Performance

Report

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| Name of service: | Allambee Nursing Home Kingston Centre |
| Service address: | 400 Warrigal Road CHELTENHAM VIC 3192 |
| Commission ID: | 3373 |
| Approved provider: | Monash Health |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 11 November 2022 |
| Performance report date: | 16 December 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 Allambee Nursing Home Kingston Centre (**the service**) has been prepared by D. Fekonja, 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.

# 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 | **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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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

This Quality Standard is Compliant as six of the six requirements have been assessed as Compliant.

Consumers and their representatives were satisfied that staff and management treated them with respect and dignity, and their culture and diversity were valued. Staff were observed by the Assessment Team treating consumers with dignity and respect and demonstrating an awareness of individual choices and preferences. Care planning documents contained information about consumers’ past and present interests and preferences. Consumers and their representatives were satisfied that the service supported consumers to do things of interest to them, including where the activities involved risk, to enable them to live their best lives.

Consumers and their representatives were satisfied that they can make and communicate decisions about care and services. They can choose who provides personal care and services to them, including having a family member or close friend provide care.

The service provides quarterly newsletters for consumers and their representatives. Consumers are satisfied with the information about the activities program on offer and their choice to participate. Consumers are consulted about what activities they wish to do and changes accommodated.

Consumers’ privacy is respected and staff were able to demonstrate their understanding of the practice to support consumers’ privacy and maintain the confidentiality of information. The staff were able to explain how they know one consumer enjoys their privacy when visiting with their partner and family. The Assessment Team observed staff knock and introduce themselves before entering consumer rooms.

# 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

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

Consumers and their representatives were satisfied with the assessment and care planning processes. Care documentation shows that care planning includes relevant assessments and identification of risks. Staff demonstrated their knowledge of consumer risks and described to the Assessment Team the strategies to ensure safe and effective care is provided. Care plans were developed in consultation with his representative with input from allied health practitioners, geriatricians and residential in-reach hospital services. One representative confirmed that this occurs and a range of topics are discussed. One consumer’s care plan reflects assessments and recommendations by the geriatrician and the medical practitioner to guide staff with behaviour management strategies.

Advance care planning is an integral part of the initial assessment process and is reviewed at monthly care review. Documentation identified where medical practitioners have consulted with the consumers and their representatives on preferences for the consumer’s advanced care plans. Staff were able to demonstrate knowledge of the needs and preferences of the consumers named in the site audit report.

Outcomes of assessment and planning are communicated to the consumer and their representatives, with the care and services planned available in a summary care plan, which is offered at regular reviews or on request.

Care and services are reviewed for effectiveness regularly during the monthly care plan evaluation and when care needs, preferences and circumstances change. Consumers and their representatives said staff advise them of any changes to consumer needs or conditions and inform them when incidents occur as reflected in care planning documents reviewed by the Assessment Team.

# 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

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

Consumers are satisfied that they are receiving personal and clinical care that meets their needs to maintain their health and well-being. A suite of policies and procedures is accessible to guide staff in clinical and personal care delivery in line with best practices. The provision of appropriate skin care and effective wound and pain management was demonstrated by the staff during the site audit.

Care documentation reviewed by the Assessment Team reflects the high impact and high prevalence risks identified for each consumer, and the interventions implemented to manage the risk effectively. Staff interviewed said falls and behaviour management are the main high-impact and high-prevalence risks at the service. The service provided comprehensive clinical incident reporting with data analysed and trended to mitigate risks for individual consumers.

The service recognises and responds to changes in the consumer’s condition and appropriate clinical assessment, consultation and transfer for further investigation and treatment as required. Timely and appropriate referrals are made as required and consumers stated they have access to medical practitioners, medical specialists and allied health providers.

The service has procedures and practice standards in place to inform staff practice in relation to palliative care. Care documentation confirmed that for a consumer who passed away recently, staff responded to their needs in a timely manner, involved representatives regularly, provided emotional support to the family and ensured the consumer received effective palliative care with their symptoms well controlled.

Consumers and their representatives indicated to the Assessment Team that consumer needs and preferences are effectively communicated to the required people in a timely manner. Care documentation confirmed that consumers’ conditions, needs and preferences are communicated, and information exchange occurs with others who share responsibility for care.

