Performance

Report

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| Name of service: | Nazareth House Ballarat |
| Service address: | 218 Mill Street BALLARAT VIC 3350 |
| Commission ID: | 4360 |
| Approved provider: | Nazareth Care |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 17 January 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 Nazareth House Ballarat (**the service**) has been prepared by D. McDonald, 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.
* a notice of non-compliance dated 11 June 2021
* other information and intelligence held by the 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 | |  |
| 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 felt staff treated them with dignity and respect and valued them as individuals. Policies on creating a diverse and inclusive culture guided staff practice and staff described how they treated consumers with respect through acknowledging their choices and building rapport by investing the time to understand their background, life history and needs. Care planning documentation evidenced consumers' culture, diversity and identity was acknowledged.

Consumers confirmed the service recognised and respected their cultural background and provided care consistent with their cultural preferences. Staff identified consumers from a culturally diverse background and provided information relevant to ensuring each consumer received the care required. Culturally and linguistically diverse consumers’ care planning documentation identified their cultural needs and preferences, and consumers reported they were provided culturally safe care and services.

Consumers said they were given choice about how and when care was provided, and their choices were considered and respected by staff. Staff described how they supported consumers to make decisions, maintain independence and relationships of choice. Care planning documentation reflected consumers’ individual choices around care delivery, who was involved in their care and how the service supported them in maintaining relationships important to them.

Consumers described how the service supported them to take risks, such as self-medicating, leaving the service independently and smoking. Staff demonstrated awareness of the risks taken by consumers, and said they supported the consumer’s wishes to take risks to live the way they chose but were also committed to ensuring mitigation strategies were in place. A dignity of risk policy outlined the service's approach to allowing consumers to make informed choices and in doing so, allowed them to live life the way they chose.

Consumers described the information they received to help them make decisions, for example, being given a copy of the activity schedule each month and daily activities posted on a board in communal areas. Staff described ways in which information was provided to consumers, in line with their needs and preferences. Information such as activity schedules, complaints processes, advocacy support and upcoming allied health visits were displayed on noticeboards.

Consumers and representatives said their privacy was respected by staff. Staff described the practical ways they respected personal privacy of consumers such as knocking before entering rooms and closing doors when delivering personal and clinical care. Protocols were in place to protect consumer privacy. Computers, storing consumers personal information were locked when not attended to ensure confidentiality was maintained.

# 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

Following a previous performance assessment, the service was found non-compliant with Requirement 2(3)(e), evidence within this Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with the requirement, having increased clinical oversight of consumer’s care documentation and regular audits ensure all care interventions are documented accurately. In addition, weekly management meetings are held and consumers who are deemed high-risk are discussed routinely.

Consumers and representatives confirmed they participate in the assessment and care planning processes. Staff described the assessment and care planning process, undertaken upon entry and how it informed the delivery of care. Care planning documentation detailed the assessments undertaken, including an assessment to identify risks to individuals and the strategies to reduce or eliminate those risks.

Consumers said the service identified and addressed their needs, goals and preferences and confirmed advance care was discussed on entry to the service. Staff described how they ensured assessments and care planning were reflective of current needs and described the service's approach to end-of-life discussions and planning. Consumer files reflected current needs of consumers and included advance care plans where consumers or representatives wished to complete one.

Consumers confirmed they, or those important to them, were involved in assessment and care planning. Management described partnering with consumers and representatives in assessments and care planning such as through in-person meetings, telephone conversations or via email. Care planning documentation evidenced medical officers and allied health professionals are regularly involved in assessing the consumer and representatives were regularly updated and informed.

Consumers reported the service effectively kept them up to date and informed about care and services, including care plans being accessible. Care documentation such as progress notes and case conference forms evidenced the service updated consumers and representatives on care outcomes in-person, over the telephone or through emails. An electronic care management system allowed for a summary care plan to be generated and available for presentation to consumers and representatives.

Consumers reported staff regularly discussed their care needs with them, and when any incidents or changes occurred the consumer's care was reviewed in a timely manner. Consumer’s files demonstrated care and services were reviewed regularly for effectiveness, and when circumstances changed such as increased pain or a new wound appeared, the care provided was reviewed and updated with any new interventions following re-assessment. Staff described how consumer care plans were reviewed 3 monthly.

