Performance

Report

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| Name of service: | Keith & District Hospital Inc |
| Service address: | 35 Hill Avenue KEITH SA 5267 |
| Commission ID: | 6197 |
| Approved provider: | Keith & District Hospital Inc |
| Activity type: | Site Audit |
| Activity date: | 8 August 2023 to 11 August 2023 |
| Performance report date: | 12 September 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 Keith & District Hospital Inc (**the service**) has been prepared by J. Howard, 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 conducted from 8 August 2023 to 11 August 2023. 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.
* Other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant.

Consumers confirmed staff treated them with dignity and respect at all times. Consumers said they were able to maintain their identities and make informed choices. Consumers’ care plans included information about their personal preferences and consumers confirmed they received culturally safe care and services. Staff gave examples of culturally safe care and services and understood how consumers’ preferences influenced the delivery of care. Consumers were supported to make choices about their care, decide when family and friends were involved in their care and maintain relationships. For example, consumers chose which activities they attended and were assisted to make video calls and write letters to their families.

Consumers were supported to take risks which enabled them to live their best lives and participate in activities they enjoyed. Consumers wishing to take risks were supported to understand the benefits and possible harms before a risk assessment was completed and documented in their care plans. Consumers confirmed they were provided with information that was clear, easy to understand and enabled them to exercise choice. For example, consumers were advised of activities, upcoming events and meal choices by staff and during meetings. Consumers’ personal information was kept confidential in a password-protected care management system and staff knocked on people’s doors before entering.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process and the outcomes of the process informed the delivery of care and services. Consumers were involved in the care assessment and planning process, which identified their goals, needs and preferences. Staff understood consumers’ individual needs in relation to physical functions, personal care, specialised requirements and end of life wishes, all of which were recorded in care plans. The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. A review of care plans showed consumers participated in a coordinated needs assessment which involved the input of medical officers and allied health professionals.

The outcomes of assessment and planning were documented in consumers’ care plans which were available to consumers and those involved in their care. Whilst not all consumers could recall seeing a copy of their care plan, they understood the daily care and services received and were comfortable requesting a copy of their care plan if needed. Consumers and representatives confirmed they were involved in regular care plan reviews and notified when incidents occurred or care needs changed. Consumers’ care and services were reviewed quarterly or following a change in circumstances.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received care that was safe and right for them and met their individual needs and preferences and optimised their health and well-being. Staff delivered care which aligned with consumers’ care plans and met their clinical needs. Staff understood how high-impact and high-prevalence risks affected consumers and described how risks were managed in relation to falls and skin integrity. Consumers confirmed staff discussed advanced care planning and end of life preferences with them, and these were recorded in care plans. Staff who provided palliative care described how consumers nearing the end of life were supported. For example, staff made consumers comfortable through pain management, regular repositioning and the provision of personal care. In addition, staff had access to registered nurses who were on site 24 hours a day.

Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans. Staff were informed of changes to consumers’ conditions during shift handover meetings, by reading care plans and in real-time from system-generated alerts. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Consumers’ lifestyle preferences were recorded in their care plans and lifestyle staff tailored activities to consumers’ needs. Consumers confirmed they received the emotional and spiritual supports needed to maintain their psychological well-being, such as spending time with friends and family and talking with staff. Clinical and care staff took note when consumers’ moods changed and made time to speak with them, as well as put them in touch with friends and family.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. A review of consumers’ care plans confirmed information about their activities of interest and people of importance to them was available to staff. Consumers were satisfied with the quality, quantity and variety of food provided by the service. Consumers were offered meal options from a seasonal menu and could request an alternative if the menu was not to their liking. Consumers confirmed they had input to the menu and their food allergies, special dietary requirements and personal preferences were recorded in care plans.

Where the service provided equipment, it was observed to be safe, suitable, clean and well maintained. Staff said equipment was available when needed and the Assessment Team noted consumers’ mobility aids were clean and in good repair.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging. Consumers felt safe and at home within the service, particularly as they personalised their rooms with possessions of their choice. The service environment was functional and supported consumers’ independence and function. Corridors were spacious and had handrails to assist consumers’ ease of movement. The service had a lot of natural light and the internal temperature was consistent and warm. The Assessment Team observed consumers socialising in common areas of the service, both indoors and outdoors. Consumers confirmed they could move freely around the service environment.

Furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Staff understood how to report maintenance issues and risks to consumers through the service’s electronic care management system. Furniture, equipment and the general service environment was maintained under routine and preventative schedules. Staff said shared equipment is cleaned and disinfected between each use.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers and representatives could raise issues directly with staff and management, or provide feedback at meetings, by email and via feedback forms. Consumers’ and representatives’ compliments, complaints and suggestions were a standing agenda item at resident and representative meetings. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the resident handbook and from organisations who visited the service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong. Consumers confirmed the use of open disclosure by staff and management at the service. Management and staff understood their responsibilities in relation to complaints management. A review of the service’s feedback and complaints register showed management’s active involvement in responding to consumer concerns and the actions taken in response were recorded. The service used feedback and complaints to improve the quality of care and services. For example, when consumers advised the outdoor chairs were uncomfortable, the service purchased chair cushions to the satisfaction of consumers.

# Standard 7

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| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers confirmed there were adequate staff at the service to provide prompt care which met their needs. Staff said there were enough people rostered for each shift and consumers said their call bells were responded to in a timely way. A review of rosters from the fortnight preceding the site audit showed staffing levels were sufficient across all shifts and included a mix of skills able to meet consumers’ needs. Management said when unplanned leave occurred, shifts were filled within the service’s pool of staff before engaging nursing agency staff.

Consumers said staff were kind, caring, gentle and understood their needs when providing care and services. The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Staff had position descriptions and accessed ongoing training relevant to their roles. A review of training records showed all staff had completed mandatory training. Staff files included their training records and copies of their qualifications, credentials and individual position descriptions.

New staff participated in a competency assessment and six-month probationary performance review. Staff received training in how to deliver care and services in a way which meets the Quality Standards, as well as in restrictive practices, the Serious Incident Response Scheme, falls management, manual handling, infection control, complaints management and consumers’ rights. Management determined staff competencies through informal and formal performance reviews. A review of staff performance appraisal records showed all were up to date.

# Standard 8

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| Organisational governance | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via case conferences, resident and representative meetings, feedback forms, surveys or speaking directly with staff. A review of documents showed change occurred in response to consumer and representative feedback.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board of directors satisfied themselves the Quality Standards were being met via a clinical governance framework, internal audits and reports from service management regarding: risks to consumers; complaints and feedback; restrictive practice; infection control; medication management; and staff education and training. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. The risk management framework supported staff in identifying emerging risks and the potential consequences, along with how to mitigate and manage risks. The service’s risk reporting process required staff to escalate risks to management, who in turn reported to the board of directors who had oversight of risk management.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)