Performance

Report

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| Name of service: | The Brodribb Home |
| Service address: | 13 Goggs Street TOOWOOMBA QLD 4350 |
| Commission ID: | 5764 |
| Approved provider: | Brodribb Home Incorporated |
| Activity type: | Site Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 17 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 The Brodribb Home (**the service**) has been prepared by Katrina Sharwood, 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 on 12 April 2023 indicating that they do not wish to provide a response to 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

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Overall, the Assessment Team heard from consumers and representatives that they are treated with dignity and respect, and staff were observed to be kind, caring and helpful. Consumers said staff know their backgrounds and personal interests well, and that the care they receive is personal, culturally safe and reflects best practice.

This was supported by discussion with staff and review of documentation where the Assessment Team found that the service is treating each consumer with dignity and respect through understanding their identity, culture, and diversity and supporting consumers to exercise choice, independence, risk-taking activities and maintain relationships of their choice, such as by allowing couples to share rooms.

The Service also demonstrated an understanding of what privacy means for consumers and the steps taken to maintain their privacy, such as by knocking on doors and password-protecting computers.

In the absence of a response from the Service to dispute the evidence of the Assessment team, I am persuaded that the following requirements are compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Using an electronic case management system for care assessments, planning and monitoring, and undertaking assessment and planning in partnership with the consumer and/or their representative.
* Facilitating the involvement of a diverse range of health professionals to ensure effective and collaborative care planning, including MOs, Allied Health Professionals and specialists.
* Demonstrating review of care plans on a 3-monthly basis, and as required, and involving consumers, representatives and external providers of care.
* Displaying guidance for staff in the nurse's stations to prompt for updates to care plans when a consumer experiences changes to their health.

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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 Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Delivering tailored and effective personal and clinical care to consumers, including for complex care needs such as pressure injury management, falls, restrictive practices and pain management and taking precautions to prevent and identify high-impact and high-prevalence risks for consumers.
* Providing best practice comfort care for consumers on a palliative pathway in accordance with their wishes, including clinical and personal needs and preferences.
* Demonstrating deterioration in consumers’ health is responded to appropriately, and referrals are made in a timely manner.
* Implementing infection prevention control (IPC) procedures to prevent and respond to infectious diseases.

On balance, when I consider all evidence before me, I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Providing services and supports for daily living including a variety of lifestyle activities, allowing consumers to participate in the community independently or with their families, and providing meals with variety and quality.
* Promoting each consumer’s emotional, spiritual, and psychological well-being by offering religious services, interaction with local volunteers and one-to-one visits by lifestyle staff.
* Ensuring timely and appropriate referrals for consumers to external organisations and engaging volunteers to facilitate interaction with consumers living at the service.

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# 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

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

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

Consumers and representatives said, and the Assessment Team observed that the service environment was welcoming and easy to understand. Management and staff were able to describe features of the service that help each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function.

The service was able to demonstrate it is safe, clean, and well-maintained and consumers are able to move freely, both indoors and outdoors. Consumers and representatives sampled said the service environment was safe, clean, well-maintained and allowed them to move freely. Environmental staff described how the service environment is cleaned and maintained following a schedule.

The service was able to demonstrate furniture, fittings and equipment were safe and well maintained. Staff described the process for cleaning, caring, and maintaining personal equipment and of furniture and fittings in the service. The Assessment Team observed, and consumers confirmed that equipment and fittings were cleaned and maintained regularly.

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers and representatives sampled said they understand how to give feedback or make a complaint, and they feel comfortable doing so. Management and staff were able to describe the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service's complaints register showed feedback gathered through various means, including feedback submitted during meetings, verbal conversations, and via feedback forms.

Consumers sampled said they were comfortable raising concerns within the service and were aware of advocacy services if needed. Management and staff reported they did not currently have any consumers who required interpreter services but were aware of how engage them if a need arises in the future. Management explained the advocacy services available to consumers and described how they make consumers aware of advocacy. The Assessment Team observed a range of posters and flyers related to the Aged Care Quality and Safety Commission (the Commission) and other external advocacy services within the service such as Older Person Advocacy Network (OPAN) and Australian Disability Advocacy (ADA).

Consumers and representatives interviewed said the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Sampled complaints data showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer informed.

Consumers and representatives reported that their feedback is used to improve services. Management described complaints and the actions taken in response, as well as how feedback and complaints have been used to drive continuous improvement across the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

Based on this evidence, and that the Service does not dispute the finding of the Assessment Team, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Demonstrating workforce interactions with consumers that are kind, caring and respectful of each consumer’s identity, culture and diversity.
* Ensuring that mandatory training is completed for all members of staff.
* Regularly visually assessing, monitoring and reviewing the performance of members of the workforce and providing on the floor coaching and providing feedback as needed as per service policy.

Based on this evidence, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Ensuring consumers are engaged in the development, delivery and evaluation of care and services by involving consumers in their own care plan reviews and facilitating consumer meetings.
* Implementing governance systems, a risk management plan and a clinical governance framework for the delivery of safe and quality care and services.
* Demonstrating that SIRS investigations and response processes align to regulatory requirements as well as better practice open disclosure practices

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

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)