Performance

Report

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| Name of service: | Leeton Hospital |
| Service address: | Cnr Wade Avenue and Palm Avenue LEETON NSW 2705 |
| Commission ID: | 0577 |
| Approved provider: | NSW State Government (NSW Ministry of Health) |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 5 April 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 Leeton Hospital (**the service**) has been prepared by K. Spurrell, 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 a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# 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

Consumers said they were treated with dignity and respect. Staff demonstrated their familiarity with consumers’ backgrounds and circumstances which aligned with care planning documentation and training records evidenced how staff were trained to deliver culturally aware care.

Consumers stated the care they received was culturally safe. Staff identified the cultural preferences of different consumers, and demonstrated how they accessed the information in the electronic care management system to deliver appropriate care. Staff were observed accessing consumers’ care plans to identify consumers’ individual cultural and spiritual needs and provide care accordingly.

Consumers stated they participated in the care planning process from admission and were supported to choose who they wish to be involved in their care. Staff said they offer choices and allow independence before they physically assist consumers Care documentation recorded consumers’ choices, such as a preference for same-gendered staff, and this information was communicated with staff and informed care.

Consumers stated they were supported to exercise choice and independence involving risk. Staff advised they understood what the consumers valued and were non-judgemental about consumers' choices. Care documentation evidenced that risk assessments were completed for consumers who wished to take risks.

Consumers said information was provided to them in a clear and easy to understand way. Care documentation was written in plain language to avoid confusion. Information about the Aged Care Quality Standards, Charter of Aged Care Rights, and activities calendars were observed on the noticeboard.

Consumers confirmed staff respected their privacy and confidentiality. Staff were observed to require individual login and password to access the information kept in the electronic care management system. The service’s privacy policy was sighted and outlined how the service maintained and respected the privacy of personal and health information for the consumers.

# 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

Consumers and representatives said they participated in the care planning process and they receive the care and services they need. Staff described the care planning process, and how it informed the delivery of safe and effective care. Care documentation showed the service identified and assessed risk with the consumer during initial assessment and planning, and risk management strategies were included in consumer care plans.

Staff described consumers’ individual preferences, how they involved consumers and representatives in assessment and care planning and how they communicated the outcomes. Management stated advance care planning paperwork was included in the admission package. Consumers end of life wishes were documented and a “not for resuscitation form” was available for completion if a consumer or representative decided not to complete the advance care directive.

Consumers and representatives said they were engaged in the assessment, planning and review of care and services and staff communicated with them when there were changes to care. Staff described how allied health professionals, such as physiotherapy, podiatry, speech pathology, and dietetics were engaged in care planning. Care documentation evidenced integrated assessment and planning involving all relevant organisations, individuals and service providers.

Consumers and representatives said they could access the consumer’s care plan, adding they were consulted regarding the consumer’s care and any changes that occur. Staff described the processes for documenting and communicating assessment outcomes. Care documentation showed outcomes of assessment and planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives said the service regularly communicated with them about consumers care and services, sought feedback and made changes to meet current needs, goals and preferences. Staff described the regular review of care and services as well as review when circumstances changed. Policies and procedures contained a suite of assessments and charting, and care and services plans were reviewed for effectiveness every three months and also when circumstances change or when incidents impacted the needs, goals and preferences of consumers.

# 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

Consumers said the care provided by the service was safe and right for them, their care was consistent with their needs and preferences and supported their health and well-being. Staff described how they were supported to deliver personal and clinical care that was best practice and met the needs of each consumer. Policies, procedures, and systems guided staff to deliver care according to consumers’ needs, goals, and preferences.

Consumers and representatives said risks to their well-being such as falls, delirium, pressure areas, weight loss, and infection were assessed, explained, and managed to reduce risk. Staff described identification, assessment, and management of high-impact or high-prevalence risks to the safety, health, and well-being of each consumer through a new electronic monitoring system. Policies and procedures and clinical protocols guided the management of risks to the safety, health, and well-being.

Care documentation included advance care plans and the needs, goals and preferences for end-of-life care. Consumers and representatives said symptoms such as pain were managed well and, if their condition deteriorated, their wishes were known. The service had policies, procedures, and clinical protocols to guide staff in the management of palliative care and end-of-life.

Care documentation reflected the identification of, and response to, deterioration or changes in consumers’ condition. Consumers and representatives said the service recognised and responded to changes in their condition in a suitable and timely manner. Staff explained how deterioration was discussed during handovers, and also communicated to medical officers for review.

Consumers and representatives said care was consistent and reliable, and information was communicated well. Care documentation provided adequate information to support the effective and safe sharing of the consumers’ information to support care. Information systems were observed to be effective, privacy policies and training were in place, and consumers were informed and provided consent for information sharing.

Care documentation confirmed the input of others and referrals where needed. Consumers and representatives said referrals were timely, appropriate, and occurred to meet their care needs and the consumer had access to a range of health professionals, including allied health and medical specialists. Staff stated the service used a range of allied health services.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices. The service has a staff and consumer vaccination program and records were maintained for influenza and COVID-19 vaccinations. Staff described using non-pharmacological approaches such as encouraging fluids, maintaining a toileting routine, educating staff and consumers on proper hygiene, and ensuring pathology results were available before commencing 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

Consumers said they were satisfied the service supported them to do the things they want to do adding how services and supports for daily living had improved their independence, health, well-being, and quality of life. Care documentation reflected the needs and preferences of consumers and staff described how they accessed these records to assist consumers to stay healthy and do as much for themselves as possible.

