Performance

Report

**1800 951 822**

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| Name: | Narrandera Homestead Care Community |
| Commission ID: | 2673 |
| Address: | 54 Lethbridge Drive, NARRANDERA, New South Wales, 2700 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 31 October 2023 to 1 November 2023 |
| Performance report date: | 29 November 2023 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 1030 Narrandera Homestead Care Community |

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 Narrandera Homestead Care Community (**the service**) has been prepared by E Woodley, 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 Assessment contact (performance assessment) – site 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 | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the six specific requirements has been assessed and found compliant.

Consumers interviewed by the Assessment Team said they are treated with dignity and respect, and feel staff know about their identify, culture and diversity. Staff were observed by the Assessment Team interacting with consumers respectfully. Staff interviewed were knowledgeable about consumer preferences, cultural backgrounds and values, and were able to describe how they applied this to the care of consumers.

I find Requirement 1(3)(a) is compliant.

# 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)(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)(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 was not fully assessed, and therefore has not received a compliance rating. Three of the five specific requirements have been assessed and found compliant.

The Assessment Team found assessment and planning considered risks to consumer’s health and well-being to inform safe and effective care delivery. For consumers sampled, this included risks associated with falls, skin integrity, behaviours requiring support, and medical history. The service has a suite of initial assessments for consumers entering the service, and assessments are reviewed based on consumer need. The service demonstrated effective processes for review of consumer care and services on a regular and as required basis. For consumers sampled, their care and services were reviewed following falls and deterioration in their condition, and included review and assessment by relevant allied health professionals.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to involve in their care and services. Consumers sampled had physiotherapists, speech pathologists and dietitians involved in their care assessment and planning. Consumer representatives interviewed said they are engaged in the care assessment and planning of their consumer by the service, and provided positive feedback regarding this partnership.

I find the following Requirements are compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(c)
* Requirement 2(3)(e)

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the seven specific requirements have been assessed and found compliant.

Through interviews with staff and consumers, and review of care planning documentation, the Assessment Team found the high impact and high prevalence risks associated with consumer’s care were effectively identified and managed. For consumers sampled, this included risks associated with falls, restrictive practices, and management of diabetes, pain and wounds. The service demonstrated a multidisciplinary approach to identify and implement interventions to mitigate associated risks. Consumers and representatives interviewed indicated satisfaction with the clinical care consumers receive.

The service demonstrated consumers who have experienced a deterioration or change in their cognition, condition, function or mental health have their needs recognised and responded to in a timely manner. There are effective processes to communicate and escalate changes in consumer’s condition to clinical staff, the consumer’s medical officer and consumer representatives. Information about the consumer's condition, needs and preferences is documented and effectively communicated with those involved in their care. Consumers and representatives interviewed said the consumer's care needs and preferences are effectively communicated between staff, and staff are familiar with consumer’s care and service needs.

I find the following Requirements are compliant:

* Requirement 3(3)(b)
* Requirement 3(3)(d)
* Requirement 3(3)(e)

# Standard 4

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

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific requirements has been assessed and found compliant.

Consumers interviewed by the Assessment Team said they felt supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships, and do the things of interest to them. The service demonstrated engagement with the local community to provide services and supports to consumers to enhance their experience in the service. Staff demonstrated they support consumers to keep in touch with people important to them through various avenues.

I find Requirement 4(3)(c) is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the three specific requirements has been assessed and found compliant.

Consumers interviewed by the Assessment Team confirmed they feel comfortable and safe in the service environment. Consumers are able to move freely indoors and outdoors. The service demonstrated an effective preventative and responsive maintenance system to ensure the service is clean, safe and well maintained, and an audit program to monitor compliance. Staff interviewed knew how to use the maintenance reporting system and the service was responsive to feedback regarding the service environment.

I find Requirement 5(3)(b) is compliant.

# 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found compliant.

Most consumers interviewed by the Assessment Team felt there was sufficient staff to provide safe and quality care, and said their needs are met in a timely manner. The service has effective systems and processes to ensure the workforce is planned to deliver care to consumers, including ensuring clinical oversight and nursing staff across shifts. The service demonstrated systems to fill vacant shifts, and monitor care minutes provided to consumers.

I find Requirement 7(3)(a) is compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the five specific requirements have been assessed and found compliant.

The governing body of the service demonstrated it promotes a culture of safe and quality care, and is accountable for the delivery of this care. The organisation’s governing body has a framework which identifies the leadership structure, including who is accountable for the quality and safety of care provided to consumers. The service has effective reporting systems to keep the governing body informed of high impact and high prevalence risks across the service, and of clinical indicators and outcomes for consumers. The governing body has monitoring processes to ensure compliance with relevant systems and contribute to any required improvements.

The organisation demonstrated it has effective organisation wide governance systems in place at the service relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The organisation has an effective risk management system which directs the service’s incident and risk management processes. The organisation has policies and procedures for incident management and oversight, identifying and responding to the abuse of consumers, and supporting consumers to live the best life they can. The governing body has determined the organisation’s risk appetite and there are risk registers for the various categories of risk which are regularly reviewed and updated. Quality assurance and audit processes are used to monitor compliance with policies and procedures, and related outcomes for consumers. Outcomes and information is reported on regularly, including to the governing body.

I find the following Requirements are compliant:

* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)