Performance

Report

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| Name of service: | Rainbow Bush Nursing Hospital Hostel |
| Service address: | 2 Swinbourne Avenue RAINBOW VIC 3424 |
| Commission ID: | 3326 |
| 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 Hospital Hostel (**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 and care planning documentation was individualised. The organisation has an ‘diversity and awareness’ policy and diversity plan in place to guide staff practice.

While consumers and representatives interviewed did not voice cultural needs or preferences, they said they felt safe and respected at the service. The service has a cultural awareness policy that is readily available to guide staff. Staff described how they would adapt care to the consumers individual needs with consideration of cultural preferences.

Consumers and representatives said staff support them to make and communicate decisions affecting their health and well-being and that their personal preferences and choices are respected. Staff demonstrated how they support consumers to make choices and keep connected with people that are important to them.

Consumers said they are supported by staff to take risks and are encouraged to live the best life they can. Staff described how they minimise risk for consumers and tailor solutions to support consumers to live the life they choose. The service demonstrated dignity of risk processes to support each consumers independence and choices. Care planning documentation included risk assessments and strategies to support the consumer to undertake the activity of their choosing safely.

Consumers and representatives were satisfied with how the service communicates information to them. 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. Staff 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.

# 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 Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view:

The Assessment Team identified that the behaviour support plan for a consumer subject to chemical restrictive practice was not personalised in accordance with legislative requirements and did not inform safe and effective care. While staff could describe the consumers’ individualised triggers and strategies, these were not consistently documented in the consumer’s behaviour support plan. In response to Assessment Team feedback, Management outlined planned actions to address the identified deficits. These included a review of behaviour support plans for all consumers, a review of restrictive practice documentation processes and scheduling staff training on restrictive practices.

The Approved Provider submitted a written response with information and supporting evidence, including the named consumer’s behaviour support plan, restrictive practices training records and an audit schedule for restrictive practice documentation review. I have reviewed the comprehensive behaviour support plan for the named consumer and I am satisfied the behaviour support plan includes details of individualised examples, triggers and interventions to guide the way staff care for this consumer. Staff restrictive practices training included an overview of restrictive practices, case studies and overview of documentation processes.

I have placed weight on the Approved Provider’s response and the positive feedback from consumers and representatives in relation to assessment and planning. I am satisfied the Approved Provider has 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 has demonstrated that assessment of individualised needs informs behaviour support plans. The Approved Provider 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 with assessment and planning information and were confident it was current. Most consumer’s care planning documentation included current needs, goals and preferences in relation to advance and end of life care identified through assessments. Clinical staff described the organisation’s process in developing advance care directives. The service has an ‘end of life care’ policy available to guide staff in the delivery of safe and effective end of life care.

Consumers and representatives said they were well informed about the consumers' care, had access to care plans and were satisfied with their involvement in assessment and planning. Consumer files demonstrated ongoing consultation and partnership with consumers and representatives and a multi-disciplinary team such as, medical practitioner, psychiatrist and geriatrician.

Consumers and representatives expressed satisfaction with how the service reviews care and services following changes in care needs or when incidents happen. Care and services are regularly reviewed for effectiveness as part of the services 6 weekly resident of the week process and care planning documentation demonstrated evaluation and review when a 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

Consumers and representatives were satisfied they receive personal and clinical care that is safe and right for them, particularly in relation to pain management. Clinical staff demonstrated knowledge of consumers individual assessed care needs that aligned with consumer documentation. The service has clinical policies and training in place to help support staff to optimise consumers health and well-being.

Consumers and representatives were satisfied high risk care needs are effectively managed. Staff and management described the high-impact and high-prevalence risks for consumers at the service, particularly medication management. Care documentation demonstrated risks associated with the care of the consumer are identified, assessed, managed and monitored with associated care strategies documented to guide staff practice. The service uses clinical data monitoring, trending and risk mitigation strategies for individual consumers to effectively manage risk.

Consumers and representatives indicated confidence the service will maximise their dignity and comfort when nearing end of life. Staff demonstrated how they conduct end of life conversations and support consumers nearing end of life by supporting family visits, comfort care, pain management, and pastoral care. There is an organisational policy to assist staff and includes referral processes to palliative care support services.

Consumers and representatives were satisfied with the services response to changes in consumer health status. Clinical staff described how they discuss deterioration at handovers, medical practitioner reviews and transfer consumers to hospital if needed. For consumers sampled, care planning documentation and progress notes demonstrated the identification of, and timely response to, deterioration or changes in their condition.

Consumers and representatives were satisfied consumer’s needs and preferences are effectively communicated between staff and others where responsibility of care is shared. Staff described how information is shared and demonstrated how changes in the consumer’s condition, needs and preferences are documented. Consumer files detailed review of care planning documentation and effective sharing of consumer information to support care.

Consumers and representatives were satisfied effective referral processes are in place. Staff described the range of health professionals available such as, diabetes specialist, psychiatrist and physiotherapist. Documentation demonstrated timely and appropriate referrals. For consumers sampled care planning documentation and progress notes included input from other health providers and referrals where needed.

Staff demonstrated knowledge and understanding of infection control practices and explained how they promote antibiotic stewardship. The service has an appointed Infection Prevention and Control (IPC) lead. 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 organisational policies to support the minimisation of infection related risks through implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The Assessment Team observed all staff, visitors and contractors undergoing entry screening and following relevant PPE requirements.

