Performance

Report

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| Name of service: | Kintyre Lodge - Dubbo |
| Service address: | 2 Glenabbey Drive DUBBO NSW 2830 |
| Commission ID: | 1074 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Site Audit |
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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 Kintyre Lodge - Dubbo (**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:

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.

# 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 six of the six Requirements have been assessed as Compliant.

Consumers said they are treated with dignity and respect and staff are familiar with their individual identity and diversity. Staff demonstrated a sound knowledge of individual consumers and their personal history, cultural background, and likes and interests. Documentation included detailed information about each consumer’s background, family, culture, preferences, and interests. The activities program included recognition and celebration of cultural events. Staff were observed to interact with consumers in a respectful way using preferred names in line with care plan documentation.

Consumers from various cultural backgrounds said they feel safe to practice their cultural preferences. Staff demonstrated knowledge of consumer’s cultural identity. The services lifestyle and wellness program had resources to support cultural inclusivity. Consumers’ rooms were observed to be decorated with items that expressed the cultural diversity of consumers. The services had documentation and training to support staff in providing culturally safe care and service.

Staff described the various ways they supported consumers to exercise independence such as always asking before providing care and the various strategies by which consumers are supported to exercise choice and independence including developing relationships with other consumers. Consumers said they are able to make decisions about the care and services they receive including making decisions about when family and representatives should be involved.

Consumers who are exercising choice that involves risk said the risk and potential harm had been explained to them. Care planning documents demonstrated that dignity of risk assessments had been conducted for those consumers making choices that involve risks. Management explained the process for assessing and minimising risk including consultation with consumers and representatives and appropriate health professionals.

Consumers explained and demonstrated a range of ways in which information is provided to them, so they know what’s happening within the service and with their care. Staff and management described the various ways they provide information to consumers during care planning consultations, daily discussions, public announcements, and at various meetings to support consumers to exercise choice. The activities calendar was displayed throughout the service and in consumers’ rooms and the daily menu was displayed on electronic screens in the dining areas and a paper copy located in consumers’ rooms.

Consumers said staff respect their privacy and staff knock and ask before entering their room. Staff described the various ways they respect, including closing doors when providing personal care. Consumer information is kept on an electronic care planning system that requires a password to access and each staff has a unique password. The organisation has documented policy and procedures to guide the privacy and confidentiality of information about consumers, staff, and volunteers.

# 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 five of the five Requirements have been assessed as Compliant.

The service was able to explain in detail how the results of assessments including risk assessments are used to inform the delivery of safe and effective care for consumers. Consumers confirmed that they have been involved in assessments for their care. 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.

Consumers and representatives confirmed they have been given the opportunity to discuss their current care needs, goals, and preferences, including advance care or end of life planning if they wished to talk about it. Care planning documents included advance care directives and what is important to consumers. Staff demonstrated a comprehensive knowledge of what was important to consumers in relation to how their personal and clinical care are delivered. The service had policies that outlined advance care and end of life planning to guide staff practices.

Consumers and representatives said they were actively involved in the assessment, planning and review of their care and services. Staff could describe what their role was in partnering with consumers and/or their representatives to assess, plan and review care and services. Care planning documents reflected consumers, and their representatives are involved in assessment and planning, including coordinated assessment and planning involving all relevant organisations, individuals, and other health professionals.

Care documentation reflected outcomes of assessment and planning were being communicated to the consumer and/or their representative and were communicated through partnering in care conferences and documented in the consumers’ care plan documentation. Consumers and their representatives confirmed that they are informed about the outcomes of assessment and planning and copies of consumer care plans have been provided and readily available to them.

Care planning documents were frequently updated and relevant to consumer’s needs, goals, preferences and were reviewed a minimum of 3-monthly, following incidents, and following changes in care needs. Staff could explain the process of conducting assessments and developing care plans, that reflected outcomes and most up-to-date assessments and reviews of consumer needs, goals, and preferences.

# 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 seven of the seven Requirements have been assessed as Compliant.

Consumers said they received care that was safe, that managed risks to the consumers’ health, and that met 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.

The service demonstrated how high impact, high prevalence risks to consumers, are managed. Care documentation reflected high impact, high prevalence risks have been identified and interventions had been implemented to mitigate consequences. The service was undertaking risk assessments and using best practice assessment tools to assist in the reduction of high impact, high prevalence risks, including the completion of assessments.