The organisation has a suite of policies and procedures which underpin its infection, prevention, and control processes, including a COVID-19 Outbreak management plan. The service screens staff and visitors to the service and has increased cleaning of high touch points. Staff were observed to be consistently following personal protective equipment guidelines.

The service has good antimicrobial stewardship and the staff told the Assessment Team that diagnostic testing is performed where possible before commencing antibiotics and how they would encourage consumers to drink fluids to prevent and manage urinary infections.

# 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. | 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

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

Consumers and their representatives described how they were supported to engage in the things that they wanted to do and how their individual preferences were respected. Care planning documentation identifies consumers’ choices and provides information, services, and support needed to help them do what they like. The current activities program has options as well as providing individual, flexible one-on-one activities. The service offers activities that include card games, bus outings and karaoke.

Consumers and their representatives are satisfied that consumers’ emotional, spiritual, and psychological well-being is supported. The Assessment Team observed how the service was supporting a consumer who required special emotional and mental health support. The consumer has an individualised personal daily plan which includes outside exercise/activities and strategies to manage anxiety.

Consumers and their representatives are satisfied that the services and supports provided by the service, enable them to participate in the community, have relationships and do things of interest to them Staff support one consumer to go for a walk to the onsite cafeteria for a coffee and to get the paper because they know they enjoy it.

Information about the needs and preferences of consumers is communicated within the organisation and with others where the responsibility for care is shared. Catering staff are well-informed about consumer dietary needs and restrictions and are kept informed verbally and in writing when there are changes.

Consumers and their representatives described how they could access and are referred to individuals, other organisations and providers of care and services in a timely and appropriate manner. The service refers consumers to social volunteer services so they can access the community.

Food is of good quality and in sufficient quantity. Consumers were satisfied that they were provided with a range of choices and that their dietary needs were catered for. Meals are prepared in advance at a central production kitchen on-site at Monash Health and the meals are then transported around to the service for cold storage and reheated at mealtimes. The service uses a menu monitor and an electronic system to manage consumer choices and requirements. The menu monitors liaise with the consumer and clinical staff daily and observe mealtimes.

Consumers and their representatives and staff were satisfied that they had access to suitable and well-maintained equipment. Each consumer has their own sling. The service has a cleaning and maintenance schedule which includes the care and maintenance of personal slings.

# 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

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

The service was observed to be clean, well, maintained and easy for consumers to navigate. Consumers are satisfied with the service environment and can personalise their rooms. Consumers have free access across the service and can utilise communal places when they choose.

Maintenance programs include essential services, preventative maintenance schedules, reactive maintenance processes and the use of external contractors when required. Reactive maintenance is documented on logs and maintenance records signs off when issues are resolved. The Assessment Team noted that a timely resolution occurred.

The Assessment Team observed a range of equipment available to meet consumers’ care and clinical needs. Consumers were observed utilising a range of equipment, including wheelchairs and comfortable chairs.

The Assessment Team observed that in each wing approximately 2-3 consumers shared a bathroom. The equipment in the bathroom was observed to be clean and functional. Staff said that the shared equipment in these bathrooms is cleaned between use.

# 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

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

Consumers and their representatives said they felt comfortable providing feedback and making complaints. Staff described to the Assessment Team how they assist consumers and their representatives in raising concerns by assisting them to complete feedback forms. Information regarding how to make a complaint is located at the entrance of the service. Management said consumers are informed about the complaints process upon entry to the service, in ‘resident and representative meetings’ and via newsletters. Details about making a complaint to the Aged Care Quality and Safety Commission are displayed. The service also uses a QR code system for feedback.

There was no feedback box located inside the service, only one was observed at the outside entrance. On raising this observation with management, they advised they had removed the feedback box from inside the service as consumers had knocked it off the wall which was a safety risk to the consumers.

Consumers and their representatives are aware of how to access an Advocate and other methods to raise and resolve a complaint. The Assessment Team observed information displayed throughout the service regarding advocates and other methods of raising a complaint and it included language services for those from culturally diverse backgrounds.

