Performance

Report

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| Name of service: | Violet Town Bush Nursing Centre |
| Service address: | 46 Cowslip Street VIOLET TOWN VIC 3669 |
| Commission ID: | 4373 |
| Approved provider: | Violet Town Bush Nursing Centre Inc |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 19 October 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 Violet Town Bush Nursing Centre (**the service**) has been prepared by Grace Hope-Simpson, 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 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Non-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

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 optimises their independence, health, well-being and quality of life.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they felt respected and their individual identity and diversity was valued. Staff described the individual identities and cultures of consumers in line with care planning documentation. The lifestyle program included activities, events and celebrations that acknowledge cultural diversity.

Consumers said they felt safe and comfortable that their cultural practices and identities were being respected. Staff were observed to provide care and services respectfully considering the individual consumer’s cultural background.

Most consumers said they could make decisions about the people involved in their care and the way care and services are delivered. Consumers reported they were supported to maintain relationships. Staff described strategies for supporting consumers to exercise choice and independence in care planning and on a day-to-day basis. Staff were observed to offer choices to consumers prior to providing care and services.

Consumers confirmed the service supports them to take risks and said staff had discussed the risks with them and they were making informed choices to live the life they chose. Staff identified consumers who were taking risks and were able to describe the strategies implemented to manage the risk in line with care planning documentation.

Consumers and representatives said they are provided with information that is current, accurate and timely and is communicated clearly and is easy to understand. Staff were able to describe strategies for communicating information to consumers including those with diverse cognitive ability.

Consumers said their privacy is respected. Staff described strategies for respecting privacy and ensuring confidentiality of personal information in line with organisational policy and procedures. The Assessment Team observed staff to respect the privacy of consumers by knocking on doors and awaiting a response prior to entering and to close doors when providing personal care.

# 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

Consumers and representatives were satisfied consumers’ current needs and preferences inform care and service delivery. Staff described how they assess consumers and use care planning to inform care. A checklist guides staff in the assessment of new consumers upon admission. Review of 6 consumer care plans mostly demonstrated an effective and comprehensive assessment and care planning process that identifies needs, goals and preferences.

Consumers and their representatives said they had discussed their current care needs, and advance care and end of life planning, with the service. Staff knew consumers’ personal and clinical care preferences. Care planning documentation showed end of life wishes and advanced care plans had been captured for consumers and current care needs were documented, however sometimes palliative care plans were not used.

Consumers and a representative said they are actively involved in assessment, planning and review of care and services. Staff confirmed the service identifies who the consumer wants involved and described how the service partners with consumers, representatives, other individuals, organisations and providers. Sampled care planning documentation generally reflected partnership in assessment, care planning and service delivery.

The service demonstrated the outcomes of assessment and planning are communicated to representatives, who generally considered the service maintains good communication. However, sampled consumers were not aware of, or routinely offered, a copy of their care plans. Management gave an undertaking to address the deficit and consumers did confirm other aspects of clinical care are communicated to them. Staff could explain how families are updated and sampled care plans mostly communicated the results of assessment and planning in key clinical areas.

Consumers and their representatives said they are satisfied changes to care are made following incidents. Staff said changes to consumers’ care and any incidents are communicated to families as soon as possible and care plans are updated accordingly. Care documentation demonstrated regular review of care plans and review in response to incidents or changes in consumer condition.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and their representatives generally said they receive personal and clinical care that is right for them and is tailored to their needs. Care planning documentation generally reflected individualised care that is safe, effective and tailored. Sampled care plans showed that restrictive practices were mostly used in line with legal requirements, however some inconsistent use of non-pharmacological strategies prior to administration of ‘as needed’ chemical restraint was identified. Care plans showed consumers requiring skin integrity management receive sufficient care, with specialist input. Policies, procedures and work instructions for key areas of clinical care are available to staff, who understood where to access the information.

Care documentation showed high impact and high prevalence risks associated with the care of consumers were identified and interventions to manage them were documented. Staff described how risks are handed over. Policies pertaining to high impact risks, including falls, behaviour management, skin integrity and pain, are in place to guide staff practice.

The service demonstrated consumers who are nearing the end of life have their dignity preserved and care is provided in accordance with their needs and preferences. A representative of a consumer who recently passed away was satisfied with the end of life care provided by the service, and another representative expressed satisfaction with a palliative care plan in place. Staff provided examples of how care changes when consumers near end of life.

Consumers and their representatives sampled said the service recognises and responds to changes in condition in a suitable and timely manner. Clinical staff explained how deterioration is discussed during handovers and staff meetings and understood the escalation process and clinical signs of deterioration. Care planning documentation and progress notes showed the identification of, and response to, deterioration or changes in consumers’ condition.

