer rooms and seeking permission before entry, management provided reminders through memoranda and added plans for further education to continuous improvement activities.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff detailed assessment and planning processes, following a checklist embedded into the electronic care management system for new consumers. Care planning documentation demonstrated how outcomes of assessments were used to identify risks and inform care strategies. Consumers with specialised clinical care needs had tailored management strategies to inform staff practice.

Consumers said assessment and planning processes included consultation to identify needs, goals, and preferences, including for end-of-life care. Care planning documentation advance care directives and end-of-life wishes in line with consumer feedback. Staff explained how they considered consumer needs, goals, and preferences within assessment and planning processes.

Consumers and representatives described inclusion within assessment and processes, with regular communication and consultation of changes. Staff detailed practices to partner with consumers and/or representatives on assessment and planning processes, consult on changes, and seek consent for involvement of other providers. Care planning documentation reflected input of other providers, such as Allied Health professionals.

Staff explained how they communicated outcomes of assessment to consumers and/or representatives and a copy is routinely offered following review, and this was evidenced within care planning documentation. Consumers and representatives said information was clearly communicated, and verified they were offered a copy of the care plan.

Clinical staff explained processes for evaluation of care and services within quarterly review processes and as required, such as following incident. Care planning documentation evidenced review of effectiveness on a regular basis as well as following change of circumstance or incident. Consumers and representatives confirmed they were aware of regular reviews with consideration and/or adjustment of care delivery strategies.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives explained how staff provided safe and effective personal and clinical care to meet consumer needs. Staff demonstrated awareness of tailored care strategies in line with care planning documentation. Policies and procedures directed provision of personal and clinical care in line with best practice guidelines. Care planning documentation evidenced monitoring processes for wounds along with involvement of wound care specialists to ensure delivery of safe and effective care that was best practice and tailored to consumer needs. Documentation and interviews with staff and representatives demonstrated effective use of tailored behaviour support strategies to successfully minimise use of restrictive practices.

Staff demonstrated awareness of high incident or high prevalence risks for consumers and corresponding management strategies. Monitoring processes were reflected within care planning documentation, along with mitigation strategies. Management advised training programs are developed in response to consumer risk to ensure safe staff practices.

Staff detailed how care for consumers nearing end-of-life focused on comfort and dignity, with involvement of Medical officers and palliative care specialists to ensure effective strategies for symptoms, including pain. Documented end-of-life care pathways were developed in consultation with consumers and representatives. Representatives said consumers receiving end-of-life care were closely monitored with pain and comfort optimised.

Consumers and representatives said deterioration of consumer condition was promptly identified and responded to, further evidenced within documentation. Staff described signs and symptoms of deterioration along with escalation processes, aligned with policies and procedures. Assessment and monitoring processes, including daily review of documentation, ensured timely identification of change of consumer condition or deterioration.

Staff were aware of consumer needs and preferences, explaining effectiveness of handover and documentation processes to communicate changes. Consumers and representatives said staff were familiar with their care needs and changes. Care planning documentation and progress notes contained sufficient information to support provision of care, including identifying changes.

Care planning documentation reflected timely referrals to appropriate providers to meet consumer needs. Consumers and representatives said they received prompt involvement of other providers to meet their needs. Staff explained processes for referring consumers to health care providers using the electronic referral information management system.

Staff said they received training on infection prevention and control processes, including hand hygiene and use of personal protective equipment competency assessments, with additional cleaning processes used during outbreaks. Staff practice was informed by policies, procedures, an outbreak management plan, and supported by the Infection prevention and control lead, who ensured staff complied with practice expectations and the service liaised with appropriate health authorities during outbreaks. Appropriate antibiotic use was supported through measures to prevent infection, and consideration of pathology results.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers described how services and supports promoted independence and well-being. Staff explained how they engaged with consumers to understand preferences and gave examples of supports provided to optimise quality of life. Care planning documentation outlined consumer needs and preferences.

Care planning documentation reflected emotional and spiritual preferences and associated supports foreach consumer. Staff explained available religious supports, including services and volunteer visits, and said they provided emotional care or could coordinate counselling services if specialised emotional support was needed. Consumers said their spiritual and emotional needs were effectively supported.

Consumers said they felt encouraged to participate in activities of interest within the service and greater community and build and maintain personal relationships and were able to provide meaningful examples of how they were supported. Staff explained how the activity programs changed with emerging needs and interests of consumers. Care planning documentation identified consumer interests and relationships of importance. The service’s activity program was called a ‘meaningful life program’ and included personalised ‘smile on your dial’ activities.

Staff demonstrated awareness of consumer condition, needs, and preferences, and said information was shared through handover processes, including daily meetings attended by clinical, lifestyle, and hospitality staff as well as management. Care planning documentation included sufficient information to inform staff, and consumers said staff were aware of needs and preferences.

Consumers and representatives said referrals were made promptly enabling access to other organisations for support as needed. Staff explained the purpose and process for referrals.

Consumers provided positive feedback on the variety, quality, and quantity of provided meals. Staff explained the menu was developed with consideration of consumer preferences as well as dietary and nutritional requirements, and consumers had opportunity to review and provide feedback on proposed menu changes. Documentation within the kitchen reflected information within care planning documentation on consumer dietary information, including diet type and consistence, dislikes and allergies, and required equipment to support independence. Each month, an event is coordinated where staff and management share a meal with consumers and also provide feedback.