Staff said it is up to the consumer as to whether they are comfortable with discussing end of life planning. Management advised that under the new ownership the service will have access to an in-house palliative care team. Care documentation reflected end of life care planning is in place for those consumers who choose to have a plan in place. Consumers and representatives expressed confidence that when consumers’ needed end of life care, the service would support them to be as pain free as possible and to have those important with them.

Care planning documentation reflected the identification and response to deterioration or change in consumers’ condition. Consumer representatives confirmed that they are contacted by the service whenever there are changes to a consumer’s condition. Management said all staff are provided education in the early detection of deteriorating health signs.

Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described how information about consumer’s needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared.

Consumers and representative said they are satisfied they have access to a medical officer and other allied health providers when required. The service was able to demonstrate that referrals to other providers or organisations are done in a timely manner. Care planning documentation evidenced referral processes to other allied and specialist health care providers. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

Consumer and representatives said they were kept well informed and were happy to comply with the service’s visitor and infection control requirements. The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. 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

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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 seven of the seven Requirements have been assessed as Compliant.

Consumers said they feel supported to do the things they want to do and that they receive safe and effective services. Staff described how they support consumers to do things for themselves and demonstrated knowledge of consumers’ needs and what was important to them and were able to describe how they assess and identify consumers’ needs, goals and preferences and optimise their health and well-being. Care planning documents detailed consumers’ goals, preferences, and needs.

Consumers said they have access to persons in the community and other services to support their emotional and spiritual wellbeing. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as one-to-one conversation, and supporting them to communicate with their families. The service provides a chaplaincy service, access to local volunteer services and spiritual leaders visit the service on a regular basis to support the wellbeing of consumers. Care documentation reflected information about consumers religious and social preferences.

Consumers said they are supported to participate in activities of interest to them. Staff explained how they tailor the activities program to suit the needs of individual consumers including providing group activities and individual activities. Care planning documents identified the people important to individual consumers and their activities of interest. Staff provided examples of consumers who were supported to maintain their relationships. Staff demonstrated awareness of consumer’s interests and preferred relationships, including persons that are important to them and other consumers at the service with whom they like to spend time with.

Staff said they were aware of consumer’s individual needs and preferences. Representatives said the service provides clear and timely information when there are changes in the conditions or needs of consumers. Staff described the ways in which they share information and are kept informed of the changing condition, needs and preferences of each consumer. Care planning documentation detailed information about consumer’s needs and preferences.

Consumers provided examples of organisations outside the service they had been referred to. Staff demonstrated a knowledge of external organisations and providers to whom they can refer consumers. Care plans for consumers evidenced that the organisation collaborates with other individuals, organisations, or providers to support the diverse needs of consumers.

Consumers expressed satisfaction with the quality, quantity, and service of meals. Staff demonstrated familiarity with consumers’ nutrition and hydration needs and preferences. Staff demonstrated the service had systems in place for ensuring consumers’ dietary needs and preferences are known and met, including consultation with consumers concerning daily choices and menu development.

Consumers said they feel safe when using the equipment provided or when staff are operating equipment. Staff described processes for reporting maintenance needs. Management explained that an audit of equipment had been conducted as part of the transition to Baptist Care and new equipment were being purchased. Equipment was observed to be safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumers and their representatives said they find the service environment welcoming and easy to find their way around. Management and staff could describe aspects of the service environment that make consumers feel welcome and to optimise their independence, interaction, and function.

The service environment was observed to be clean and well-maintained, with spacious courtyards and under covered seating areas with well-maintained outdoor furniture. The service was able to demonstrate it is safe, clean, and well maintained and consumers can move around freely indoors and outdoors. Consumers and representatives said they are happy with the cleanliness and maintenance of the service and there were no outstanding reactive maintenance issues identified, and all preventative maintenance was completed in line with the schedule. Staff said they have a cleaning and a preventative maintenance schedule in place.

Staff described how shared equipment is cleaned and maintained. Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained. Maintenance documentation demonstrated maintenance checks are up to date. Consumers and representatives said equipment and furniture at the service is safe, well-maintained, and suitable for their needs.

