Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Hesse Rural Health Service Nursing Home |
| Service address: | 8 Gosney Street WINCHELSEA VIC 3241 |
| Commission ID: | 4474 |
| Approved provider: | Hesse Rural Health Service |
| Activity type: | Site Audit |
| Activity date: | 19 June 2023 to 21 June 2023 |
| Performance report date: | 31 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Hesse Rural Health Service Nursing Home (**the service**) has been prepared by J Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by the site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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.

Consumers said they felt valued and respected by staff and they were aware of their backgrounds and what it important to them. Staff described how they ensure consumers are provided care that is respectful and maintains the consumer’s dignity. Care plan documents reflected what is important to the consumer and provided information to guide staff in delivering care that is tailored to the consumer’s goals and preferences.

Consumers and representatives said the service was familiar with consumers backgrounds, personal identities, and culture. Staff demonstrated an awareness of consumers’ cultural backgrounds and how this influences the way they deliver care. Care plans documentation reflected consumers’ culture and preferences for care and included strategies to assist staff with providing care to that consumer. Cultural activities have been incorporated into the activities calendar and cultural food options as per consumers preference.

Consumers said they felt supported to exercise choice and maintain their independence, including maintaining relationships of their choice. Staff described how they support consumers to maintain their independence and communicate their choices about how their care is delivered. Care planning documentation demonstrated that consumer choices and preferences were clearly documented and the involvement of others in their care. The service had policies to guide staff in supporting consumers to make and communicate decisions about their care.

Consumers said they were supported to live their life as they choose and maintain their independence, including when this involved taking risks. Staff were aware of consumers who want to take risks and demonstrated how they support them. Care planning documents demonstrated risk assessments were completed in consultation with a medical officer and consumers or their representative in line with the service’s risk management policies and procedures.

Consumers said they were provided with information that allows them to make choices about how they live their lives including meal selections, activities available, and what is happening at the service. Staff described how they provide accurate and timely information to consumers and support them to make decisions. Menus and activity schedules were observed to be on displayed throughout the service.

Consumers and representatives said the service respects their personal privacy and their information is kept confidential. Staff described practices they use to protect consumers’ privacy, including knocking on consumer doors before entering, ensuring doors are closed prior to providing care, and only discussing consumer care needs in private. The service had policies which guide staff practice in respecting the consumer’s privacy and protecting their personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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.

Consumers and representatives said the service assesses for and provides care that addresses identified risks for consumers. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks. Management and staff described how the assessment and care planning process ensures that risks are identified and managed and were knowledgeable about the strategies in place for consumers. Documented policies and procedures were in place to guide staff in the assessment and management of risks to consumers.

The service demonstrated that assessment and planning identify and address the consumer’s current needs, goals, and preferences, including advance care planning and end of life wishes. Care planning documentation were individualised, reflecting consumers’ individual needs and preferences, including advanced care plans in place for consumers that consented to provide this information. Staff said consumers and their representatives can discuss advance care planning and end of life wishes during the admission process if they choose to and during regular conversations, reviews, or when there is a request and change to health status.

Consumers and representatives said staff regularly discuss outcomes of assessments and planning are effectively communicated. Staff described partnering with consumers and or representatives to assess, plan and review care and services. Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process, care plans were frequently updated to ensure they continue to meet consumers’ needs and preferences.

Consumers and representatives said the service involves them in assessment and planning reviews, which they can review at any time, staff provide them with updates about assessment outcomes and they have been offered a copy of the consumers care plan. Management said regular case conferences are held with consumers and or representatives and external providers, this information was reflected in care planning documentation. Staff described the processes for documenting and communicating assessment outcomes with consumers and or representatives.

Consumers and representatives said the service regularly seeks feedback, and makes changes to meet consumers current needs, goals, and preferences. Representatives said they were notified when there are changes or when incidents occur. Care planning documents evidenced they were updated when circumstances change, such as a change in health or when incidents occur. The service is guided by policies and procedures for recording and reporting incidents, including charting tools. Staff said care and service plans were regularly reviewed for effectiveness and when circumstances change or when incidents occur.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 said they received care that is safe and right for them and meets their needs and preferences. The service had processes in place to manage restrictive practices, skin integrity and pain management which are in line with best practices. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent and a behaviour support plan.

