Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Timbrebongie House |
| Service address: | 134-138 Cathundril Street NARROMINE NSW 2821 |
| Commission ID: | 0284 |
| Approved provider: | Timbrebongie House Limited |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 5 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 Timbrebongie House (**the service**) has been prepared by K. Spurrell, 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 27 March 2023

# Assessment summary

|  |  |
| --- | --- |
| 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 4(3)(a) – The Approved Provider ensures 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.

Requirement 7(3)(d) – The Approved Provider ensures the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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 said consumers are treated with dignity and respect, and their identity, culture, and diversity are valued. Care documentation reflects each consumer’s identity and preferences, including activities that may involve risks identified during entry and through routine assessment and care planning review. Staff demonstrated an understanding of what is important for consumers.

Care documentation reflected tools and assessments used by the service, including identification of consumers’ religion, languages spoken and details of their cultural background and other specific beliefs. Consumers and representatives described how staff values consumers' spirituality and relationship status and how it influences the delivery of their care and services.

Consumers and representatives were satisfied with how the service offers them choices and how they are supported to drive their care. Staff provided examples of consumers being supported to exercise choice and independence. Care documents evidence how the service identifies consumers’ individual choices around when care is delivered, who participates in their care, and how the service supports them in maintaining relationships.

Consumers and representatives expressed satisfaction with how the service supports them in making decisions involving taking risks, including leaving the service independently. Care documentation evidenced mitigation strategies to support the decisions and activities chosen by consumers that may involve risk. The service’s Risk Management and Dignity of Risk policies and procedures guide the workforce in supporting consumers in taking risks.

Consumers and representatives said they participate in meetings and are encouraged to participate and ask questions. Staff described communication strategies, including recognising non-verbal cues with consumers with poor cognition, including a large calendar of activities for visual impairment. Printed posters for announcements, newsletters, and menus were observed on noticeboards and in the service’s corridors.

Consumers and representatives said the service and staff respected their privacy and maintained the confidentiality of their information. Staff demonstrated an understanding of the importance of privacy and encouraged consumers to verbalise how they wanted their privacy to be maintained. Care documents include privacy consent and consent for the taking and use of photographs.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives stated they engage in the care planning process and consumers receive the care and services they need. Staff described the assessment and planning process, and how they are informed of the delivery of care and services. Care documentation demonstrated involvement from allied health professionals and other specialists in assessing risks and supporting risk-taking in line with consumers’ wishes.

Care planning and assessment documentation reflects the needs, goals, and preferences of consumers, and guides the personal and clinical care provided to consumers. Consumers and representatives described feeling supported to discuss their care needs and wishes, including developing plans for advance care and end-of-life wishes. Staff advised advance care planning is conducted in partnership with the consumer when they are comfortable discussing this.

Care documentation, confirmed by consumer feedback, evidenced consultation and partnership when developing care plans with the consumer, representative, and other external health providers in line with the consumer’s needs, goals, and preferences. Staff described engaging with external providers to support consumer care. Referral policies guide processes for staff when engaging with other organisations and health professionals.

Care documentation reflected frequent review and evaluation of assessment and care planning in line with the review schedule and updates after changes to a consumer’s health and care needs. Consumers and representatives expressed they are aware of the care plan and that they can have a copy. Staff described the care plan process and how consumers and representatives take part, adding copies of care plans are readily offered to representatives and consumers.

The care plan review and development policy, and staff feedback, demonstrated there are scheduled care plan reviews 4-monthly and additional reviews are completed as needed when care needs change. Staff advised this practice and the use of ongoing assessments are used to ensure current and effective care is in place for consumers.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 said they are satisfied with the care delivered and all care consumers receive is tailored to their needs and preferences. Staff demonstrated they understand the individualised personal and clinical needs of consumers. Policies and procedures are in place to support the delivery of care provided, such as wound management, restraint practices, fall prevention, skin integrity, and pressure injury prevention.

Consumers and representatives were satisfied high impact and high prevalence risk is managed effectively. Staff described consumers’ risks and how they are managed. Clinical policies specifically targeting high risk are available to guide staff on best practices for all clinical areas.

Staff described how advance care planning is conducted in partnership with the consumer and representatives when they are comfortable doing so. Consumers and representatives described feeling supported to discuss their care needs and wishes, including developing plans for advance care and end of life wishes. Care documentation reflected consumers’ needs, goals, and preferences.

Consumers and representatives said they are satisfied with the recognition of deterioration or changes in consumers’ condition. Care documentation demonstrates deterioration in a consumer’s health, capacity, and function is recognised and responded to appropriately. Staff said they promptly raise any concerns or changes in a consumer’s condition with the clinical team who were responsive when they report any changes in consumers’ conditions.