Consumers and representatives said consumers’ care needs, and preferences are effectively communicated between staff and they receive the care they need. Sampled care planning documentation provided adequate information to support shared care. Staff and allied health professionals described how information is shared through meetings, handovers, progress notes, referral forms and handover sheets.

Care planning documents and consumer feedback reflect timely and appropriate referrals for consumers to other individuals, external health providers or organisations, including medical specialists and allied health professionals. Staff explained how referrals are made, information shared and recommendations from external professionals incorporated into care plans.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 and other infection control practices. The service has appointed Infection Prevention and Control leads, who have completed the relevant training. Observations showed appropriate screening processes on entry to the service and adequate stocks of COVID-19 antiviral medication. Staff had knowledge of infection control practices such as hand hygiene and proper use of personal protective equipment (PPE) and had been trained these areas, however observations showed some lapses in PPE use.

# 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. | 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

I have assessed the Quality Standard as non-complaint as I am satisfied the following requirement is non-compliant:

* 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.

The Site Audit Report brought forward feedback from three consumers who considered the service’s lifestyle program did not meet their needs, interests and goals. Consumers reported insufficient activities for cognitive consumers, and said activities offered did not allow them to socialise with others or do things of interest. Review of the activity calendar did not demonstrate a sufficient number of activities for consumers residing outside the Memory Support Unit (MSU). Interviewed staff reported lifestyle activities do not always occur as scheduled, consumers using mobility aides were not invited on walks outside the service and consumers regularly looked bored and spent a lot of time in their rooms. Observations during the site audit showed no designated activity areas and most consumers spending time in their rooms and having minimal engagement in planned activities. Management confirmed the lifestyle program had been impacted by a staff resignation and said the Lifestyle Coordinator is working to improve the lifestyle program with a continuous improvement item already raised.

The Approved Provider’s response, received 27 September 2022, acknowledged the deficits identified by the Assessment Team and included an Action Plan to address the issues. The plan listed several improvement actions taken since the Site Audit and some ongoing improvement efforts, including plans to create a dedicated space for lifestyle activities to be held. The response also included evidence of actions implemented, which included a survey of consumers with minimal or no cognitive impairment. Results of the survey were used to inform changes to the service’s activity calendar, which was also adjusted to include more frequent outings and more activities, including visits from entertainers and movie nights. The response also outlined steps taken to address specific lifestyle deficits identified for the three named consumers and gave an undertaken to hold monthly consumer focus groups to ensure consumer participation in design and evaluation of the lifestyle program.

While I acknowledge the Approved Provider’s plans to address the deficits brought forward in the report, they were not implemented at the time of site audit. Steps taken after site audit cannot demonstrate compliance. Furthermore, sufficient time has not passed to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. I find at the time of Site Audit the service did not demonstrate each consumer received supports for daily living that met their needs and preferences and optimised their well-being, independence and health. Several consumers identified they were not supported to socialise or complete organised activities in line with their needs, goals and preferences. Some consumers did not receive the mobility support they needed to participate in walks outside the service and consumers were often not provided with stimulating and meaningful activities to optimise their wellbeing and quality of life.

Therefore, I find requirement 4(3)(a) is non-compliant.

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

Consumers and staff described how consumers are supported spiritually, socially and psychologically. Care planning documentation contained accurate wellbeing strategies. Interviewed staff confirmed providing individual emotional support to consumers and providing referrals to psycho-geriatricians, mental health professionals and religious personnel if required.

Consumers said they are supported to participate within and outside the service environment. Staff described supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest and supports to participate in them, and in the wider community.

Consumers said that staff know them, and they don’t have to repeat their preferences to multiple staff members. Staff detailed the process for communicating internally at the service and externally to others where responsibility for care is shared.

Staff described how consumers are referred to other providers of care and services. Care planning documentation showed the service collaborates with external providers. Consumers confirmed the service offers referrals to external providers to support their care and service needs.

Consumers expressed satisfaction with the quality and quantity of meals provided by the service and said there are options to accommodate their preferences. Care planning documentation reflected dietary requirements.

Consumers said equipment used to support their lifestyle is safe, suitable, clean and well-maintained. Equipment was observed to be clean, safe and suitable. Staff reported they assess equipment to ensure it is safe and appropriate. The service has maintenance systems in place.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they feel at home and safe at the service. Observations showed a welcoming service environment with dementia-enabling principles and consumer rooms which were mostly personalised with consumers’ own furniture, photographs and artwork. Staff described supporting consumers to personalise their rooms to promote belonging.