Consumers said while living at the service they feel connected and engaged in meaningful activities including acknowledging and observing sacred, cultural, and religious practices. Staff described how they supported the emotional, psychological, and spiritual well-being of consumers. Care documentation contained information about the consumers' emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they had an active social life and could follow their interests at the service as they could take part in community and social activities, and chose who they socialised with. Staff described how they work with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. The organisation was observed to design services and supports with the consumer and adjust these to reflect the consumer’s changing needs, goals, and preferences.

Consumers said they consented to information being shared with others about them and as a result they had continuity of services and support. Staff described how the consumer was actively involved in referrals and how consent was obtained. The organisation demonstrated established links with individuals, organisations, or providers, to ensure consumers have access to a range of services and supports.

Meal service was observed to be comfortable and unhurried with consumers who needed assistance receiving appropriate assistance in a dignified manner. Consumers said the food was lovely and if they were hungry or thirsty staff would get them something to eat or drink. Staff advised they had access to up-to-date dietary requirements for the consumers.

Consumers said they feel safe when using equipment and knew how to report any concerns about the safety of the equipment. Staff described how the service has provided training about the safe use of the equipment, explained how they identified any potential risks to the safe use of the equipment, and the responsibilities they shared for the safety, cleanliness, and maintenance of equipment. Equipment was observed to be 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

The service environment was observed to be clutter-free, calm, and friendly, with communal and private areas for consumers and visitors with good lighting throughout, and handrails in all corridors to assist consumers to move around easily. Representatives said the service was welcoming and there was good signage, and all doors were numbered making it easy to navigate through the service.

Consumers were observed moving freely around the service and could access outdoor areas and courtyards. Staff described how maintenance issues were to be logged in the maintenance reporting electronic system. Consumers and representatives stated, and observations confirmed, the service was clean, safe, and well maintained.

Equipment and furniture in communal areas were observed to be clean and generally in good condition. Staff said they had access to sufficient, well-maintained equipment needed for consumer care. Consumers and representatives said they were happy with the cleaning services and felt the environment was well maintained and clean.

# 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

Consumers and representatives said they felt encouraged, safe, and supported to provide feedback and make complaints, and they could provide it anonymously or with the assistance of staff. Staff described the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. The feedback and complaints register demonstrated closure of complaints and feedback received promptly.

Consumers and representatives said although they were aware of other avenues for raising a complaint, they were comfortable raising concerns with management and staff at first instance. Staff described acting as advocates for consumers by communicating concerns to management on their behalf. Information about advocacy services, how to make complaints, and the Charter of Aged Care Rights were displayed throughout the service.

Consumers and representatives stated management promptly addressed and resolved their concerns following the making of a complaint, or when an incident occurred. Staff described the process followed when feedback or a complaint was received, including escalation to senior clinical personnel or management if applicable. Documentation evidenced the service documented feedback and suggestions received from consumers and representatives.

Consumers, representatives, and staff described changes implemented at the service because of feedback and complaints and said they were confident these were used to improve the quality of care and services. The continuous improvement register was used to record, action, resolve and inform continuous improvement following feedback, complaints, and incidents.

# 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

Consumers and representatives said they were satisfied with the number of staff, adding call bells were answered promptly. Observations confirmed staff were available when consumers needed assistance. The roster showed a registered nurse was allocated on all shifts, staff leave was covered and shifts were filled.

Consumers and representatives said staff were kind, caring, and gentle when delivering care and services. Interactions were observed to be kind, caring, and respectful of each consumer’s identity, culture, and diversity. The service’s code of conduct for members of the workforce was reviewed and included expected behaviours or conduct towards.

Consumers and representatives felt confident staff were sufficiently skilled to meet consumers' care needs. Staff felt competent to provide the care the consumers needed at the service. The service had documented policies about key qualifications and knowledge requirements of each role employed by the service in their position descriptions.

Consumers, representatives, and staff said they did not think there are any areas where staff require more training. The service had a comprehensive staff orientation program inclusive of key areas of education including, but not limited to, a site tour, handover sheet use, infection prevention, manual handling, and equipment use, feedback and complaints, fire safety and emergency including evacuation, and further role-specific orientation requirements.

Management detailed ways in which workforce performance was monitored through observations of staff practice, consumer satisfaction surveys, staff feedback, and through resident meeting feedback. Performance appraisals were conducted. Staff advised during the appraisal process, the nurse manager would ask for feedback, such as additional support and education needed and all feedback would be considered to arrange additional training if required.

# 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

Consumers felt they participated in the development and delivery of care provided. The service had strategies to involve consumers in the development of service delivery such as customer experience surveys, feedback mechanisms, and resident meetings. Review consumer meeting minutes reflected positive consumer engagement and coverage of the development, delivery, and evaluation of care and services, as well as feedback and complaints.

Management provided examples of changes driven by the governing body as a result of consumer feedback, experience, and incidents. The governing body used the information from consolidated reports to identify the service’s compliance with the standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery. Consumers and representatives felt the organisation promoted a culture of safe, inclusive, and quality care and was accountable for its delivery.

The service had policies and procedures detailing processes around each governance system to guide staff practice. Effective organisation-wide governance systems were observed concerning areas, including but not limited to, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. Staff described key principles of the organisation-wide governance systems such as feedback and complaints, workforce governance, and regulatory compliance.

The service had risk management systems to monitor and assess the high impact or high prevalence risks associated with the care of consumers, including identifying and responding to the abuse and neglect of consumers and supporting consumers to live the best life they can. Risks were reported, escalated, and reviewed by the Board, using an incident management system. Staff explained the processes of risk management at the service, including how risks were identified and mitigated.

The organisation had a documented clinical governance framework and management and staff were observed to apply the principles of the framework when providing care. Staff described processes of the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies, and providing open disclosure to consumers and representatives when things went wrong.

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