Performance

Report

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| Name of service: | Performance report date: |
| The Birches | 07 June 2022 |
| Commission ID: | Activity type: |
| 3554 | Site Audit |
| Approved provider: | Activity date: |
| Western District Health Service | 3 May 2022 to 6 May 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for The Birches (**the service**) has been considered by David Lee, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 3 May 2022 to 6 May 2022; 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 20 May 2022.

# 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 | | Compliant |
| 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 considered they are treated with dignity and respect, can maintain their identity, make informed choices, maintain independence, take risks, and maintain relationships outside the service. Consumers described how staff treat consumers and representatives with respect and compassion.

Consumers and their representatives confirmed they receive timely information to make informed choices about the care and services they receive. These include up-to-date information on consumers’ functional and clinical assessments. Consumers and representatives discussed how they are supported to take risks to enable them to live the best life they can.

Staff explained how they recognise and respect consumers’ diversity and are knowledgeable of each consumer’s cultural history. Nursing staff described what is important to consumers and how they support consumers to enjoy their day-to-day activities. The Assessment Team found care planning documents captured consumers’ choices and preferences.

The Assessment Team observed staff being respectful of consumers’ privacy, including personal information. Staff were observed encouraging and supporting consumers to do things by themselves throughout the visit.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers considered they are partners in the ongoing assessment and planning of their care and services. Consumers and representatives confirmed they are regularly consulted and involved in risk assessments and care planning. Representatives confirmed they are informed about the outcomes of assessment and planning and have access to the consumer’s care and service plans.

Staff understand consumers’ care needs, including end-of-life care planning. Staff described how they support consumers to complete advance care directives. Staff confirmed they regularly review consumers’ goals and preferences as their health needs change.

Care planning documents reflect input from the consumer and/or their preferred representatives. Care plans identify consumers’ goals, preferences, needs, and advance care directives. Care plans reflect consumers’ related risks and strategies to support consumers to undertake those risks safely.

The Assessment Team found a collaborative approach between staff, external health professionals, and other health services. Consumers’ care plans are accessible to staff and health professionals. Consumers’ care planning documentation contains initial and ongoing comprehensive assessments, individual risk assessments, and planning that meets the changing needs and individual preferences of the consumer.

The Assessment Team reviewed progress notes and found evidence of inputs from specialists to meet consumers’ care needs or in response to incidents. These include wound specialists, Dementia Services Australia, geriatricians, dietitians, and other health professionals.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 considered that they receive personal and clinical care that is safe and right for them. Consumers and representatives said they were satisfied with the care consumers were receiving to manage their health needs. Consumers and representatives confirmed staff knew their care needs and preferences, which includes but were not limited to falls, pain, wounds, behaviour management, mobility and dietary needs.

The Assessment Team found consumers received clinical and personal care that is tailored to their individual needs. Consumers requiring chemical restraint are assessed, monitored, and reviewed in line with best practice and regulatory requirements. Staff described potential triggers for challenging behaviours, and the use of alternative strategies before the use of chemical restraints.

The Assessment Team reviewed wound charts which showed gaps in detailed descriptions of the wound, however, progress notes indicated that dressings are attended to according to the schedule on wound management plans. Consumers’ wounds are reviewed regularly by the wound management nurse and the medical practitioner. The Assessment Team found these gaps had no adverse impact on consumers as wounds were attended to and regularly reviewed.

The service identifies and manages consumers who experience high impact and high prevalence risks such as falls and behaviours. Consumers are assessed and strategies are initiated, implemented, and reviewed on an ongoing basis to reduce the risks to consumers. Consumers subject to falls are assessed post-falls by clinical staff, falls protocol initiated, care plans updated and personalised strategies put into place to reduce further risks to the consumers.

Staff displayed knowledge when discussing how they identify and monitor the deterioration of consumers, including pressure injuries, aspiration, and chest infections.

The service has processes that support the identification of end-of-life care and its subsequent implementation in a culturally safe manner, reflecting the consumer’s individual goals and preferences. Staff described techniques to maximise comfort when providing end-of-life care.

The service has processes to communicate information about changes in consumer needs, health status and preferences. Staff confirmed allied health practitioners have access to consumer information. The service was also able to demonstrate timely and appropriate referrals to other organisation and health care service providers.

The Assessment Team observed staff complying with standards and transmission-based precautions to minimise and control infection. The service’s clinical practices support antimicrobial stewardship and promotes responsible and selective prescription of antibiotics.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 considered that they receive the services and support to enable them to do the things they want to do. Consumers confirmed they received safe and effective services and support to maximise their independence, health and quality of life. Consumers described the various ways the service supports their emotional, spiritual, and psychological wellbeing.

Consumers and representatives described how they are supported to participate in activities within the service and the wider community. Consumers explained how the service enables them to maintain social and personal relationships.

Consumers and/or their representatives confirmed they were satisfied with the choice, quality, and quantity of the food within the service. Consumers explained they are provided with alternative menu items if the proposed menu is not to their personal preference.

Staff described how they support consumers to maintain personal relationships, with care planning documents referencing people of significance in the wider community.

