Performance

Report

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| Name of service: | Richardson House |
| Service address: | 24 Gotha Street BARRABA NSW 2347 |
| Commission ID: | 0013 |
| Approved provider: | Barraba and District Retirement Homes Association Incorporated |
| Activity type: | Site Audit |
| Activity date: | 18 July 2023 to 20 July 2023 |
| Performance report date: | 14 August 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 Richardson House (**the service**) has been prepared by K. Richards, 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 consumers, representatives, staff, management and others.

The provider submitted an email dated 8 August 2023 advising they accept the Assessment Team’s report.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives were satisfied consumers are treated with dignity and respect, and staff demonstrated familiarity with consumers’ interests and life history. Care planning documentation used respectful language and reflected consumer identity and diversity.

Consumers and representatives advised consumer culture is valued, and staff detailed how understanding consumer identity influenced delivery of care and services, including recognising cultural days of significance. Documentation, including policies, handbooks, and meeting minutes, reflected diversity and inclusion supports.

Consumers described being supported to exercise choice, optimise their independence, and maintain relationships of importance. Staff provided examples of how they support consumer relationships within the service, and are guided by policies and processes to optimise consumer independence, including through the Dignity, choice and risk policy.

Staff described supporting consumers and representatives to understand associated benefits and potential for harm, engaging consumers in problem-solving processes to identify solutions to reduce risk where possible. Consumers said they felt supported to take risks, and risk assessments were completed in care planning documentation demonstrating assessment and discussion of risks with safety strategies incorporated.

Consumers and representatives gave examples of information provided to them to help them make choices, including written activities and calendars with timely verbal reminders. Staff said they ensure consumers with communication challenges, such as sensorineural or cognitive changes, receive information by using hand gestures or body language, or through engaging representatives to assist. Information on display included activities, consumer meeting minutes and complaint processes.

Consumers, representatives, and staff said consumer privacy is respected through actions including knocking on doors, seeking permission before entering, providing personal care behind closed doors, and offering privacy for calls. Confidential information is protected through securing nurses stations, using password access on computers, and ensuring consumer information is not discussed in public areas.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described the care planning process and how it was used to identify risk and inform the delivery of safe care and services for consumers. Care planning documentation is commenced through an initial assessment and care planning process, with full care plan generated within 4 weeks of admission including consideration of personalised risks for consumers and management guidance.

Consumers and representatives said staff incorporate needs, goals, and preferences into care planning, and staff explained took time to explain and discuss advanced care and end of life planning. Staff described discussing end of life wishes on admission, during annual case conferences, or following a change in health status, providing the consumer and/or representative was comfortable.

Consumers and representatives said they partner with the service in care planning, and have input into who else is involved. Staff described the importance of open communication between the service, consumers and/or representatives, and external providers to ensure the quality of provided care. Care planning documentation included input from a range of providers, including Medical officers and Allied health professionals.

Whilst not all representatives were sure they had seen a copy of care planning documents, most said the service was proactive in communicating changes relating to care and services. Staff described how they communicate outcomes of assessment and planning, with care plan summaries available to provide an overview of consumer needs, which are accessible to visiting health professionals.

Consumers and representatives confirmed care and services are reviewed when changes occur. Management and clinical staff described how and when care plans are reviewed, although at the time of the Site Audit care plans had not been reviewed in line with the service’s policy. Management acknowledged they had identified deficiencies in completing care plans, with work being undertaken to complete care plan review for all consumers by September 2023.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives were satisfied with the standard of personal and clinical care provided, and said care is tailored to their needs. Staff demonstrated knowledge of best practice principles to promote health and well-being in relation to clinical care, corroborated through care planning documentation and progress notes. Although some wound care documentation did not include measurement tools within photographs, wounds were noted to be healing, and management advised they would remind clinical staff of the service’s policy.

Staff identified high prevalence risks for the consumer cohort, as well as high impact risks for individual consumers. Staff demonstrated awareness of strategies used to successfully mitigate risks, in line with care planning documentation and progress notes. Monitoring process including discussing consumers and incidents during daily ‘safety huddles’.

Consumers receiving end of life care were observed to receive care in line with their wishes, including comfort measures and emotional support. Clinical and care staff described measures taken to maximise consumer dignity and maintain their comfort, and said they access palliative care staff for support and guidance when required.

