Performance

Report

**1800 951 822**

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| Name of service: | Rainbow Bush Nursing Home Annexe |
| Service address: | 2 Swinbourne Avenue RAINBOW VIC 3424 |
| Commission ID: | 4383 |
| Approved provider: | West Wimmera Health Service |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 14 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 Rainbow Bush Nursing Home Annexe (**the service**) has been prepared by S Byers 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
* the provider’s response to the assessment team’s report received 28 March 2023.

# 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 and representatives were satisfied they are treated with dignity and respect. Staff described how they treat consumers with dignity and respect. Care planning documentation was individualised and included respectful language. The organisation has an ‘diversity and awareness’ policy that includes guidance for staff on cultural responsiveness, interpreter use and special needs groups. The Charter of Aged Care Rights was observed on display at the service.

While consumers and representatives interviewed did not voice cultural needs or preferences, they were satisfied they feel safe and respected at the service. Staff and management demonstrated an understanding of cultural safety principles including how they would adapt the way they deliver care to ensure care and services are culturally safe for each consumer.

Consumers and representatives were satisfied their personal preferences and choices are supported. Staff provided examples of how they support consumers to make informed choices and maintain relationships. Care planning documentation demonstrated choice, independence and people of importance for each consumer.

Consumers provided examples where they are supported to take risks, and the interventions in place to manage the risks. Staff described how they minimise risk for consumers and tailor solutions to help consumers live the life they choose. The service demonstrated dignity of risk processes to support consumers to engage in activities of their choice with elements of risk. Care planning documentation included risk assessments and strategies to support the consumer to undertake the activity of their choosing safely.

Consumers and representatives confirmed information is communicated in a way that is clear, easy to understand and enables them to make choice. Staff confirmed the use of interpreters to support consumers of CALD background.

Consumers and representatives were satisfied their privacy is respected and their information is kept confidential. Staff demonstrated how they access consumer information through the electronic documentation system. They confirmed they do not share passwords and ensure they log off or screen lock the computer when not in use. Observations of staff practice demonstrated staff maintain privacy. Computer screens were observed to be locked when not in use.

# 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

The Assessment Team recommended Requirement 2(3)(a) was not met; however, I have considered the evidence in the site audit report and the Approved Provider’s response and have come to a different view:

The Assessment Team identified three consumers subject to chemical restrictive practice did not have behaviour support plans in place that were individualised in accordance with legislative requirements. One of the consumers was not recognised by the service as being subject to a chemical restrictive practice. While the three consumers’ individualised triggers and strategies were not consistently documented in their behaviour support plans, staff provided details of specific strategies they use to support each consumer with responsive behaviours. Management responded to the Assessment Team feedback and updated one consumer’s restrictive practice documentation and behaviour support plan. Other planned actions included completing a review of the psychotropic register, an audit of restrictive practice processes and commitment to the training staff on restrictive practices.

The Approved Provider submitted a written response with clarifying information and supporting evidence, including behaviour support plans for two named consumers, restrictive practices training records and an audit schedule for the review of restrictive practice documentation. I am satisfied the behaviour support plans for the two named consumers include details of individual triggers and interventions to guide the way staff care for the consumers. Staff restrictive practices training included an overview of restrictive practices, case studies and overview of documentation processes. The Approved Provider also submitted supporting evidence to demonstrate the one named consumer identified by the Assessment Team as not being recognised as subject to chemical restrictive practice, had been recognised by the service at the time of the site audit, had a behaviour support plan in place and was documented in the services psychotropic register.

I have placed weight on the Approved Provider’s response and the positive feedback from consumers and representatives in relation to assessment and planning including the consideration of risks. I am satisfied that the Approved Provider demonstrated it has systems in place to ensure assessment and planning, including the consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. The service demonstrated that staff knowledge of consumers and amended behaviour support plans ensures assessment and planning of care that is individualised. The service has implemented and embedded continuous improvement actions to ensure that staff have knowledge of restrictive practices legislative documentation requirements. I find Requirement 2(3)(a) is Compliant.

I am satisfied the remaining four requirements of Standard 2 Ongoing assessment and planning with consumers are Compliant:

Consumers and representatives were satisfied assessment and planning information was reflective of current care. Most consumer’s care planning documentation included current needs, goals and preferences in relation to advance and end of life care identified through assessments. Staff described the organisation’s process to develop advance care directives.

Consumers and representatives expressed satisfaction with their involvement in assessment and care planning. Care planning documentation demonstrated ongoing partnership between consumers, representatives and others involved in the care of the consumer, including medical practitioner and allied health professionals. Consumers and representatives felt well-informed about the consumer’s care and confirmed having access to care plans.