Equipment was observed to be safe, suitable, clean, and well maintained. Staff explained processes followed to identify equipment requiring maintenance or cleaning, and maintenance schedules were up to date. Consumers said equipment was cleaned regularly, and they could report maintenance concerns.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service environment as welcoming and easy to navigate, with opportunity to personalise rooms to foster the sense of belonging. Navigation was supported through signage and well-lit passageways. Consumers were observed in communal areas spending time with visitors or participating in activities.

Consumers said they can move throughout indoor and outdoor areas without restriction. Management said all consumers were supported to move freely throughout the service, with staff effectively using redirection strategies for consumers subject to environmental restraint approaching the front door, with suitable garden areas available. Staff explained cleaning and maintenance schedules, evidenced within documentation, and the environment was clean and well-maintained.

Staff demonstrated awareness of processes to report maintenance needs, and explained how equipment was cleaned after use. Consumers and representatives said furniture, fittings and equipment were always clean and safe. Preventative and reactive maintenance activities were recorded in the electronic system, with tracking of repairs and regular safety inspection and monitoring tasks undertaken as scheduled.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were supported by staff to raise issues, provide feedback, or make complaints, and could describe available options. Staff described how they escalated concerns, and management detailed available avenues for comment, including conversations, meetings, mobile kiosks, and emails. Feedback forms and collection boxes were displayed within the service, along with posters about the consumer experience survey.

Consumers and representatives said they were aware of access to advocates, language services, and external complaint avenues, and staff said they were encouraged to assist consumers access these services. Information about language and advocacy services was included within handbooks for consumers and displayed within the service along with posters about external complaint organisations.

Documentation within the feedback and incident registers demonstrated application of an open disclosure process, and staff could give examples of when they would use it in practice. Consumers and representatives said prompt action was taken in response to feedback or complaints, and staff communicated clearly throughout the process and ensured satisfaction with outcomes.

Management said feedback and complaints were reviewed and discussed within consumer and representative meetings, handover processes, and activities were recorded in the feedback and continuous improvement registers. Documentation within the continuous improvement register demonstrated how feedback was used to identify needs and drive improvements, and reflected feedback and examples provided by consumers, representatives, and staff.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives, and staff said there was the right number and combination of staff to meet needs of consumers. Management explained systems in place to ensure sufficiency and suitability of the workforce, and staff said management were quick to adjust staffing when consumer needs increased. Rosters demonstrated effective strategies to ensure vacant shifts were covered.

Management explained actions taken to ensure kind, caring, and respectful interactions with consumers, including provision of training, promotion of the Code of Conduct, and investigating and taking prompt action in response to consumer complaints about staff members following required processes. Consumers advised overall, staff were kind, caring, and respectful, and observed interactions between staff and consumers reflected this.

Staff outlined comprehensive recruitment and induction programs, and the induction checklist included learning-based tasks to be completed during the period. The recruitment process included assessment of skills, knowledge, and suitability of applicants as well as checks of qualifications, visas, police clearances, and vaccinations, with ongoing monitoring of compliance. Management explained orientation and onboarding included mandatory training and competency assessments, as well as buddying with peers whilst learning.

Management explained the training management system, incorporating mandatory training to support outcomes required within the Quality Standards and staff education needs. Management also explained how the service considered learning needs and styles of staff to ensure information was delivered in a method to support understanding. Staff said they were allocated time each month to undertake training and could access extra support if required. Training records demonstrated compliance with mandatory training was monitored and managed.

Staff confirmed they participated in annual performance review processes. The performance management system included documented procedures and a development plan template sued for reviews, and management explained how they managed poor performance with support from processes and the talent and acquisition team.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives outlined their engagement through meetings, feedback opportunities, surveys, and a program of lunch date meetings with management. Management explained the role of the Resident Advocate, who consulted with consumers on their experience to gather feedback, and meeting minutes demonstrated active involvement in feedback and decisions.

Management explained how they provided regular reports on service performance to the executive management team and Board, with daily organisational meetings to discuss supports, incidents, and consumers experiencing deterioration. Communication from the Board was shared through senior management to the leadership group, and then to service management and staff. The organisation’s values were displayed throughout the service, promoting collaboration, accountability, respect, and compassion.

Organisation-wide governance systems were managed through reporting and management processes, providing effective oversight to the Board. Financial management systems included setting and reviewing budgets, managed at service level, with processes to manage requests for budgetary changes to meet consumer needs. Workforce governance was managed through daily monitoring, discussion within governance committee meetings, and supported by the talent and acquisition team, and included recruitment and building a supportive work culture.

Risk management systems considered high impact or high prevalence risks associated with the care of consumers, informed through policies, procedures, training, and monitoring. Management explained monitoring processes within the service which were reported to executive management each week. Staff were able to explain their responsibilities to report incidents, including through the Serious Incident Response Scheme. Training was provided to staff to understand elder abuse and elder rights and supported through organisation values and the Code of Conduct for Aged Care. Management explained consumers were supported to live their best life through the organisation’s meaningful life principles and program which encouraged staff to build meaningful relationships with each consumer and supported consumers to engage in activities and relationships that make life more meaningful.

The clinical governance framework document outlined leadership culture and responsibilities within the governing body, including the clinical governance committee, and management along with requirements for delivery of evidence based clinical care. Staff explained how clinical practice was informed by policies, procedures, and training within the framework. Reporting demonstrated how information was analysed, trends identified, and information used to improve delivery of care and services.

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)