Care plans reviewed included information about the services and support the consumer’s need to help them do the things they want to do. Care plans included consumers’ interests, preferred activities, preferences, and interests outside of the service. Consumer assessments and care plans confirmed that timely referrals are completed to other organisations and providers of other care and services.

The service demonstrated processes for communicating information and updating staff and others, involved in the consumers’ care. The service’s electronic care system is accessible to relevant staff and other health professionals.

The Assessment Team observed the kitchen and kitchenettes to be clean and well maintained. The Assessment Team observed council food safety certification documents and evidence that independent food safety audits are conducted annually.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 considered they belong in the service and feel comfortable in the service environment. Consumers sampled described how they felt safe, at home, and well cared for in the service. Consumers described how the service environment is clean, with furniture fit for purpose.

Staff confirmed that they have sufficient equipment to support consumers’ needs.

The Assessment Team reviewed maintenance documentation which verifies regular cleaning and maintenance of equipment. The Assessment Team observed the service to be tidy. The Assessment Team found the service to be welcoming and offering a range of communal spaces to optimise consumer engagement and interaction. Consumers were observed participating in activities in communal areas and accessing outdoor garden spaces.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 their representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. The service has implemented a variety of ways to encourage and support stakeholders to provide feedback. These include displaying information throughout the service such as the Older Persons Advocacy Network (OPAN), raising complaints through the Commission, or through the organisation’s head office.

Consumers and/or their representatives sampled, confirmed issues they had raised had been satisfactorily resolved within a suitable timeframe. Representatives confirmed staff contact them if an issue occurs and considered that they are well informed after a mistake or incident.

Staff demonstrated an understanding of open disclosure. Staff explained the open disclosure process which includes open and honest communication about a mistake or incident, with an apology.

The Assessment Team found the service feedback register and continuous improvement plan has feedback recorded and evidence of appropriate actions taken by the service. The service’s continuous improvement plan contains feedback from a consumer which has been used to establish additional lifestyle services.

The service’s management and Quality Risk Team undertake regular surveys of the consumer experience at the service. Resident meetings’ are conducted to obtain feedback regarding care and service provided.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# Standard 7

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| Human resources | | Compliant |
| 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 their representatives considered staff are kind, caring, and gentle when providing care. Most consumers and/or their representatives confirmed receiving timely and quality care and services. Consumers and their representatives considered staff are skilled and knowledgeable to meet individual needs. Consumers and their representatives said they were generally satisfied with the staffing levels at the service.

The Assessment Team found documentation that demonstrated staff have qualifications relevant to their roles and their competency is monitored. Records demonstrate that staff participate in mandatory annual training and additional training is provided as needed, or at the request of staff. Annual mandatory training provided to staff included manual handling training, Personal Protective Equipment (PPE) use and hand hygiene competencies.

At the time of the Site Audit, the Assessment Team found the service did not have an Infection Prevention and Control (IPC) lead appointed to provide oversight in line with the Commonwealth’s IPC requirements and therefore recommended the requirement not met.

The Approved Provider response to the Site Audit Report received on 20 May 2022 supplied evidence of the service’s newly nominated IPC lead including the name of the new nominated IPC lead, the position the new IPC lead holds at the service, and evidence of enrolment in the specialised training course the new IPC lead will undertake in late June 2022.

At the time of the Site Audit, the service’s IPC lead resigned and the service had in place an acting IPC lead. I am now satisfied the Service has an IPC lead in place in line with the Commonwealth’s IPC requirements and there is no impact on the consumers.

Management explained that training gaps are identified by the Quality Risk Team during incident report investigations, trending complaints, and internal audit analysis.

The Assessment Team observed an effective workforce in place which is recruited and supported to ensure the provision of safe, high quality and person-centred care.

The Assessment Team found the service adheres to legislated nursing ratios for Victorian Aged Care and internal auditing is regularly conducted to ensure this ratio is being met. Rosters reviewed by the Assessment Team demonstrated that all vacant shifts due to planned and unplanned leave were filled by additional staff or by extending shifts with the staff’s consent.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# Standard 8

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| Organisational governance | | Compliant |
| 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 considered that the organisation is well run and that they can partner in improving the delivery of care and services. The service demonstrated a culture of safe, inclusive and quality care and services. The service conducts a range of internal and independent audits to monitor and review performance against the quality standards.

The service involves consumers and representatives in the development, delivery and evaluation of care and services. These include ‘resident of the day’ meetings, providing feedback to care staff, and surveys.

The service demonstrated they have a range of governance measures in place. The service’s risk management framework ensures risks are reported, escalated, and reviewed by management at the service level and by the organisation’s executive management team including the Board. The Assessment Team found the service complies with its regulatory compliance obligations, such as reportable incidents under SIRS, and included evidence that management followed the required procedures and actions to ensure the safety of consumers.

The service maintains a continuous improvement register to record feedback and action improvements. These include the trial of earlier meal times in response to consumer feedback and establishing a community shop for consumers to purchase various items.

The service conducts scheduled auditing of key performance data including incident data, quality indicators, clinical records and feedback to identify and analyse trends. The service has a clinical governance framework that includes monitoring and review of antimicrobial use, minimising the use of restraint, and open disclosure.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)