Consumers and representatives expressed satisfaction in how the service reviews care and services when circumstances change or incidents occur. Care documentation demonstrated care and services are reviewed for effectiveness during the 6-weekly ‘Resident of the week’ evaluation process and when the consumers care needs, preferences and circumstances change.

# 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

The service demonstrated it effectively manages the clinical areas of wounds, falls and pain. Consumers and representatives were satisfied the consumer receives personal and clinical care that is safe and right for them. Clinical staff said that clinical policies and training support them to optimise the consumers health and well-being. Consumer care planning was tailored to the individual and staff demonstrated knowledge of consumer care needs that aligned with the consumers assessed care.

Consumers and representatives were satisfied the service is effectively managing high impact and high prevalence risks. Management and staff described the main high impact and high prevalence risks for consumers at the service as falls and medication management. Consumer care planning documentation included identification, management, monitoring and review of the highest risks for consumers.

Consumers and representatives expressed their satisfaction with the palliative care approach provided by the service. Staff demonstrated how they support consumers nearing end of life by supporting family visits, comfort care, pain management, and pastoral care. Staff described accessing specialist palliative care services to support the consumer’s care when nearing end of life. Consumer files included advanced and end of life care planning documentation. There is an organisational policy to assist staff and includes how to refer to palliative care support services.

Consumers and representatives were satisfied with how the service recognises and responds to deterioration and changes in a consumer’s condition. Clinical staff said consumers’ experiencing deterioration are discussed at handover and medical practitioner reviews. For consumers sampled, care planning documentation reflected timely response to deterioration or changes in their condition.

Consumers and representatives were satisfied with the communication between staff and others where responsibility of care is shared. Staff described communicating using handover and clinical meetings and documenting changes in the consumers care plan. Consumer files evidenced review of care planning documentation and effective sharing of consumer information to support care.

Consumers and representatives were satisfied referral processes are in place. Staff described a range of health professionals that are available for referral such as, dietitian and physiotherapist. Care documentation demonstrated timely and appropriate referrals.

The organisation has an outbreak management plan which provides guidance to the service to prepare, respond and recover from outbreaks such as COVID-19. The service has an appointed Infection Prevention and Control (IPC) lead. Staff explained how they minimise infection related risks through implementation of infection prevention and control principles including hand hygiene, and the promotion of antimicrobial stewardship. The Assessment Team observed all staff, visitors and contractors undergoing entry screening, including rapid antigen testing (RAT) and temperature checking.

# 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 were satisfied with the services and supports available to meet their needs, goals and preferences and optimise their well-being. Staff provided examples of how they support consumer independence and quality of life that aligned with consumer documentation. The Assessment Team observed consumers engaged in individual activities and a bus outing related to consumer’s interests.

Consumers were satisfied their emotional, spiritual, and psychological well-being is supported. Regular church services are conducted from a range of faith-based services. Staff described how they identify if a consumer needs more emotional support and the types of support they offer. Consumers who do not engage in spiritual or service based activities are offered one on one activities.

Consumers were satisfied they are supported to participate in the service, maintain relationships, and do things of interest to them. Staff described a range of activities that connect consumers with the wider community, such as consumer fishing trips and gardening activities. Consumers were observed engaging in a range of activities and interacting with other consumers.

Consumers said their needs and preferences are effectively communicated within the service and with others responsible for their care. Staff described how they share information and are kept informed of consumers’ changing needs through verbal and written handover and consumer care documentation.

Consumers said they are supported by other organisations, support services and providers of other care and services. Consumer care planning documentation identified timely and appropriate referrals to other organisations and services such as a volunteers, dentist and podiatrist. Staff demonstrated understanding of referral processes and provided examples of referrals including volunteers visiting the service to provide activities of interest to the consumers.

Consumers were satisfied there is enough food, and they receive meals in accordance with specific dietary needs. Management explained the service offers a rotating, dietitian-approved menu, with alternative choices available for consumers. Care plans and printed handover sheets contained information regarding dietary requirements. Consumers are spoken to on an individual basis about meal choices and offered a wide range of options. The service has a process for capturing verbal feedback from consumers after meals and information is used to improve the menu.

Consumers, representatives and staff were satisfied they had access to suitable and well-maintained equipment. Staff explained maintenance and infection control practices for shared equipment. Equipment was observed to be clean, well maintained and readily available.

# 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 were satisfied that the service is welcoming and easy to access. Signage is in place to support consumer navigation of the service environment. The Assessment Team observed consumers rooms to be personalised.

Consumers were satisfied with the cleanliness of the service environment and said it was well-maintained. Staff outlined processes for reporting and managing hazards. Maintenance issues are reported through the electronic maintenance system. The Assessment Team observed the service was clean and tidy and in response to staff shortages of cleaning staff the service has employed a contract cleaner. Consumers were observed moving freely throughout the indoor and outdoor areas of the service including the courtyard.