Consumers and representatives are satisfied with the communication of changes to consumers’ conditions. Staff described how changes in consumers’ care and services are communicated through verbal handover processes, meetings, accessing care plans, and through the care management system. Care documentation for consumers who experienced falls demonstrated open disclosure practices with representatives and staff notified the medical practitioner and physiotherapist to review consumers post falls.

Consumers and representatives said they are satisfied with the referral processes. Staff described the process for referring consumers to health professionals and allied health services. Care documentation includes input from other providers of care such as physiotherapists, occupational therapists, podiatrists, speech pathologists, and dieticians.

Consumers said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. The service had a vaccination program in place for all consumers and staff and 100% of staff have received their COVID-19 booster vaccination.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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. | Non-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 Assessment Team recommended Requirement 4(3)(a) as not met:

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service non-compliant with this requirement.

The Site Audit Report identified the various supports the service offered to support consumers, which included a lifestyle assessment detailing likes, dislikes, interests and social needs. While some consumers identified social activities they enjoyed, such as the walking tracks and bingo, the Site Audit report identified overall deficits in the activities program offered by the service. Feedback from consumers and representatives ranged from activities not being stimulating, consumers spending most of their time in their rooms, and complaints of boredom. Colouring activities were observed to be the main craft activity offered, with no activities observed in the Memory Support Unit.

In their response dated 27 March 2023, the Approved Provider stated Lifestyle Coordinators would commence more activities in the afternoon and commence activities for consumers in the Memory Support Unit. Further training would be provided for Lifestyle Coordinators as well, this is explored further under Requirement 7(3)(d).

I have considered the evidence brought forward by the Assessment Team and the Approved Provider in their response, while I acknowledge the undertakings made by the Provider, the response lacks details of what activities will be offered, how the Provider will ensure the activities are to consumer’s liking or a timeline for when these actions will be established within the service. I have also placed weight on the feedback from consumers and the ongoing impacts to consumer’s wellbeing while these actions are undertaken by the Provider. On the balance of evidence available to me, I find requirement 4(3)(a) is non-compliant.

I am satisfied the remaining 6 requirements in Quality Standard 4 are compliant.

Consumers reported their emotional, spiritual, and psychological needs were supported, and they were offered comfort and emotional support. Staff said they supported consumers by facilitating connections with people important to them, including through video chats and phone calls during lockdowns, the chaplain and lifestyle staff support, and church and religious services. Care documentation included information about a consumer’s religious and social preferences.

Consumers and representatives said they are supported to participate in activities within and outside the service and do the things of interest to them. Staff described supporting consumers to participate in the community or engage in activities of interest to them. Care documentation aligns with the information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Staff said they are advised of changes to a consumer's needs through handover processes, information in the care management system, communications book, and dietary folders. Consumers and representatives said the consumer's condition, needs, and preferences are effectively communicated with others responsible for care. Care documentation provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they are supported by other organisations, support services, and providers of other care and services. Care documentation identified referrals to other organisations and services such as the hairdresser, optometrist, and physiotherapist. Staff described other individuals, organisations, and providers of other care and services and specific consumers who use these services.

Consumers and representatives expressed satisfaction with the variety and quality of food being provided at the service and said there are plenty of choices for each meal. Consumers were observed to be provided with adaptive cutlery and cups with straws. Staff identified consumers’ dietary preferences and requirements, including allergies and alternative cutlery.

Consumers and representatives said they have access to equipment, including shower chairs, to assist them in their daily living activities as well as resources and equipment for leisure and lifestyle activities. Staff stated they have access to equipment when they need it and described how equipment is kept safe, clean, and well maintained. The service was observed to have supplies of spare parts for equipment such as call bell controls and bed remotes.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 stated they could decorate their rooms with items of their choosing. Many ‘personal touches’ were observed, such as hallway tables decorated with items relevant to the local community; a library; a pianola; a fish tank; and bird aviaries. Renovations are currently being undertaken progressively throughout the service, including new flooring, replacing the windows and installing new bathrooms with modern tiling and vanities, and painting the brickwork in the bedrooms to reduce the risk of skin tears when consumers brush against walls.

The service environment was observed to be clean and well-maintained. Staff described that any maintenance issue was to be logged in the electronic system or, if urgent, maintenance was contacted via walkie-talkie. Consumers and representatives said the service is cleaned very well.

Consumers were observed using a range of equipment including walking frames, wheelchairs, and comfort chairs and furniture in the communal areas was clean and in good condition. Consumers with physical limitations advised “smart” technology had been provided to ensure they could operate devices and further adaptive technology was being sourced. Management stated the long-term plan for the service is a complete renovation, and they are using the renovated areas as a test for the longevity of the products selected.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 said they were comfortable providing feedback or complaints and would do so directly to the manager. Staff describes the avenues available for consumers or representatives if they wanted to provide feedback or make a complaint, and the process they would follow should a consumer or representative raise an issue with them directly. The service has a policy, process, and systems in place to manage feedback and complaints.

