Yeltana Nursing Home

Performance Report

25 Newton Street
WHYALLA SA 5600
Phone number: 08 8644 9898

**Commission ID:** 6971

**Provider name:** Whyalla Aged Care Inc

**Assessment Contact - Site date:** 10 August 2021

**Date of Performance Report:** 7 September 2021

# Publication of report

This Performance Report **will 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)(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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 1 September 2021
* the Performance Report dated 3 June 2021 for the Assessment Contact – Site conducted 6 April 2021 to 7 April 2021.

# 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

The Assessment Team assessed Requirement (3)b) in relation to Standard 3. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 6 April 2021 to 7 April 2021. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(b) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Compliant with Requirement (3)(b). The reasons for the finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

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

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

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 6 April 2021 to 7 April 2021 where it was found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with behaviours of concern and weight loss. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a Nutrition risk management flowchart to assist and guide staff in appropriate actions to be taken in relation to monitoring weight loss or gain over a three-month period, processes to escalate any concerns identified to prevent consumers becoming malnourished.
* Implemented a new weigh system and review process. All consumers’ weights are recorded in the first week of the month and referred to the Dietitian in a timely manner.
* Implemented a monthly weight review spreadsheet identifying consumers with significant weight loss or gain over three months, follow up actions, including referrals and commencement of food and fluid charting.
* Established a monthly Nutrition and hydration committee to review and monitor consumers’ weight and nutritional intake.
* Training provided to staff in relation to incident management, behaviours, importance of documentation and strategies for managing behaviours of concern. Toolbox training sessions have been conducted relating to how to report and escalate incidents.
* Implemented an Engagement Officer position in the memory support unit designed to provide consumers with meaningful activities.
* Reviewed policies and procedures in relation to behaviour support but are yet to implement the behaviour support policy and behavioural support plan for each consumer.

The provider’s response included further clarifying information in relation to the Assessment Team’s report, including, but not limited to:

* All consumers who require a Behaviour support plan now have one in place.
* Implementation of the Behaviour support policy and procedure has been completed.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

Most consumers and representative were happy with personal and clinical care provided. Clinical and care staff described relevant high impact or high prevalence risks for consumers, including individual strategies they initiate to minimise risks in line with consumer care plans.

A sample of two consumer files demonstrated appropriate and timely actions have been taken in response to weight loss. Actions included additional monitoring processes, referrals to allied health specialists initiated and consultation with Medical officers and representatives. Staff demonstrated an understanding of the consumers’ nutritional needs, including use of supplements and monitoring of food and fluid intake.

Two consumer files demonstrated effective management of behaviours, including referrals to behaviour management specialists and effective documentation of incident reports and behaviour management interventions. Additional staffing in the memory support unit has also been implemented and representatives confirmed additional staff are assisting to maintain safety of other consumers residing in the memory support unit. For both consumers, staff described strategies implemented to assist management of behaviours, in line with documented care plans. Documentation confirmed there has been a decrease in behaviours towards other consumers.

For the reasons detailed above, I find Whyalla Aged Care Inc, in relation to Yeltana Nursing Home, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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 Assessment Team assessed Requirement (3)(d) in relation to Standard 8. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirement (3)(d) following an Assessment Contact conducted 6 April 2021 to 7 April 2021. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(d) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(d) and find the service Compliant with Requirement (3)(d). The reasons for the finding are detailed in the specific Requirement below.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The service was found Non-compliant with Requirement (3)(d) following an Assessment Contact conducted 6 April 2021 to 7 April 2021 where it was found the service was unable to demonstrate effective systems to manage high impact or high prevalence risks or that risks were managed in line with reporting requirements. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Employed a Residential services manager for a period of six weeks and engaged a Clinical nurse on a contract basis for a similar period. The Clinical nurse will be replaced by the Clinical nurse from another of the organisation’s services from the end of August 2021.
* Engaged external consultants to review the risk management framework, including policies, procedures and processes.
* Reviewed the incident management process and developed a process to identify patterns or trends.
* Reviewed incident reporting processes, including policies and procedures to ensure recording and reporting of all reportable incidents.
* Reviewed all recorded incidents to ensure strategies for the management of the incident and ongoing care delivery for the consumer were effective.
* Developed a process to review, analyse and use incident and risk data to produce a report about patterns and trends from reported incidents.
* Held toolbox training sessions with all staff regarding identification of abuse and neglect.
* Updated the Reportable incident flow chart to include Serious Incident Response Scheme requirements to guide the management and clinical staff on reporting requirements.

The provider’s response included further clarifying information in relation to the Assessment Team’s report, including, but not limited to:

* All consumers considered high risk are identified as part of the monthly Clinical monitoring process. Additionally, the Incident management system and quality indicator data identifies any high risk for consumers on an ongoing basis.
* All consumers have now been included in the newly implemented risk based audit tool.

Information provided to the Assessment Team by consumers, representatives, management and staff through interviews and documentation sampled demonstrated an effective risk management systems relating to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

A clinical indicator process requires analysis of high prevalence, high incidence risks to consumers, including, but not limited to falls, Serious incident Response Scheme incidents, infections, skin integrity, unexplained weight loss/gain, restrictive practice usage and medication errors. Analysis of collated data assists in identification of consumers at high risk and is currently being used as a risk identification tool. Incident data collated from incident reports, care planning reviews, feedback from consumers, representatives, staff and other stakeholders is used to inform investigation and analysis of incidents.

Policies, procedures and tools have been implemented to ensure allegations of abuse are responded to in line with legislative requirements. Where allegations or suspicions of abuse or neglect of consumers are identified, appropriate reporting is undertaken. Staff described actions they would implement if they witnessed and incident involving a consumer, including ensuring the safety of the consumer, reporting to senior clinical staff and completing incident forms.

Management and staff provided examples of how they support consumers to live the best lives they can, including through the delivery of quality care and services that meet the needs and preferences of each consumer. Consumers and representatives stated the service encourages consumers to do things of interest to them, to stay healthy and to live a good life.

For the reasons detailed above, I find Whyalla Aged Care Inc, in relation to Yeltana Nursing Home, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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.