Consumers and representatives said the service identifies and manages risks for consumers. Management identified the high-impact and high-prevalence risks associated with the care of consumers to be falls and weight-loss and described how these risks were identified and managed in accordance with relevant policies. Policies and procedures, input from health professionals, and clinical protocols guide how the organisation manages high-impact or high-prevalence risks and clinical data is captured to inform continuous improvements.

Consumers and representatives said their wishes and preferences around end of life were recorded and respected. Care planning documents of consumers that received palliative care support, reflected consumers’ comfort was maximised, with their wishes and needs supported. Documented advance health directives were in place for those consumers who choose to have one. Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences.

The service had policies, procedures, and clinical protocols to guide staff in the management of deterioration, and care planning documentation included consumer preferences, advance health plans, and observations. Staff described signs of deterioration and steps taken in response, including referral to other services, which was observed in care documentation. Care planning documentation demonstrated that deterioration is recognised and responded, and care plans were updated when changes occurred. The service collects and analyses data to identify and respond to deterioration or change in consumers’ condition to improve care delivery.

Consumers and representatives reported that staff were aware of consumers’ needs and preferences and were informed of any changes. Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described and provided examples of how information about consumers needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared.

Consumers and representatives said the service referred consumers to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they were satisfied with the referral processes. Staff described processes for referring consumers to other health professionals and allied health services to ensure quality care and services are safe and effective. Care planning documentation contained information and timely referrals to other health professionals and allied health services.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives reported that staff follow infection control protocols including wearing personal protective equipment and are satisfied with the standard of cleanliness at the service. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 said they received safe and effective services that maintained their independence, wellbeing, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities and provided examples of how they support consumers to remain independent. Care planning documentation captured the consumers life story and identified consumers preferences and information in relation to supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Staff capture relevant information during initial assessment and ongoing reviews with consumers that contribute to the planning and development of events and activity schedules.

Consumers described support and services available to them to promote their emotional, spiritual, and psychological wellbeing. Staff described how they support consumers emotional and spiritual needs such as providing one-on-one support and access to religious services. Staff said the service provides a wide range of activities that are meaningful to the consumer. Care planning documentation outlined consumers emotional and spiritual needs with strategies in place to support and ensure consumers emotional, spiritual, and psychological wellbeing needs are met.

Consumers said they were supported to maintain personal relationships and can take part in community and social activities that they choose. Staff described how they assist consumers to maintain their interests, social activities, and their connections in the community. Care planning documents identified the people important to individual consumers and their activities of interest. Consumers were observed socialising with visitors and participating in various activities.

Consumers said the service provided care that met their needs and preferences, and these were effectively communicated within the organisation and with others responsible for their care. Staff explained how they were kept informed on consumers changing conditions, needs and preferences through handover and the electronic care management system. Care planning documentation contained adequate information about consumers’ needs and preferences that were communicated with others included in the care delivery to support safe and effective care to consumers.

Staff provided examples and described processes for timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the care and lifestyle of consumers. Consumers said they have accessed a range of services and supports to meet their care needs. Care planning documentation reflected the involvement of a range of services and timely referrals made to meet consumers’ needs and preferences.

Consumers were satisfied with the quality and quantity of food provided at the service, with multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food and consumer preferences were incorporated into the menu.

Consumers indicated equipment is safe, suitable, and clean. Staff said they ensure consumer equipment is safe, clean, and suitable and described the process for reporting maintenance issues, with a preventative maintenance schedule in place. Equipment was observed throughout the service to be clean, tidy, and well-maintained and shared equipment was observed to have a sign indicating that the equipment had been cleaned after each use.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 said the service has a welcoming environment that is easy to understand and has allowed them to optimise their sense of belonging and independence. The service environment was observed to be spacious, with dining rooms, communal seating available indoors and outdoors, and signage to support navigation around the service. Consumers’ rooms were observed to be decorated with personal belongings, including their own furniture, which consumers said contributed to their sense of comfort and belonging.