# 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

Following a previous performance assessment, the service was found non-compliant with Requirement 3(3)(a), evidence within this Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with the requirement, having implemented actions to improve documentation and care monitoring processes for consumers with complex needs such as having a catheter, diabetes, pressure injuries or require oxygen to ensure care delivered is tailored to their needs.

Consumers said they are receiving personal and clinical care which is right for them and meets their individual needs and preferences. Care documentation demonstrated the service is managing personal and clinical care needs in alignment with individual needs, goals, and preferences and in alignment with best practice, such as the management of restrictive practices, skin integrity and pain. Staff described how the service delivered personal and clinical care in alignment with best practice.

Consumers said they felt the service was adequately managing risks to their health. Staff advised clinical data was used to monitor, trend, and implement suitable risk mitigation strategies for individual consumers. Management and staff described how the high-impact and high-prevalence risks, such as falls are managed, for consumers at the service.

Representatives expressed positive feedback about how the service provided care for consumers during end of life. Staff described how they provided palliative care and maximised the comfort of consumers towards the end of life. Policies and procedures on palliative and end of life care supported staff to provide best practice care for consumers.

Representatives said the service is responsive and would inform them of any deterioration to health of consumers. Care documentation reflected the identification of, and in response to, deterioration or changes in condition. Staff explained how deterioration was recognised and discussed during handovers and triggered review by medical officers, resulting in further involvement by allied health services or specialists.

Consumers and representatives said the consumer’s care needs and preferences were effectively communicated between staff and they received the care they needed. Staff described information was shared through staff meetings and handovers when changes to the consumer’s care occurred. Care documentation was detailed, and evidenced information was effective shared to support the provision of safe care.

Consumers and representatives interviewed said referrals were timely and appropriate, and the consumer had access to a range of health professionals. Management described how care at the service was supplemented by other providers of care. A referral policy guided staff on the referral process within the service. Care documentation evidenced the involvement of medical officer, allied health professionals and other providers of care where needed.

Consumers and representatives expressed confidence in the service’s ability to minimise and prevent infections and outbreaks. The service practices antimicrobial stewardship through close monitoring of infections and encouraging medical officers to safely prescribe antibiotics. Policies and procedures supported the minimisation of infection related risks, including a COVID-19 outbreak management plan.

# 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 confirmed they were supported to participate in activities they liked and were provided with appropriate supports to optimise their independence and quality of life. Staff explained what was important to consumers and what they liked to do, aligning with the information in the consumer’s care plan. An activity schedule was observed to be on display throughout the service and included activities such as exercises, bowls, religious services, quizzes, card games, pampering and happy hour.

Consumers and representatives reported consumers’ emotional, spiritual, and psychological needs were supported. Staff described the ways they supported consumers, including facilitating connections with people important to them through technology, lifestyle staff support, church and religious services, and referrals to external psychologists or welfare specialists when required. Care planning documentation reflected consumers emotional and spiritual needs and what supports were needed.

Consumers indicated they were supported to participate within and outside the service, kept in touch with people who were important to them and did the things of interest to them. Staff described how they supported consumers to participate in the community and engage in activities of interest to them and described specific consumers who undertook individual activities outside the service. Care planning documentation aligned with the information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers said their condition, needs and preferences were effectively communicated within the service and with others responsible for care. Staff described ways in which they shared information and were kept informed of the changing condition, needs and preferences for each consumer. Care planning documentation provided adequate information to support safe and effective care as it related to services and supports for daily living.

Consumers said they were supported by other organisations, support services and providers of other care and services. Care planning documentation identified referrals to other organisations and services. Staff described other individuals, organisations and providers of care and services and the specific consumers who utilised these services.

Consumers generally gave positive feedback about the variety, quality and quantity of food provided at the service. Staff explained how consumer preferences were incorporated into the menu and how feedback was used to inform the development of the menu. Consumers were observed interacting with others and finishing the meals served to them. Staff were observed respectfully assisting consumers where required.

Consumers said they had access to safe, generally clean, and well-maintained equipment. Staff said they have access to equipment when they needed it and described how equipment was kept safe, clean, and well maintained. A preventative maintenance schedule demonstrated regular servicing of equipment including mobility aids and manual handling equipment.