Consumers were satisfied with the condition of the furniture, fittings, and equipment. Staff knew how to report maintenance issues with equipment and said issues are generally resolved in a timely manner. Maintenance staff explained processes for managing preventative and reactive maintenance which includes the regular servicing of mobility equipment. Maintenance documentation reviewed by the Assessment Team showed no outstanding issues posing risk to consumers.

# 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 were satisfied they feel comfortable to make complaints, preferring to raise concerns directly with management. Staff discussed how they support consumers and representatives to provide feedback. For example, using ‘my say’ forms, satisfaction surveys and the monthly consumer engagement meeting to facilitate discussion about the delivery of quality care and services. The Assessment Team observed the availability of internal and external feedback mechanisms throughout the service as well as a secured box.

Consumers and representatives stated that they were aware of how to access external advocacy services. Staff described processes in place to encourage and support feedback and complaints including access to Elders Rights Advocacy (ERA) and the Aged Care Quality and Safety Commission complaints mechanism.

Consumers and representatives were satisfied concerns are resolved within a reasonable timeframe. Staff were able to explain how they inform and apologise to consumers and representatives when things go wrong. Management described using open disclosure principles in their handling of feedback and complaints. The service’s consumer handbook outlines how consumers and representatives can raise complaints, concerns, or feedback.

Feedback and complaints documentation reviewed by the Assessment Team identified that appropriate action was taken to resolve complaints, and that systemic improvements were being made to the service as a result. Management described how the service’s complaints process is used to inform the services plan 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

Consumers and representatives were satisfied with staffing levels at the service. The service demonstrated it plans its workforce using a base roster that has the mix of staff required to meet the care needs of consumers. The service is collocated with another service, and maintains one roster for both collocated services with clinical staff shared across both locations. Where possible, the service uses permanent staff to fill registered and enrolled nursing positions prior to using agency staff. Roster vacancies are sent to agency nursing services in advance to ensure vacant shifts are covered. Roster documentation for February 2023 demonstrated no unfilled shifts, including the replacement shifts filled for unplanned sick leave. Call bell reports reviewed by the Assessment Team identified timely responses to call bells.

Consumers and representatives said that staff are kind and caring. Staff were observed engaging with consumers and representatives in a kind and respectful manner. Policies and procedures, and staff training records reviewed by the Assessment Team, included reference to respect, dignity, and diversity.

Consumers and representatives were satisfied with the knowledge and skills of staff. Documentation demonstrated recruitment and retention processes are in place. Ongoing monitoring of staff skills and qualifications occurs, including annual checks of nursing and allied health professional registrations for relevant staff. Staff confirmed they have attended an orientation program.

Consumers and representatives were satisfied that staff are being recruited and provided with training to ensure the delivery of safe care. Staff interviewed said they have access to education sessions on a range of clinical and regulatory/legislative topics. An annual mandatory training day is conducted and review of education records demonstrate high levels of staff completion.

The service has formal and informal processes for monitoring and reviewing the performance of each member of the workforce. This process includes an induction program for new and returning employees, day-to-day work performance monitoring, and a formal documented periodic performance appraisal. Staff said they have an annual performance appraisal and areas for improvement are discussed. Policies, procedures and work instructions are in place and management has a system for tracking the completion of staff appraisals.

# 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 and representatives were satisfied they can be involved in the planning of care and services and can contribute ideas at consumer engagement meetings. Meeting minutes demonstrated active participation by consumers and representatives. The ideas for improvements are recorded on the service’s continuous improvement register.

Consumers and representatives were satisfied the service is promoting a safe and caring place to live. The Board and sub-committees oversee the services performance through monitoring achievement of key performance indicators, and analysis of incidents and consumer feedback and complaints.

Consumers and representatives said the service is well run and management is approachable. The service demonstrated it has effective organisational governance systems in place in relation to information management, feedback and complaints, continuous improvement, regulatory compliance, financial and workforce governance. Consumers and representatives were satisfied with the communication from the service. Management demonstrated financial approval for refurbishment of consumer rooms.

The service has in place risk management systems to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by executive management at the organisation level. Risk data is reported at service and organisation meetings to enable improvements to care and services. Management and staff discussed how they identify and respond to allegations of abuse or neglect of consumers and how they document and report incidents. Management demonstrated that the monitoring of incidents occurs with incidents recorded and investigated in the organisation’s risk management system.

The service has a clinical governance framework in place that provides an overarching monitoring system for clinical care. Staff described the identification of infections and the ways they work with medical officers to minimise antibiotic use. The service demonstrated consistent use of non-pharmacological strategies with consumers to minimise the use of chemical restrictive practices. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)