# 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 four of the four Requirements have been assessed as Compliant.

Consumers and representatives said they feel encouraged, safe, and supported to provide feedback and make complaints, and they are able to do so anonymously or with the assistance of staff. Staff were able to describe the avenues and process they follow for consumers and representatives to provide feedback or make a complaint. The service has processes and systems in place for consumers, representatives to provide feedback or make a complaint. Documentation demonstrated consumers and representatives are encouraged and supported to provide feedback and raise any issues or concerns.

Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, staff were aware of how to access interpreter and advocacy services for consumers as required. Consumers and representatives said they are aware of other avenues, including external agencies for raising a complaint. Advocacy services were observed on display at the service and the service has written materials, such as the admission pack, feedback forms, brochures, and promotional material, which provide information about how to make complaints, and contact information for external complaints agencies and advocates.

Consumers and representatives said management respond promptly and seek to resolve their concerns after they make a complaint. Staff have received education on the management of complaints and were able to describe the process that is followed when complaints or feedback is received. Staff said they direct consumer and representative complaints to the relevant management and log it into the electronic complaints management system. Staff and management have received training on, and demonstrated an understanding of, the principles of open disclosure.

Consumers and representatives sampled said they were confident that management used feedback to make improvements wherever they could. Management and staff were able to describe examples of changes implemented at the service as a result of feedback and complaints, and said they are confident that these are used to improve the quality of care and services. Documentation supported feedback and complaints data were used to inform improvements to service delivery.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers said sometimes they had to wait to be attended to because staff were busy, but they have always received the care they need and consumers that used their call bells felt they were answered in a timely manner. Management said the service had conducted a review of staffing levels and planned to increase staffing levels on all shifts. Management was able to demonstrate that the workforce is planned and that there is an adequate mix of skills to deliver safe and effective care to consumers. Consumers were observed receiving care from staff and did not appear rushed.

Consumers said they felt safe when staff attended to them, and they trusted the staff. Consumers and representatives said staff engage with consumers in a respectful, kind, and caring manner, and staff are gentle when providing care. Staff demonstrated personal knowledge and understanding of individual consumers needs and preferences. Management explained that the induction process for new staff included training in the Quality Standards and in the organisation’s, expectations concerning the provision of care that respects each consumer’s identity, culture, and diversity. Staff interactions with consumers were observed to be kind, caring and respectful.

Management described how they ensure staff are competent and capable in their roles, including formal recruitment processes, on the job observations, feedback from consumers and staff, formal competency assessments and regular training. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. Training records and competency assessment records evidenced that staff are regularly trained and assessed and recently employed staff demonstrated appropriate qualifications.

Management described a robust recruitment and induction process and demonstrated position descriptions and duty statements for each role. Mandatory training is provided via an online platform and regular face-to-face sessions and toolbox talks are provided on site. The organisation demonstrated a training matrix detailing the various staff roles and the required mandatory training for each role. Consumers and representatives said staff know what they are doing.

The service has processes to regularly undertake assessment, monitoring and review of the performance of each member of the workforce. Management and staff described a range of strategies by which assessment and monitoring of workforce performance has been undertaken and documented.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers said management have acknowledged their feedback and suggestions, and this had resulted in improvements made at the service. Management described a range of strategies and avenues used to engage consumers in the development, delivery and evaluation of care including, resident’s meetings, food focus meetings, suggestion boxes, care conferences and through consumer surveys.

The organisation promotes a culture of safety and inclusion that were outlined in policies, and by having systems in place for management teams to provide support across a range of areas to ensure quality care and services are provided to consumers. The governing body provides strategic direction and oversight and is informed about the performance of the service against the Quality Standards.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial management, management described the process for seeking approval should expenditure outside the budget be required to support the changing needs of consumers, this was supported with recent documented approvals in relation to the employment of additional staffing at the service.

The service had an up-to-date risk assessment register of high impact and high prevalence risks and identifies those consumers who are considered at risk. Documented policies and procedures to support staff in conducting assessments, identifying, and managing hazards and risks, reporting, and managing incidents, identifying, and responding to abuse and neglect, and supporting consumer to live their best life. Staff gave examples of how they are supporting consumers to live their best life and described practices for reporting incidents. Care planning documents confirmed that assessments are conducted, and risk minimisation strategies are detailed for individual consumers.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure, and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and using an open disclosure approach when mistakes happen. The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure.

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)