Consumers said they felt comfortable at the service and the service environment was clean and well-maintained. Staff and management described how they assist consumers to freely mobilise throughout the service and staff explained how they ensure the service environment is maintained and safe for consumers and described the process for cleaning, documenting, reporting, and attending to maintenance issues. Consumers were observed moving around freely around the service and the service was observed to be clean and well maintained, with documented preventative schedules in place.

Furniture and equipment throughout the service was observed to be clean, suitable for its purpose and mobility aids were accessible to consumers. Consumers said the service is clean, and well-maintained and is suitable for the consumers and were aware of the process to make a maintenance request. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 and representatives said they were aware of the complaints process at the service, and they felt comfortable raising any concerns they had about their care directly with staff. Management and staff described the different mechanisms for consumers to provide feedback, suggestions, compliments, or complaints. The service had policies which guide them on supporting consumers and others to provide feedback and complaints. Information about how to provide feedback and or make a complaint and feedback forms, as well as lodgement boxes, were observed throughout the service.

Consumers and representatives said they were aware of and have access to advocates and other external methods for raising and resolving complaints. Staff were aware of the process to engage advocacy and language services should a consumer or representative require them. The service had feedback forms and brochures with advocacy and language services displayed on noticeboards throughout the service.

Consumers and representatives who had recently provided feedback or made a complaint to the service felt that the service responded to their feedback appropriately and communicated with them to discuss their concerns. Staff and management provided examples of the process followed when feedback or a complaint is received and demonstrated an understanding of open disclosure principles and how they have been applied. The service had policies in relation to receiving and responding to complaints, as well as practicing open disclosure.

Consumers and representatives reported that their feedback is used to improve services. Management described detailed processes in place to escalate complaints, and how feedback and complaints were used to improve the care and services. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 said there is enough staff to meet their care needs and answer call bells promptly. Staff said the staffing levels were appropriate, to provide safe delivery of care to consumers. Management demonstrated and documentation evidenced how the service have adapted their workforce planning to ensure there is adequate staffing levels.

Consumers reported that staff are kind and caring. Staff were observed interacting with consumers in a kind, caring and respectful manner addressing consumers by their preferred name and engaging in friendly and familiar conversations with them. Staff demonstrated awareness of consumers’ cultural and personal backgrounds.

Consumers said staff perform their duties effectively and confident staff were sufficiently skilled to meet their care needs. Management described how they determine whether staff are competent and capable of doing their role and detailed processes for ensuring the workforce have the qualifications or knowledge to effectively perform their roles. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers said staff were adequately trained to do their job. Staff described the training and support received during orientation and on an ongoing basis. Management described the annual mandatory training for staff to complete and how completion of mandatory training is monitored. Documentation evidenced staff were up to date with their mandatory training and receive training relevant to their roles.

Documentation demonstrated regular assessment, monitoring and review of the performance of each staff member. Management described how staff’s performance is monitored, which included regular reviews. Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills and knowledge.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 described ways in which they were engaged in the development, delivery and evaluation of care and services, through direct feedback or participation in consumer meetings. Management described the ways consumers and representatives were engaged including consumer surveys, feedback, during care evaluations and meetings. The service had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Consumers said the service is well run and reported feeling safe and they receive quality care they need. Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, compliance and feedback and complaints. For example, in relation to financial governance, management explained processes in place for purchases supporting service delivery when required. Purchase of equipment is supported by the organisation and described other means of funding purchases and provided examples of recent expenditures to support changing needs of consumers.

The organisation has a documented risk management framework, which includes policies describing how high impact or high prevalence risks associated with the care of consumers are managed, including identifying abuse and neglect of consumers. Management described how incidents are analysed, used to identify risks to consumers, managed, and inform improvement actions to support consumers to live their best lives. The service described an incident management system used to collect and record incident data which is analysed to guide management in risk and prevent incidents.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)