Dunolly Nursing Home

Performance Report

20 Havelock Street   
DUNOLLY VIC 3472  
Phone number: 03 5468 2900

**Commission ID:** 4402

**Provider name:** Maryborough District Health Service

**Site Audit date:** 31 May 2022 to 3 June 2022

**Date of Performance Report:** 20 July 2022

# Performance report prepared by

S Byers, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

All sampled consumers and representatives considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and their representatives were satisfied staff and management treat consumers with respect and dignity.
* Consumers and representatives felt the care and services provided are culturally safe and their needs and preferences are respected.
* Consumers were satisfied they can make decisions about care and services and make connections and relationships of choice.
* Consumers confirmed that they are supported to take risks.
* Consumers and representatives were satisfied their privacy is respected.

Staff demonstrated understanding of individual consumers needs and preferences and described how a consumer’s culture influences how they deliver care and services. Staff described how they support consumers to make informed decisions. Staff demonstrated how they support consumers to take risks and how they perform assessments to ensure the consumer’s safety. Staff explained practices in place to support consumer privacy and maintain the confidentiality of information.

Care documents were personalised and reflected consumers personal history, cultural needs and preferences. Consumer care files demonstrated risk assessments are completed in consultation with the consumer and their representative.

Staff were observed interacting with consumers in a respectful and kind manner. Staff practice was observed to be considerate of consumer privacy.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

All sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services. For example:

* All consumers and representatives were satisfied with the level of communication they receive from the service and confirmed participating in care planning. Consumers and representatives confirmed they felt listened to.

Staff demonstrated an understanding of consumers’ risks, needs, goals and care strategies which aligned with consumer care planning documents. Staff described the monitoring and review process following incidents or changes in consumers’ health circumstances. Staff confirmed consumers’ care plans are readily available to facilitate the delivery of care and services.

Care planning documents demonstrated consumers’ risks are identified and assessed with interventions implemented and evaluated. Medical and allied health care directives were reflected in care planning documents to guide staff practice. Consumer needs, goals and preferences were recorded including advance care directives. Care planning documents demonstrated care and services were reviewed regularly and following changes in circumstances or incidents.

Consumer care documents reflected a collaborative approach between the service and consumers and representatives. Care strategies are developed from information gathered during the initial assessments and ongoing reviews with input from healthcare professionals including specialists, geriatricians, medical practitioners and allied healthcare professionals.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

All sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and their representatives expressed satisfaction with the safe and effective personal and clinical care the consumers receive, specifically the management of skin integrity, wounds and pain.
* All representatives were satisfied the service informs them about any consumer deterioration or changes in condition.
* Consumers and representatives confirmed they have access to their medical practitioner and/or other health professionals when needed.

Care staff demonstrated understanding of individual consumer risks and how the service manages the risks. Staff described the deterioration, reporting and assessment processes for consumers. Staff and allied health professionals confirmed they are provided with and have access to the information they need to deliver quality care. Staff described how they refer consumers to specialist services where appropriate.

Care planning documents demonstrated consumers’ skin integrity, wounds and pain are managed to meet individual needs and aligned with best practice principles. Consumer documents demonstrated pain is managed using both pharmacological and non-pharmacological interventions with each intervention being reviewed and monitored for effectiveness. Care documents demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Care documents demonstrated the identification of, and timely response to, deterioration or changes in consumer health status.

The service demonstrated it monitors and reviews the use of psychotropic medications, trials non-pharmacological interventions prior to administration of medication, and consults with representatives, specialist services and medical practitioners. Assessments and care plans demonstrated regular medical reviews and detailed individualised strategies to manage consumers’ behaviours.

The service demonstrated end of life needs are met in line with consumer wishes and comfort is maintained.

The service demonstrated it has effective processes in place to document and communicate information about consumers’ conditions, needs and preferences including verbal and written handover. Timely and appropriate referrals are made where required.

The service has an infection control policy including an antimicrobial stewardship policy and outbreak management plan in place to support the service in practicing transmission-based precautions and preparing for a possible infection outbreak. The service has an IPC Lead who is supported by the organisation’s infection control and prevention personnel.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall, sampled consumers considered that they get the services and support for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* All consumers and representatives were satisfied consumers are supported to do the things they wanted to do and their individual preferences are respected. For example, consumers confirmed they are supported to make choices about when they wish to rise or settle, attendance at activities and visits to the wider community.
* All consumers and representatives were satisfied they are supported to maintain contact with family and people who are important to them.
* Most consumers and representatives were satisfied with the quality, quantity and variety of meals.