Most consumers and representatives were satisfied with the service’s response to deterioration or changes of consumer health. One representative unaware of actions taken in response to their relative’s declining health, however, progress notes demonstrated engagement of specialists and Allied health providers for assessment and advice. Clinical staff explained handover processes were used to identify consumers experiencing changes to their health and corresponding actions taken.

Most consumers and representatives said consumers’ preferences and care needs were known by staff and effectively communicated, and staff could describe communication processes. However, where there was more than one representative involved in consumer care planning, management acknowledged information may not have been communicated to each representative, and would ensure they now capture communication preferences to manage this better.

Consumers were satisfied they were referred to providers of care and services in a timely manner. Staff described referral processes, and care planning documentation demonstrated timely input from Medical officers, Allied health professionals, and specialist services. Management advised there are some delays in accessing face-to-face reviews by Medical officers, with regular use of telehealth providers instead, and current negotiations being undertaken with a medical service provider to arrange Medical officers to visit the service.

Consumers were satisfied with the service’s management of infections, and described actions taken to minimise risk of infections and outbreak. Staff outlined precautions to prevent and control infection, and to minimise the need for antibiotics. The service demonstrated preparedness in event of infectious outbreak, with policies, procedures and training to guide staff. Visitors and staff were observed adhering to screening processes and use of personal protective equipment whilst within the service.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said services and supports optimise their independence and quality of life through undertaking activities of preference. Lifestyle staff described partnering with consumers and representatives in assessments, capturing preferences and personal information to tailor a program to enhance the consumer’s quality of life.

Consumers were satisfied their emotional, spiritual and psychological needs were supported. Staff explained how they monitor consumers for changes in emotional or psychological state, and actions or activities undertaken in support. Management described accessing psychologists for consumers with declining mood.

Consumers and representatives described activities to support consumers to do things of interest, including participate outside the service’s environment, and maintain relationships of importance. Staff gave examples of actions to support consumers maintain relationships of importance, including welcoming visitors and facilitating phone calls.

Consumers and representatives reported information about consumers, including their condition, needs, and preferences, are effectively communicated. Staff detailed information sharing processes, including verbal and written handover processes, and information within the electronic care management system, accessible by all staff and external providers.

Consumers explained referrals provided to gain support from external organisations and providers. Staff described engagement of other organisations and services, including pastoral care, volunteers, and entertainers to enhance consumers’ experience.

Consumers and representatives expressed overall satisfaction with the quality and quantity of food, were satisfied with alternative options available when they do not like menu items, and could access extra food in between meals when hungry. Staff, including kitchen staff, were familiar with consumers’ dietary needs and preferences and how these were accommodated. The seasonal menu is informed by consumer feedback, dietetic and speech pathology reviews, and is audited for quality and food safety protocols.

Consumers said they can access equipment that is safe, clean, and well-maintained. Staff said they can access equipment when required, and described cleaning and maintenance processes. Equipment was observed to be suitable, clean, in good condition, and with ample supply.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Staff could describe aspects of the service environment to welcome consumers and optimise their sense of belonging, and consumers said they were encouraged to personalise their rooms to make them homely. Way-finding signage, handrails, sufficient lighting and a clutter free environment supported consumers to move independently through the service environment, and consumers were observed interacting in communal areas.

Consumers and representatives were satisfied the environment is safe, clean, and well-maintained, with sufficient wheelchair access to outdoor areas to support free movement for all. Staff cleaning is guided by a daily checklist, and includes deep cleaning of consumer rooms, and staff were aware of processes to report hazards or repairs. Maintenance staff described processes for scheduled and reactive tasks, with records detailing timely actions taken.

Consumers and staff said they found furniture and equipment to be safe, clean, and regularly maintained. Staff explained cleaning processes for furniture, fittings and equipment. Furniture in communal areas was observed to be clean and in good condition. Appliances appeared well-maintained, with calibration checks undertaken as required, and the call bell system observed to be working and monitored by management.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were comfortable to give feedback, including complaints, and aware of various ways they can do this. Staff described processes in place to encourage and support consumers and representatives provide feedback and complaints, in line with policies and procedures.