Consumers and their representatives who had provided feedback or raised a complaint were satisfied with the resolutions. Management and staff described using open disclosure principles in the handling of complaints. Documentation demonstrated how the service actions complaints in a timely manner. The Assessment Team reviewed a complaint and noted it was actioned, and recorded, open disclosure principles were used and in this instance, a SIRS report was also submitted.

Consumers and their representatives were satisfied that their concerns had been addressed. Staff described how feedback and complaints result in improvements. The documentation reviewed by the Assessment Team demonstrated that complaints were captured, reviewed, and used to improve the service. The Assessment Team also reviewed the opportunity and improvement register and continuous improvement plan which showed how complaints and feedback are used to make improvements to the service and for individual consumers.

# 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

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

There was mixed feedback from both consumers and representatives, and staff, as to the adequacy of staff numbers in the service. There was no identified negative impact on consumer care in any of the negative feedback raised. Call bells were observed by the Assessment Team to be responded to in a timely manner. Management confirmed to the Assessment Team that the service was fully staffed with all staff comprised of either registered nurses or enrolled nurses and most worked full-time.

Consumers and their representatives were satisfied staff were kind, caring and respectful when providing care. Staff demonstrated knowledge and respect for consumer background and cultural preferences. The Assessment Team observed staff addressing consumers by their preferred names and interacting with them in a caring and respectful manner.

The service demonstrated that the workforce was competent and that members of the workforce had the qualifications and skills to perform their roles effectively. Consumers and their representatives expressed their satisfaction with the staff’s knowledge of how to care for consumers. Staff participate in mandatory training and monitor each other’s practices for correctness.

Workforce learning is supported by electronic learning platforms and face-to-face competencies where required. Staff are assigned courses at the commencement of employment, annually and as required to meet organisational or service requirements. The Assessment Team observed the training records for 2022 and noted staff training included open disclosure, Serious Incident Response Scheme (SIRS), advocacy and restrictive practice.

The service has policies and procedures in relation to staff performance and disciplinary matters. The staff induction program and position descriptions include the organisation’s philosophy and clearly outline staff responsibilities. The service identifies staff who require additional or supplementary training needs through feedback, performance appraisals, incidents and audit results. Staff told the Assessment Team they have had a performance review yearly, and the last one occurred within the last year.

# 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

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

Consumers and their representatives interviewed said they are engaged in care planning and service provision and management seeks this input through participation in consumer meetings, surveys and individual conversations. Consumers can provide feedback during their care planning conversations which then assists the service to use the feedback to make improvements in the care and services provided.

Consumers expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. Management and the quality team monitor clinical indicators at the service to identify trends and risks. Analysis of clinical indicators is reported at the Board level and benchmarked across all services in the sector to identify and address wider trends.

The organisation has established processes to satisfy itself that systems for appropriate care are in accordance with the Aged Care Quality Standards. The Board monitors and reviews routine reporting and analysis of data related to the consumer experience. Staff can access the information they need in relation to several areas via electronic systems and organisational communications.

Management told the Assessment Team that continuous improvement activities are identified through self-assessments, identified gaps and incidents. The Assessment Team reviewed the continuous improvement plan that identified improvement activities linked to the Aged Care Quality Standards with identified actions and desired outcomes.

Regulatory compliance is managed centrally by the executive team who receives updates to legislation changes. Changes or updates to policies and procedures at the service are communicated via staff meetings, emails and newsletters. Staff were able to explain the reportable incident system and outline their responsibilities based on their position. The service is aware of its reporting requirements relating to reportable and non-reportable events and appropriate registers are maintained.

The service has risk management systems to monitor and assess the high-impact or high-prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at the service level and the organisation’s executive management including the Board. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

The service has a clinical governance framework in place and provides an overarching monitoring system for clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation has an antimicrobial stewardship policy that guides staff in the reduction of antibiotic use. They work in conjunction with medical practitioners, consumers and representatives to manage and prevent infections.

The organisation has a restrictive practices minimisation policy. Restrictive practice is used as the last resort to prevent harm to consumers and other persons after all reasonable alternative strategies have been explored and exhausted. Staff had a good understanding of their role and the requirements in relation to restrictive practices.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)