Performance

Report

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| Name of service: | Ningana |
| Service address: | 25 Horace Street DALBY QLD 4405 |
| Commission ID: | 5088 |
| Approved provider: | The Dalby and District Aged Persons’ Homes Association |
| Activity type: | Site Audit |
| Activity date: | 26 September 2022 to 28 September 2022 |
| Performance report date: | 31 October 2022 |

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 Ningana (**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.
* Information and other intelligence on the service held by the Commission.

# 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 expressed satisfaction regarding how staff treat them at the service. Staff described how they tailor care delivery based on consumers’ culture and preferences and care planning documents identified details of consumers’ diversity, culture, and care preferences.

Consumers felt staff respect what is important to them, their beliefs and what they enjoy doing. Staff were aware of individual consumer’s culture, values and preferences and explained how these things influence how they deliver care. The service has policies which aim to assist staff to recognise and celebrate cultural diversity.

Consumers stated they felt staff supported them to make decisions about the way their care and services are delivered. Staff explained how consumers are supported to maintain relationships with their loved ones. The service has a Resident Dignity and Choice Policy which states the service supports consumers to maintain the maximum possible level of independence, choice, and control.

Consumers described ways in which they are supported to live the life they choose, enabling them to live the best life they can. Management provided examples of consumers who are supported to take risks and care planning documentation showed risks are noted, and risk assessments are completed. The service has policies which explains the importance of consumers to make their own choices and take risks.

Consumers were satisfied with the information they are provided by the service, as it assists them to make informed choices. Management explained how the service supports consumers to make informed choices about the care and services they receive. Observations made by the Assessment Team showed information is distributed and on display for consumers.

Consumers said their privacy is respected by the staff at the service with staff ensuring their dignity is maintained by knocking before entering. The Assessment Team observed practices used by staff which demonstrated a respect for consumer’s privacy. The service has policies to guide how consumer and staff personal information is kept confidential.

# 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 identify 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 are involved in reviews of their care plans and assessments. Clinical and care staff described their role in the assessment process, the assessment tools used and how they involve the consumers in identification of their needs. Risks are assessed using validated assessment tools and where risks were identified, care planning documents included interventions to mitigate those risks. The service provided several policies and guidelines to guide staff practice around admissions, planning and assessment.

Consumers and representatives said staff involve the consumers and others they want involved in their care as much as possible. Staff described how consumers are supported with advance care and end of life planning and described what is important to consumers in terms of how their care is delivered. A review of documentation demonstrates appropriate policies, procedures, and practices are in place to guide assessment and care planning processes.

Overall, consumers and representatives confirmed they are involved in care planning when they enter the service, and at regular intervals thereafter. Staff advised they always involve the consumer’s representative if the consumer wishes, a review of consumer files confirmed the inclusion of other individuals and providers in assessment and planning.

The service demonstrated the outcomes of assessment and planning are effectively communicated to consumers and representatives as well as documented in the consumer’s care plan which is readily available the consumer. Consumers and representatives confirmed the care plan is discussed with them, care plans included the outcomes of assessments, copies of care plans are available electronically and in printed form and consumers are asked if they want a copy.

The service has systems and processes to review consumer care and services on a scheduled quarterly basis, as circumstances change or there is an incident. A review of consumer files confirmed assessments are completed every three months or more often when circumstances change, and care plans are updated to reflect the changing needs or 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 and representatives are satisfied with the care provided by the service. Management described the processes in place to ensure care and support is safe and effective. Care documentation demonstrates timely identification, effective assessment, management and evaluation of consumers’ skin integrity, wounds, and pain. The service has guiding documentation to support staff in care and service provision.

The service has effective processes to manage high impact or high prevalence risks associated with the care of each consumer which includes falls, urinary catheter management, weight changes and complex needs management. Documentation viewed by the Assessment Team demonstrated the service was effectively managing high impact and high prevalence risks, this was further supported by discussions with staff.

While palliative care is not provided at the facility, consumers and representatives confirmed end of life wishes had been discussed with them. Staff spoke about identifying end of life wishes with consumers and their representatives when they enter the service and when the consumer’s condition changes.

Consumers were satisfied changes in their health and condition are recognised, and they receive the treatment they need. Staff explained practices in place to monitor and respond to changes in consumers’ conditions, including routine vital signs monitoring, observing general behaviour and activity, completing assessments, and providing relevant referrals. A review of consumer care plans showed where deteriorating and changing conditions occurred, assessment, referral and treatment were timely and documented.

Staff described how consumer information is accessed and shared via electronic and paper care plans and handover meetings. A review of the care planning system showed relevant consumer information is recorded and accessible to staff involved in care

Consumers and representatives were satisfied consumers get the care they need, including referrals to allied health professionals. Staff described the referral process and role of the organisation to facilitate attendance if required. A review of consumer care plans demonstrated appropriate and timely referrals to external health providers and supporting documents are available for staff.

Consumers reported they see staff engaging in hand hygiene and wearing personal protective equipment. Staff demonstrated an understanding of precautions to prevent and control infections and processes in place to minimise the need for antibiotics. Care plans demonstrate monitoring and assessment of potential infection.

# 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 spoke positively about the lifestyle supports offered by the service and believed the supports met their needs, and preferences. Staff demonstrated knowledge of consumer’s preferences regarding lifestyle activities and could explain how the activities schedule is tailored to consumers. Care planning documentation demonstrated a range of lifestyle information is recorded including their goals, preferences, and needs.

Consumers stated they feel supported emotionally, spiritually, and psychologically. Care planning documentation for consumers included information about consumer’s emotional, spiritual, and emotional needs. Staff explained how the service supports consumers with their wellbeing and how they approach consumers when they are feeling low.