Consumers and representatives said they were aware of advocacy services or had family members who could assist in raising and resolving complaints. Staff demonstrated an understanding of advocacy services available for consumers and described strategies they would use to assist consumers who are living with cognitive impairment or who have difficulty communicating should they want to raise a complaint or provide feedback. The service’s written materials provide information about advocacy and language services in the main lounge room and the resident welcome handbook.

Consumers and representatives expressed satisfaction with the complaints process and described management’s response that aligned with the principles of open disclosure. The service had policies and procedures to guide the complaints management and open disclosure process and staff demonstrated awareness of these procedures.

Consumers and representatives were satisfied their complaints or feedback had resulted in improvements to care and services. Meeting minutes, including consumer meetings, staff meetings, and clinical meetings, were reviewed and conveyed how feedback and complaints are discussed and used to improve the quality of care and services. Staff said they are encouraged to respond to feedback and complaints within their scope immediately but if the matter is outside their scope, they escalate the matter to senior staff.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team recommended Requirement 7(3)(d) as not met:

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service Non-compliant with this requirement.

The Site Audit Report reflected staff feedback stating they were provided with adequate and suitable training appropriate for the type and complexity of their role. The report identified recruitment and onboarding processes in place within the service and established training programs to support most staff in their roles.

However, the lifestyle coordinator, who has been employed in their role since November 2022, stated they could provide a better activities program if they were supported with training, specifically in dementia- specific activities. Similar feedback was provided by lifestyle staff who sought further general training specific to their role.

The Approved Provider responded on 27 March 2023 and undertook to assess the training needs of Lifestyle coordinators and where needs were identified they would provide relevant training to support staff provide more meaningful activities to consumers. This was added to the service’s Continuous Improvement Plan to be addressed by 31 May 2023.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response, while I acknowledge the service has demonstrated generally effective training and support systems for staff in the onboarding and development of their roles, I have also considered the deficits identified within the lifestyle program, and the impacts to staff and consumers as a result. While the response has undertaken to review the training needs of lifestyle staff it has not provided sufficient detail to satisfy me how staff will be supported to meet the needs of consumers. I therefore find the service non-compliant with this requirement.

I am satisfied the remaining 4 requirements in Quality Standard 7 are compliant.

Consumers said staff were skilled and available to meet their needs and they had no concerns about delays in call bell response times. The service had systems to provide the number of staff and the range of skills needed to assess, plan and coordinate care and services and meet the needs of the consumers. Management described the organisation as being proactive in recruiting staff by working with the local education providers for new graduates and maintaining a constant presence on employment platforms.

Consumers and representatives said the staff were kind and caring and they respect their identity, culture, and diversity. Staff demonstrated how they could provide care respectful to identity, culture, and identity. Interactions were observed to be caring and respectful, with staff taking time to listen and interact with consumers, and also asking consumers their preferences.

Consumers said staff were skilled to provide their care, and they are referred to allied health and specialist services when needed. Staff said they have the necessary skills to perform their role and they are supported by senior staff. The service had systems to ensure staff are qualified and remain skilled for their role, and the organisation acts promptly on any workforce shortages.

The performance of staff is formally reviewed yearly using a formal performance appraisal process. Staff demonstrated awareness of the service’s performance development processes, including discussions of their performance and areas where they would like to develop their skills and knowledge. Documentation outlined a staff performance framework and procedures including annual performance appraisals and mandatory education.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 were confident the management of the service listens to and responds to their suggestions and seeks input from them on a range of issues, such as care planning, the food menu, and lifestyle activities at the service.

Staff described the process for identifying, escalating, addressing, and recording reportable assaults and incidents and confirmed they have received training on these topics. However, the Site Audit Report bought forward evidence of deficits in the training provided to the governing body about the Quality Standards.

In its response dated 27 March 2023, the Approved Provider stated training was scheduled for the governing body about the Quality Standards and this had been recorded in the services’ Plan for Continuous Improvement. Having also placed weight on the positive feedback from consumers and representatives throughout the Site Audit report about the culture of safe, inclusive, and quality care and services offered to consumers, I am satisfied the Provider is meeting its obligations.

The service has an effective governance system in place which guided information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. The organisation uses online systems such as an electronic care management system and risk management system to allow the staff to have access to information.

The service had an effective risk management system and practices in place for the high impact/high prevalence risks, abuse and neglect, supporting consumers to live their best lives, and incident management. The service identified their main high impact/high prevalence risks and what they are doing to address these. All policies and procedures concerning risk management are up to date and staff understood their responsibilities concerning incident management and how to support consumers to live their best lives.

The service had a clinical governance framework to ensure the quality and safety of clinical care and promotes antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Staff received notifications of all incidents and ensures the correct process is followed. Open disclosure was evident in progress notes and incident reports included a record 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)