# 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

Consumers and representatives said they found the service’s environment to be welcoming and easy to understand. Staff described aspects of the service which helped consumers to feel welcome and optimised each consumer’s sense of belonging and ease of navigation. The service had wide corridors with sufficient lighting, flat even flooring, and handrail support for consumers. Consumers rooms were personalised with personal belongings, photographs and items of importance were on display.

Processes were in place to ensure the service environment was safe, clean, well maintained, and comfortable. Consumers were observed utilising the various seating areas within and outside of the service. The cleaning schedule checklist indicated regular cleaning of the service, including consumer rooms, occurred as per the schedule.

Consumers confirmed their equipment was checked, generally cleaned, and maintained regularly. Documentation evidenced a robust planned preventative maintenance schedule which was regularly monitored by the organisation's maintenance manager. The call bell system was observed to be working, with wing names and room numbers displayed on the call bell enunciator in hallways.

# 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 said they knew how to give feedback or make a complaint and felt safe doing so. Staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. Policies, procedures, and systems ensured consumers and their representatives were aware of the various ways to provide feedback and complaints.

Consumers said they are aware of the external complaints mechanisms and advocacy services promoted to them via noticeboards, nurses’ stations, pamphlets, and brochures. Staff described the advocacy and interpreter services available to consumers and how they assisted consumers who had impairments in cognition, communication, and mobility in providing feedback or raising complaints.

Consumers and representatives provided positive feedback about the response to feedback and complaints. Staff described the principles of open disclosure, including being open, transparent, and providing an apology. Management described trended complaints and the actions taken to address feedback and complaints.

Consumers agreed feedback and complaints were used for continuous improvement and were actioned appropriately. Staff described the main areas of complaints and the actions taken or proposed actions to be done. System and procedures in place for receiving, monitoring, and actioning feedback and complaints confirmed the review and use for continuous improvement.

# 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

Generally, consumers were positive about the number of staff and the speed at which care needs were responded to. Staff said they had enough time to perform their tasks, and management supported their needs. Documentation evidenced the service had recruitment strategies, call bell response times were monitored through observations and audits, and staff were reminded and trained to ensure they responded to call bells in a timely manner.

Consumers and representatives said staff were kind, caring, respectful and gentle. Staff were consistently observed to greet consumers by their preferred name and demonstrated they were familiar with each consumer’s individual needs and identity. Documents such as staff handbook and code of conduct outlined the expected behaviour from staff members.

Consumers said they considered staff to be skilled and competent in their roles. Staff said they were confident the training provided had equipped them with the knowledge to carry out care and services for consumers. Position descriptions included key competencies and qualifications either desired or essential for each role, and staff were required to have relevant qualifications including police checks and registrations.

Consumers said they believed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management explained the mandatory and biannual trainings required for staff including the online and face-to-face components of the trainings. Staff said the service provided mandatory and supplementary training to support them to provide quality care.

Management described how the performance of staff was monitored through formal performance appraisal and informal monitoring and review. Policies and procedures informed expected performance and behaviour for staff. Completed performance appraisals from November 2022 reflected met performance ratings and outlined key activities demonstrated by staff.

# 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 reported they were confident the service was run well and gave positive feedback about their level of engagement with staff. Staff described ways consumers and their representatives were regularly involved in decisions about changes within the service, the development, delivery and evaluation of care and services. Documentation including consumer and staff meeting minutes reflected consumers and representatives were involved in the development, delivery and evaluation of care and services.

Management described the organisational structure governing the delivery of quality care and services across the organisation. Policies and procedures promoted a culture of safe, inclusive, and quality care and services and gave accountability for their delivery. The service utilised quality performance systems auditing to determine the service’s benchmarking score against other services as well as robust internal auditing conducted by the service’s quality coordinator and clinical staff which were submitted to the Board.

Management described processes and mechanisms in place to ensure organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Information management systems were effective and fit for purpose. The service had electronic systems for care planning, incident management, performance management, online training portal and staff handovers.

A wide range of frameworks, policies and procedures supported the management of risks and incidents, and the service was able to demonstrate the implementation of these frameworks, policies, and procedures. Staff provided examples of these risks and how they were managed within the service. Staff demonstrated an understanding of consumers with high-impact or high-prevalent risks and demonstrated how they implemented the service’s policies in alignment with best practice.

The service had a clinical governance framework, policies, and procedures in antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated an understanding of and described the practical application of these policies including strategies to minimise the use of antibiotics and practising open disclosure when things had gone 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)