Consumers said they can move freely both indoors and outdoors and most were satisfied with the cleanliness of the service. Consumers were observed to be moving freely between different areas of the service. Cleaning requests are completed in a timely manner. Consumers and staff said maintenance requests are completed in a timely manner.

Consumers said they feel furniture, fittings, and equipment are safe, clean, well maintained and suitable, and they feel safe when staff use the equipment. Staff demonstrated awareness of how to report any maintenance issues and the preventative maintenance schedule. Review of the maintenance logs showed some tasks were not closed out in a timely manner, but the maintenance tasks had been attended to.

# Standard 6

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

Findings

Consumers and representatives said they felt comfortable raising concerns about care and services; they were aware of the feedback and complaints mechanisms available. Staff could describe the feedback and complaints mechanism and how they support consumers and representatives to make complaints both formally and informally. Observations showed information on feedback and complaints mechanisms and feedback forms and lodgement boxes placed throughout the service.

Consumers and representatives said they were aware of how to access advocate services and other methods for raising and resolving complaints. Staff said they assist consumers to access these services. Consumer contracts state the service can access language services if required.

Consumers and representatives said when they had provided feedback or made complaints, they were satisfied with the action taken. Staff understood the principles of open disclosure, including providing an apology when things go wrong. Policies and procedures are in place, setting out the service’s complaints and feedback handling process.

Consumers and representatives said feedback and complaints provided at resident meetings, and through other mechanisms, were used to improve the quality of care and services. Examples of specific, service-level improvements made following consumer complaints and feedback were identified. The service has documented processes to identify areas for continuous improvement from feedback and complaints.

# 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

Most consumers and representatives considered there were sufficient staff deployed to support delivery of safe and quality care and services. Consumers said call bells are generally answered promptly and although staff are busy, their current needs are met. Rostering and allocation documents showed a consistent workforce prior to the Site Audit. Staff said sometimes there are staff shortages, but they manage, and consumer care is not compromised.

Consumers and representatives confirmed staff were kind and caring, highlighting that staff treat consumers with respect and take an interest in their preferences. The Assessment Team observed kind, respectful and caring staff interactions throughout the Site Audit. The service has a Code of Conduct for all staff members with expected behaviours outlined.

Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs. A process is in place to ensure the workforce is competent and has the qualifications, registrations and knowledge to effectively perform their roles. Staff members felt competent to provide the care needed by consumers at the service. Documents demonstrated staff have the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives said they did not think staff require more training. Members of the workforce are trained, equipped, and supported to deliver care and services that meet consumers’ needs and preferences. Documents evidenced staff receive training on recruitment, and afterwards, to ensure they have knowledge needed to deliver the outcomes required by these Standards. Mandatory training is completed annually, staff completion rates were high, and an educator oversees the training.

Staff said they had been involved in performance appraisal processes in the past. The Assessment Team viewed staff appraisals completed in 2022 and the Human Resources Officer detailed other ways workforce performance is monitored, such as through staff practice observations, consumer surveys, complaints, audits and resident meeting feedback.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers interviewed felt involved in the development and delivery of care provided. Consumers are engaged through customer experience surveys, feedback mechanisms, and resident focus meetings. The organisation has documented policies and procedures in relation to consumer engagement in the development, delivery and evaluation of care and services

Consumers and their representatives said the organisation promotes a culture of safe, inclusive, and quality care and is accountable for its delivery. The organisation has clinical and quality governance frameworks that establish cascading accountability from the Facility Manager through various committees to the governing body. The service’s performance is monitored through audits, regular reporting to the board and through clinical indicators.

Consumers and representatives felt the service encourages feedback and complaints and uses this information for continuous improvement. Staff said they have access to information they need and described key principles of organisation wide governance systems, including for workforce governance and regulatory compliance. Financial governance arrangements are set out in key documents and recent expenditures to meet consumer needs were identified. The organisation’s executive monitors aged care law and communicates changes in requirements to the service level, with support from the Quality Manager.

The service has a documented risk management framework addressing consumer safety, risk management, person-centred care, clinical safety and the escalation of critical incidents. Documentation review showed the organisation’s governing body actively reviews incidents and other reports and where required, directs service-level change to minimise risk and promote safety. Staff explained risk management processes used at the service.

The service has a clinical governance framework that includes policies relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff described processes for minimising restrictive practices, implementing antimicrobial stewardship strategies and applying open disclosure with consumers and representatives when things go wrong. Documentation review reflected compliant use of restrictive practices at the service.

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)