Ira Parker Nursing Home

Performance Report

16 War Memorial Drive
BALAKLAVA SA 5461
Phone number: 08 8862 1400

**Commission ID:** 6004

**Provider name:** Yorke and Northern Local Health Network

**Site Audit date:** 4 February 2020 to 6 February 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team found that consumers and/or representatives interviewed indicated the following:

* Staff make consumers feel respected and value them as individuals.
* Staff are very caring and spend time with consumers.
* Staff value consumers’ cultures, values, diversity and understand them.
* Consumers are supported to exercise choice, independence, take risks to enable them to live the best life they can and to maintain relationships of choice.
* Consumers are provided information to help them make decisions about the things they would like to do and that their personal privacy is respected.

Staff interviewed by the Assessment Team consistently spoke about consumers in a manner which indicates understanding and respect of each individual consumer. Staff were also able to describe how each consumer is supported to make informed choices about their care and services, including how they support consumers to take risks to live the best life they can.

Care planning documentation demonstrates that each consumer’s individual preferences, and cultural and social history is considered in the development of care plans. The organisation’s policies and procedures support the protection of consumers’ personal information and support consumers’ exercise of choice and independence.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### Requirement 1(3)(b) Compliant

Care and services are culturally safe.

### Requirement 1(3)(c) Compliant

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 make connections with others and maintain relationships of choice, including intimate relationships.

### Requirement 1(3)(d) Compliant

Each consumer is supported to take risks to enable them to live the best life they can.

### Requirement 1(3)(e) Compliant

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.

### Requirement 1(3)(f) Compliant

Each consumer’s privacy is respected and personal information is kept confidential.

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team found that all consumers sampled indicated they feel like partners in ongoing assessment and planning of their care and services. For example:

* Consumers interviewed said staff discuss their care needs with them and they are able to make decisions about the care provided to them.
* Consumers interviewed said they are involved in the assessment of their care needs and the outcomes of assessments are discussed with them, including planning changes to their care which may be necessary.

The Assessment Team interviewed staff who said they use assessment and planning processes to understand the care needs and preferences for each consumer, including how they prefer the delivery of their personal and clinical care. Staff have access to care planning documents to ensure staff remain aware of consumers’ current needs, goals and preferences.

The service has policies and procedures to guide staff in assessment and planning of consumers’ care. The Assessment Team reviewed care planning documents which indicate assessments are completed when consumers first enter the service and on a three-monthly basis, in accordance with the service’s schedule care plan reviews. Assessments are undertaken when consumers’ care needs change or following incidents which have impacted on consumers’ care needs. Consumers’ needs, goals and preferences, including end-of-life care is identified through assessment processes and documented in individualised care plans.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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.

### Requirement 2(3)(b) Compliant

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.

### Requirement 2(3)(c) Compliant

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.

### Requirement 2(3)(d) Compliant

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.

### Requirement 2(3)(e) Compliant

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.

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team found that all consumers sampled consider they receive personal care and clinical care that is safe and right for them. For example:

* All consumers interviewed said they receive the care they need and detailed examples of personal care and clinical care provided in accordance with their needs and goals.
* Consumers said they have access to medical officers on a regular basis and as required. Additionally, consumers are assisted to access other medical and allied health services as required.
* Consumers said their complex care needs are managed well by the service, including pain, wounds and other medical conditions.

The Assessment Team interviewed care staff who were able to describe the care required to be provided to each sampled consumer which aligned with the strategies documented in care plans. Staff said they know that the care they provide is safe as they access information in relation to best practice and are able to ask questions of management Staff described practical ways a consumer’s care has changed since the consumer has been provided palliative care.

The Assessment Team found the organisation uses incident reports, progress notes, clinical data and discussions with consumers to identify high-impact and high-prevalence risks associated with the care of each consumer’s clinical care and personal care. The Assessment Team also reviewed a number of clinical documents which indicated that the service effectively communicates with external health care providers and through internal channels. The organisation has policies and procedures in relation to infection control and practices to reduce the risk of resistance to antibiotics.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

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.

### Requirement 3(3)(b) Compliant

Effective management of high impact or high prevalence risks associated with the care of each consumer.

### Requirement 3(3)(c) Compliant

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

### Requirement 3(3)(d) Compliant

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.

### Requirement 3(3)(e) Compliant

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.

### Requirement 3(3)(f) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 3(3)(g) Compliant

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.

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team found all sampled consumers confirmed they get the services and supports for daily living that are important for the health and well-being and enables them to do the things they want to do. For example:

* All consumers interviewed said they are supported to do things they like to do, including activities of interest to them.
* Consumers interviewed said the service encourages them to maintain contact with people who are important to them, including having visitors and family visit the service and join them for meals.
* Consumers interviewed said staff do their best to meet their needs and make them feel as comfortable as possible.