Consumers provided examples of how the service supports them to maintain relationships with their family and friends and do the things of interest to them. Care plans for consumers reflected their interests and what activities they enjoy participating in. Observations were made by the Assessment Team of consumers participating in their community within the organisation’s service environment and doing things of interest to them.

Consumers felt their care needs are effectively communicated between organisations when the responsibility for their care is shared. Staff explained how they are kept informed when a consumer’s condition, needs or preferences change. The Assessment Team observed various practices for communicating consumer information, such as staff handovers.

Consumers provided examples of lifestyle support they receive from outside individuals, such as volunteers. Staff explained how the service works with outside organisations to assist with consumer’s lifestyle experiences and identified consumers who receive support from external organisations and services. A review of care planning documentation showed how consumers are supported with appropriate referrals to external services.

Consumers expressed satisfaction with the meals provided by the service and said the meals are of good quality and quantity. Staff stated consumers have choices when selecting meals and they have input into the menu through the Residents Meetings and consumer feedback.

Consumers said they find the equipment at the service clean and suitable for their needs. Staff confirmed care and lifestyle equipment was available to them when they needed it. Staff explained the processes for maintaining equipment, maintenance documentation was reviewed and found support equipment to be appropriately kept.

# 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 said they can easily find their way around the service and their visitors feel welcome. The Assessment Team observed spacious consumer rooms which had a front door and back door for consumers to access. The rooms were decorated to the consumer’s preference and contained personal items such as photos and artwork.

All service areas are regularly cleaned in line with a schedule. The service environment is free of hazards and obstructions, consumers were observed moving around freely.

Consumers stated their equipment is clean and they feel safe and are comfortable staff know how to use the equipment. Staff explained their process for reactive maintenance and how equipment is checked at the service. The Assessment Team observed the furniture, fittings, and equipment in the service are safe, clean, and well maintained.

# 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

The organisation promotes a range of mechanisms to encourage consumers, representatives, and visitors to provide feedback and make complaints. Consumers, representatives, and staff all stated they felt comfortable in providing feedback to the service, regardless of if the feedback was positive or negative, and described ways in which the feedback could be provided. The Assessment Team observed post boxes placed throughout the service, including quiet garden area, formal posters with web links, reception receptacle focused on visitor feedback and complaints, and service specific, ‘do you have a concern’ promotional posters.

Staff described the services available to assist consumers who have difficulty communicating, or who have need of interpreter services. Advocacy is included in staff training and included in staff and consumer handbooks. Staff actively support any consumers to provide feedback if they need additional support of any kind.

Consumers and representatives provided predominantly positive feedback about how the service responded to complaints. Staff demonstrated the electronic management system recording of complaints, feedback and the actions taken to address any concerns raised. Dashboard reports were available to analyse any trends about complaints and take appropriate action.

# 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 felt there were enough staff to provide care and assistance when required. Staff described rostering systems, upskilling, and agency partnerships to support resourcing as needed. A review of staff rosters and call bell response times demonstrated the service had sufficient staff on rosters to provide quality care to the consumers.

All consumers’ reported staff were kind and caring and knew what was important to them. Observations by the Assessment Team indicated staff at the service interact with consumers in a caring and respectful manner and the service informs consumers about their rights.

Consumers felt staff were trained to do their jobs well, including how to respond to incidents, and felt confident the staff knew how to manage their clinical care. Staff described ways in which they were verified as qualified and competent in their roles. A review of documentation demonstrated the service had appropriate recruiting and training processes to ensure staff are competent and capable of performing their roles.

Staff described how staff are recruited in accordance with position descriptions and selection criteria. Staff described the on-boarding process and mandatory training requirement, a review of staff files and the service’s training database demonstrated how the service ensures staff remain up to date with training requirements.

Staff described the process of on-boarding and the use of a buddy system until they are familiar with service processes, and consumer’s needs and things important to each consumer. Performance reviews occur during the probation period, and annually thereafter. Completion of mandatory training, and review of position description, forms part of formal performance reviews.

# 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 were engaged and could contribute to how their care is evaluated through avenues such as care conferences, Resident Committee meetings, feedback, and complaint forums, or talking direct to reception or management.

Board members described how the Board is made up of a range of members providing value and inclusiveness, including members with business, finance, clinical and legal backgrounds. The Board directs and informs the service’s long-term strategies and stays informed about incidents and safety issues via mechanisms such as surveys results, performance reporting, and attending meetings such as the Board, Executive Sub-committee, and Manager Meetings. Policies and procedures outline how the board plays a role in promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery.

The service has a range of governance systems in place in relation to information management, continuous improvement, financial governance, regulatory compliance, and complaints management. The organisation has recently transitioned from a semi paper-based management system to a centralised intranet-based system, accessible by all staff, to manage and issue governance processes, policies, and procedures developed to direct staff in how to implement the effective delivery of safe, caring and quality services.

The organisation provided the Assessment Team with access to the documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed, the abuse and neglect of consumers is identified and responded to, consumers are supported to live the best life they can, and incidents are managed and prevented.

The service provided the Assessment Team access to their documented clinical governance framework including those related to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff stated they had been educated about a range of policies and procedures and could describe how it meant for them in a practical way when providing clinical and daily care to consumers. A review of mandatory staff training records by the Assessment Team, indicated all those reviewed had completed training in elder abuse, behaviour support, open disclosure, serious incident reporting, and clinical incident. A review of consumer and staff induction manuals confirmed these contained relevant information on rights, open disclosure, infection control, incident management and abuse.

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)