Although not all consumers were aware of the external complaint options, consumers advised they were comfortable speaking with a consumer representative, who is a member of the governing body, if required. Staff described supports available for consumers with communication and/or sensory impairment, although not all were aware of available external advocacy organisations. Management advised a visit from an external advocacy service was rescheduled from June to August 2023 due to a COVID-19 outbreak, and will schedule training for staff on services available, adding as a continuous improvement activity. Information on advocacy services and external complaint options was observed to be displayed within the service and in consumer handbook information.

Consumers and representatives said the service responds to and resolves their complaints or concerns, and addresses incidents. Staff detailed use of an open disclosure policy, and documentation within complaints and incident reports demonstrated acknowledgement of concerns, issuing of an apology, remaining transparent, and resolution of issues.

Management and staff described key complaints and responsive actions taken or proposed to improve care and services, providing recent examples relating to menu changes in response to consumer feedback. The service’s feedback and complaints policy outlines the service’s commitment to ensure complaints data informs continuous improvement, although management advised they do not always update the Continuous Improvement Plan, as they can manage improvements less formally due to the small, community-orientated nature of the service.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives, and staff were satisfied staffing numbers, although some noted there were shortages during outbreaks, there was still sufficient to meet consumer needs. Management said they had developed systems to ensure there were sufficient staff to provide safe and quality care, with limited agency use. Consumer needs and call bell use is monitored and considered within scheduling and allocation.

Consumers and representatives said staff were kind, caring, respectful and gentle. Staff were observed to be familiar with consumer during interactions, demonstrating awareness of consumer needs and identities. Staff interactions are guided through the Code of Conduct and Diversity and inclusion policy.

Consumers and representatives were satisfied staff were competent and capable of providing quality care and services. Management described the onboarding process providing necessary information and training for new staff through position descriptions, duty lists, mandator training, and use of buddy system until the staff member felt comfortable. Monitoring of qualification, registration, and legislative requirements such as police checks was current, however, training records reflected some staff competencies had not been reviewed since 2021. Management advised they had already recognised the need to conduct refresher training, and this was scheduled to be completed by August 2023.

Most consumers and representatives said staff have appropriate skills and knowledge to provide care and services, however, as outlined in Standard 3 Requirement (3)(d), one representative expressed dissatisfaction with staff management of consumer deterioration. Management advised they had previously identified deficits in staff training completion, with an education calendar developed to ensure all staff have completed assigned training by the end of August 2023. Staff advised they receive sufficient education appropriate to their role, and can access online training to upskill.

Staff described the annual performance appraisal process to include feedback on performance and opportunity to identify areas for education. Management advised staff performance is monitored through formal performance reviews as well as informal observations and feedback, in line with the service’s policies, with corresponding actions demonstrated to be taken in response to incidents or poor performance.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they felt involved to be a partner in their own care, and raise suggestions to the consumer representative from the governing body on the way care and services are delivered. Management described mechanisms for involving consumers in the design and evaluation of care and services through consumer meetings, surveys, case conferences, and feedback and complaints processes.

Management explained the service is owned by the local council, and the governing body has visibility of all service happenings. Management provides an update on key issues, including incidents, clinical trends, and quality indicators, at each monthly Board meeting with ongoing consultation with the governing body. The service has published policies and procedures, with roles and responsibilities, aligned to the Quality Standards and an internal audit program to monitor safety and quality.

Management and staff were able to describe processes and mechanisms in place for effective organisation wide governance systems. Information management systems were demonstrated to be effective, fit for purpose, and readily accessed. Management said they are supported by the Board to make purchases to improve care and services, giving the example of finding a new medical services provider to improve access to Medical officers. Regulatory compliance is achieved through monitoring for legislative changes through peak bodies, with a standing agenda item on all monthly staff and Board meetings, and circulations of information to all staff.

Management described monitoring processes to identify risks associated with the care of consumers, including daily ‘safety huddle’ and monthly clinical meetings and use of the incident management system to identify improvements. The service supports consumers to take risk in order to live their best life, with management saying all risks are considered and discussed. Staff receive training on recognising and responding to incidents, including obligations to report abuse and neglect of consumers through the Serious Incident Response Scheme.

The service provided documents, including policies and procedures, evidencing the clinical governance framework, and staff feedback demonstrating understanding of these policies. Staff described trialling non-pharmacological actions to minimise use of chemical restraint, in line with care planning documentation, and progress notes. Management and staff described training and activities to promote antimicrobial stewardship, and demonstrated understanding and use of open disclosure.

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)