# 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 they receive services and supports for daily living which enhance their quality of life and optimise well-being. Staff demonstrated how they support consumer independence, and documentation confirmed these actions. The Assessment Team observed staff monitoring consumer well-being and optimising independence.

Consumers were satisfied that their emotional, spiritual, and psychological well-being is supported. Consumer care plans documented spiritual and emotional support needs. Several faith-based organisations visit the service to provide religious services. Staff described how they support consumers in distress, and the spiritual support offered at the service.

Consumers indicated they are supported to participate in the service, maintain relationships, and do things of interest to them. Staff described a range of activities which connected consumers with the wider community, such as consumer visits to the local market, watching local football and shopping trips. Consumers were observed engaging in a range of activities, interacting with other consumers, and receiving visitors.

Consumers interviewed said their conditions, 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 documented handover, and consumer documentation including progress notes.

Consumers said they are supported by other organisations, support services and providers of other care and services. Consumer care planning documents identified referrals to other organisations and services such as a dentist and podiatrist. Care plans demonstrated staff support consumers to access external services and ensure they are prepared and ready at the appointed time.

Consumers are satisfied there is enough food, and they receive meals in accordance with specific dietary needs. Care plans and printed handovers contained information regarding dietary requirements, and consumers were observed receiving meals in accordance with documentation. Consumers choose their main meals ahead of time, from several different options, and a short order menu is available every day to enable alternative options for consumers if they change their mind. The 5-week rotating menu is reviewed by a dietitian and demonstrated appropriate choice and variety. The service has a process for capturing verbal feedback from consumers after meals and information collected is used to improve the menu.

Consumers, representatives and staff were satisfied they had access to suitable and well-maintained 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 the service environment was welcoming and the use of signage around the service assists with navigation. The Assessment Team observed consumers rooms to be personalised. The service has a communal dining area, outdoor area and lounge area to facilitate interaction between consumers.

Consumers were satisfied with the cleanliness of the service environment and said it was well-maintained. Consumers were observed moving freely throughout the indoor and outdoor areas of the service. Staff outlined processes for managing hazards. Maintenance is reported and requested through the services electronic maintenance system. The Assessment Team observed that the service was clean and tidy. In response to feedback about staff shortages of cleaning staff the service has engaged a contract cleaner.

All consumers interviewed were satisfied with the condition of the furniture, fittings, and equipment. Staff explained processes for reporting maintenance issues with equipment and added that once reported, issues are generally resolved in a timely manner and prioritised where the issue directly impacts consumers. 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 that they are encouraged and supported to provide feedback and make complaints. Staff described how they support consumers and their representatives to provide feedback through informal conversations, 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 written material about internal and external feedback mechanisms were readily available throughout the service.

Consumers and representatives stated that while they were aware of how to access external advocacy services, they felt comfortable providing feedback directly to management. Management and 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.

Most consumers and their representatives consistently reported that issues they raised with staff or management were satisfactorily resolved within a reasonable timeframe. Staff explained 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 has policies relating to its complaints and open disclosure processes that guides staff in raising and resolving complaints. The service’s consumer handbook outlines how consumers and representatives can raise complaints, concerns, or feedback.

Feedback from consumers and representatives indicated that the service reviews their feedback and complaints to improve the quality of care and services. Management described how the service’s complaints process is used to inform the services plan for continuous improvement. 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.

# 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 numbers, confirming call bells are answered promptly. The service demonstrated it plans its workforce to enable the delivery of safe and quality care and services to consumers. A base roster is designed based on the care needs of consumers and the rostering of permanent staff to fill registered and enrolled nursing positions prior to accessing agency staff. Roster vacancies are sent to agency nursing services in advance to ensure the coverage of vacant shifts. The Assessment Team review of roster documentation for February 2023 evidenced no unfilled shifts, including the replacement shifts filled for unplanned sick leave. Call bell reports demonstrated call bells are responded to in a timely manner.

Consumers and representatives said that staff are kind and caring and have an awareness of what is important to each consumer. Staff were observed engaging with consumers and representatives in a kind and respectful manner. Care planning documentation reviewed by the Assessment Team was individualised.

Consumers and representatives said that staff know what they are doing. The service has a recruitment process that identifies, recruits and employs staff with appropriate skills and knowledge. Ongoing monitoring of staff skills and qualifications occurs, including annual checks of nursing and allied health professional registrations for relevant staff.

Consumers and representatives were satisfied that staff are being recruited and provided with training to ensure safe care. Staff 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 demonstrated it 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. Policies, procedures and work instructions are in place and management have 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 said they have the opportunity to be involved in the planning of care and services. Consumers and representatives contribute ideas at the consumer engagement meetings and review of 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 expressed feeling safe at the service and living in an inclusive environment. The service uses incidents analysis to implement changes in systems and processes. 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 that 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. Staff said they are able to access the information they need to deliver safe and effective care.

The service demonstrated it has risk management systems in place 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. Management and staff described how they identify and respond to allegations of abuse or neglect of consumers and how to document and report incidents.

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 how 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 and staff were able to provide examples of the relevance to their work.

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)