Staff demonstrated understanding of the interests and preferences of each consumer, including individual needs for support and well-being. Staff explained dietary needs and preferences of consumers.

Lifestyle care plans were personalised to the interests of consumers and included information about significant relationships within and outside the service. Consumer documents demonstrated there is adequate information to support effective and safe sharing of the consumer’s care and timely and appropriate referrals are actioned where required. Consumer planning documents contained specific dietary needs and preferences.

The service utilises a range of equipment and resources to support consumers in lifestyle activities. The equipment provided is safe, suitable and well maintained.

The service demonstrated the lifestyle program and activities are reviewed regularly with input from consumers through feedback and regular resident committee meetings. The lifestyle program is designed to engage all consumers with varied social, physical and creative activities provided. External activities including bus trips are scheduled regularly and outside entertainers are engaged to provide in-house entertainment on a regular basis.

Staff were observed encouraging and supporting consumers to engage in individual and group activities. The atmosphere at meal times in the dining room was observed to be social, calm and pleasant.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* All consumers and representatives said that the service is welcoming, easy to move around and the environment helps them feel at home
* Consumers and representatives provided positive feedback about the service environment and described their rooms and bathrooms as comfortable and clean.
* All consumers said they feel safe when staff use equipment and that maintenance staff were prompt and responsive to their requests.

The service is welcoming and offered comfortably furnished communal spaces that optimise consumer engagement and interaction. The service was observed to be clean and uncluttered enabling free movement. Signage throughout the service provided directions for consumers and visitors.

Staff described how requests for maintenance are submitted and actioned. Staff explained how equipment is regularly cleaned.

Maintenance documentation reflected maintenance is completed regularly and in a timely manner.

The Assessment Team observed consumers freely accessing outdoor areas and moving throughout the service. Consumer’s rooms were personalised, with items of importance on display in each room. Furniture, fittings and equipment were observed to be safe, clean and well maintained.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and/or their representatives felt comfortable raising issues with staff or making complaints directly to management.
* All consumers and their representatives were satisfied that appropriate action is taken when they provide feedback and confirmed management was open and responsive during the complaint process.

Staff described the feedback process and how they support consumers to provide feedback and make complaints. Staff demonstrated understanding of the process of open disclosure and confirmed completing training on the topic.

Management demonstrated how complaint data is reviewed and action is taken to improve the quality of care and services.

Feedback and complaints are registered, reviewed and monitored to ensure actions taken are appropriate. Complaint documentation recorded actions taken to address consumer feedback and complaints.

Information relating to internal and external feedback mechanisms including feedback forms, advocacy and language services were observed readily available to consumers throughout the service.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

All sampled consumers and their representatives considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives were satisfied there was sufficient staff to provide care and services. Consumers said staff were available and responsive when they needed assistance.
* Consumers and representatives described how staff are kind, caring and gentle when providing care.
* Consumers and representatives considered the staff knew about their personal care needs and were appropriately trained.

Staff were generally satisfied with the number and mix of staff at the service and considered current numbers supported the provision of safe and quality care. Staff discussed a strong culture of teamwork to ensure shifts were covered to maintain care when unplanned leave arose. Staff said they were supported to provide quality care through regular face to face and online training. All staff confirmed that appraisals of their performance are regularly undertaken.

Management discussed the organisation’s recruitment and selection process. Position descriptions and review of qualifications demonstrated staff are competent and capable for the position for which they are recruited

Roster documentation demonstrated shifts are filled and consistent level of clinical staff allocated across the service. Call bell reports illustrated a timely response to calls for assistance. Training records demonstrated that staff participate in mandatory training annually and competencies are monitored.

The service demonstrate there is an effective workforce in place which is recruited and supported to ensure the provision of safe, high quality and person-centred care.

The service has formal and informal processes for monitoring and reviewing the performance of each member of the workforce.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers and representatives are involved in the development, delivery and evaluation of care and services. Consumers and representatives provided examples of their engagement including resident meetings, providing feedback to staff and surveys. Consumers and representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services.

Management described how they actively seek input from consumers and representatives and take appropriate action based on the feedback provided. The service demonstrated it maintains a continuous improvement register to record and action improvements.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. The organisation has an incident management system in place. Risks are reported, escalated and reviewed by management at the service level and by the organisation’s executive management including the Board.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The organisation demonstrated a clinical governance framework is in place to guide staff practice that includes monitoring and review of antimicrobial use, the use of restraint and open disclosure.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.