The Assessment Team interviewed staff and a volunteer who said activities provided to consumers is flexible to meets the needs and preferences of consumers. Staff interviewed are aware of what is important to each consumer and could describe how they know when consumers are feeling low and what to do to support them during this period. The diversional therapist said they work with local community groups to support the activities program at the service.

The organisation has a policy to guide staff in relation to lifestyle assessment, review and documentation processes. The Assessment Team reviewed care planning documentation which identified consumers’ emotional and spiritual needs, and wishes for interactions with the community and people of importance to each consumer. The activities schedule is reviewed regularly with consumers being consulted during this process.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) 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.

### Requirement 4(3)(b) Compliant

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

### Requirement 4(3)(c) Compliant

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.

### Requirement 4(3)(d) Compliant

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 4(3)(e) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 4(3)(f) Compliant

Where meals are provided, they are varied and of suitable quality and quantity.

### Requirement 4(3)(g) Compliant

Where equipment is provided, it is safe, suitable, clean and well maintained.

# STANDARD 5 COMPLIANTOrganisation’s services environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall consumers sampled indicated they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers interviewed said the service is not homelike as such, being an old hospital, however, staff do their best to make it as much like a home as they can. Consumers said they can personalise their rooms and visitors are welcomed.
* Consumers said there is a nice garden area adjacent to the front of the building which is nice to sit in.
* Consumers said staff clean their rooms each day and the maintenance officer ensures that broken equipment and items are fixed, and keeps the place in good condition.

The Assessment Team observed the internal and external environment to be clean and was generally suitable for consumer use. The environment is easy to navigate due to a simple layout and being connected to the local hospital. Consumers have access to several shared areas, and garden areas are maintained. Security cameras are strategically located within and outside the building and staff can monitor the transmitted images from the nurses’ station.

The preventative maintenance log records regular maintenance activities in accordance with the organisation’s requirements.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Compliant

The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

### Requirement 5(3)(c) Compliant

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall sampled consumers indicated they are encouraged and supported to give feedback and make complaints, and where complaints are made appropriate action is taken. For example:

* Consumers and representatives interviewed feel safe and comfortable to make complaints.
* Consumers and representatives interviewed felt that changes made at the service in response to complaints and feedback were positive and addressed in a timely manner.

Complaints information is available for consumers, representatives and staff. Staff interviewed were able to describe processes to respond to complaints from consumers, which included reporting the matter to their supervisor and making sure the consumer was safe. Management were able to demonstrate that they seek regular feedback from consumers and the workforce, and appropriate action is taken, including initiating continuous improvement activities.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b) Compliant

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

### Requirement 6(3)(c) Compliant

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Requirement 6(3)(d) Compliant

Feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall consumers sampled indicated they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers interviewed confirmed that staff are kind and caring.
* Consumers interviewed confirmed that staff know what they are doing and understand the care they need.
* Consumers interviewed indicated that there are adequate staff numbers and staff assist them in a timely manner.

Staff interviewed said that previously there were problems with rostering but there has been an improvement since the new rostering system was implemented.

The Assessment Team reviewed staff rosters, allocation sheets and shift vacancies which identified that all shifts had been covered and the service was managed adequately with the correct mix of staff. The Assessment Team observed staff to be attentive and their interactions with consumers to be kind, caring and respectful. The Assessment Team reviewed documented core competencies/capabilities for different roles in the form of duty statements and work plans. The Assessment Team reviewed the organisation’s performance framework which included education and performance management.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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.

### Requirement 7(3)(b) Compliant

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

### Requirement 7(3)(c) Compliant

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

### Requirement 7(3)(d) Compliant

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e) Compliant

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall consumers sampled indicated that the organisation is well run and they are able to partner in improving the delivery of care and services. For example:

* Consumers interviewed indicated the service is well run.
* Consumers provided examples of how they are involved in the development, delivery and evaluation of care and services.

The Assessment Team found the organisation’s governing body is accountable for the delivery of safe and quality care and services. The organisation was previously governed by a committee, however, a recent move to a governing Board has allowed for the appointment of new directors with relevant knowledge and experience. The Assessment Team reviewed records which demonstrates the service offers consumers the opportunity to be involved in the development, delivery and evaluation of care and services.

The Assessment Team found the service has effective risk management systems and a clinical governance framework to guide the service in delivering care and services. The framework includes a range of areas such as antimicrobial stewardship, minimising restraint and identifying and responding to abuse and neglect of consumers.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(b) Compliant

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

### Requirement 8(3)(c) Compliant

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.

### Requirement 8(3)(d) Compliant

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.

### Requirement 8(3)(e) Compliant

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.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Other relevant matters

While there are no specific Requirements for improvement that must be made to ensure compliance with the Quality Standards, based on information in the Assessment Team’s report, I encourage the service to review staff practices in relation to staff consistently implementing risk management strategies for Ms Ann Street in relation to smoking. I also encourage the service to consider staff feedback in relation to staffing levels overnight when a consumer has an increase in the level of care required through increased monitoring.