Simpkin House Nursing Home

Performance Report

8 Gibson Street
BENDIGO VIC 3550
Phone number: 03 5434 7595

**Commission ID:** 3523

**Provider name:** Bendigo Health Care Group

**Assessment Contact - Site date:** 17 November 2020 to 18 November 2020

**Date of Performance Report:** 15 December 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 3 Personal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

* Two consumers interviewed reported that they were happy at the service, felt safe and that staff attend to wound care as required.
* A representative stated they were satisfied with the care provided and the responsiveness of staff in providing information about any incidences.
* Another representative stated that while they receive information from staff about their family member when they call, they would like more detailed updates.

The Assessment Team sampled five consumers care planning documentation in relation to chemical restraint. File review and medication charts evidenced the service is monitoring the use of psychotropic medications, trialling non-pharmacological interventions first, and consulting with psychiatrists, geriatricians, specialist services, medical practitioners and consumer/representatives. Documentation included consumer behaviour care plans, behaviour charting and consultation with the consumer and/or representative. Two representatives advised they had not been notified about medication changes for the consumer.

Care planning documents evidenced consumers’ skin integrity and pain is managed to meet individual needs and is aligned with best practice principles.

Consumer files sampled also evidenced assessment and care planning processes to identify consumers with high impact and high prevalent care needs including, nutrition and weight loss management, behaviour and falls management. Staff demonstrated a good understanding of the specific risks, prevention strategies and care requirements of the individual consumers sampled by the Assessment Team.

The service collects and analyses quality data for trends for example, weight loss, medication, falls, skin integrity including pressure injuries, behaviour and mandatory reporting. Data is reported and discussed through service and corporate meeting cycle.

Staff practice is guided by best practice organisational policies, protocols, frameworks and flow charts including for use of restraint, skin integrity and pain management. Information includes referral pathways and resources and equipment to support optimal care

Two of the seven specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

### 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.*

# STANDARD 5 Organisation’s service 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall consumers and representatives described in various ways a safe, clean well maintained and comfortable environment. Consumers are free to access the internal and external environments of their wing, those consumers who require support are supported by staff. One representative described appreciating the medical need for their family member to be in a secure service. One consumer advised they choose to lock their room and advised staff always respect her need for privacy.

One of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### 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.*

# STANDARD 8 Organisational 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

The organisation has an overarching risk management framework. Risks are reported, escalated and reviewed by management at service and executive level including the Board. The service demonstrated components of the risk management system which includes ‘incident and clinical governance reporting’ incident reports, use of risk authorisation forms, monthly audits, meetings with consumers, representatives and staff. Feedback is communicated through service and corporate meeting cycles and leads to improvements to care and services for consumers.

One of the five specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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.*

# 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.