Performance

Report

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| Name of service: | Archie Gray Nursing Home Unit |
| Service address: | 7 Farmers Street KANIVA VIC 3419 |
| Commission ID: | 4365 |
| Approved provider: | West Wimmera Health Service |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 06 April 2023 |

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 Archie Gray Nursing Home Unit (**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.
* the provider’s response to the assessment team’s report received 15 March 2023.

# 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

Consumers and representatives expressed satisfaction that consumers are treated with dignity and respect and that staff understand the consumer and their choices and preferences. The Assessment Team found staff demonstrated a strong knowledge of the consumers, including their likes and dislikes and could explain the consumers’ life stories. Care planning documentation reviewed for consumers included an individualised ‘about me’ page that captured information relating to the consumers’ likes, dislikes and religious preferences.

Consumers said they are encouraged and supported to make choices related to their care and when family and friends should be involved. Staff described how they include the consumers in the decision-making process related to their care delivery. Care documentation identifies consumer choice related to when care is delivered and how the service supports the consumers throughout.

Consumers and representatives described how the consumers are supported to take risks to enable them to live the best life they can. Risk assessments are completed to support consumers who choose to undertake risk or activities that may include risk. Care documentation demonstrates that risk mitigation occurs and care consultations are held where risk is discussed, and appropriate documentation is completed.

Information is provided to consumers through various methods including noticeboards, emails and phone calls. Consumers are satisfied communication is provided to them in a timely manner. Consumers are informed of meal choices and activities daily and are able to choose their preferences.

Consumers are satisfied their privacy is respected by staff. Consumers’ personal information is kept confidential and computer screens are locked and meetings that discuss consumers are kept confidential. Computers were observed to be password protected and rooms that contained consumer information were closed.

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

# 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

Care documentation demonstrated that planning related to risk involved assessment, identification and review for identified risks including falls, behaviours and infections. Consumers and their representatives expressed satisfaction the assessment and care planning process informs safe and effective consumer care. Staff were able to demonstrate knowledge of consumers’ risks and could describe the strategies to ensure the care delivered was safe and effective.

Care planning documentation reflects the consumers’ current goals, needs and preferences. Clinical staff explained how they work with the consumer and their representative to complete the assessments that create the care plan. Advanced care planning and end-of-life planning documentation is in place for most consumers, according to their wishes. Some consumers have chosen not to have this discussion at this point in time.

Care planning documents reflected the participation of the consumers and their representatives in the assessment, planning and review of the care delivered. Progress notes for one consumer reflect the involvement of external health providers including wound specialists, a diabetes nurse and a podiatrist and outlines their contribution to the care assessment, planning and review.

Care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals and preferences of the consumers. Consumers and representatives expressed satisfaction in the communication they receive about outcomes of assessment and planning and reviews. A copy of the care plan is offered for review following the discussion and is also available on request.

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

# 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

The service is providing safe and effective personal and clinical care to consumers that is in line with their needs and preferences and optimises their health and well-being. Consumers expressed satisfaction that the personal and clinical care they receive is appropriate and tailored to their needs. Staff demonstrated knowledge related to the delivery of best practice care in relation to skin integrity, pain and restrictive practices.

The service has effective processes to manage high-impact high-prevalence risks associated with the care of each consumer including challenging behaviours, diabetes management and falls. Clinical care is effectively provided and includes input from a range of medical practitioners and allied health specialists. The use of restrictive practice is effectively assessed, managed and regularly reviewed. Non-pharmacological interventions are utilised where appropriate for pain management and behaviour interventions.

The service has a range of clinical policies and procedures to guide staff practice in falls management. The Assessment Team sighted a ‘falls prevention flow chart’, which includes strategies for those consumers assessed respectively as low and high risk and staff were able to reference the strategies used for consumers with these risks. Consumers with diabetes were found to have a diabetic care plan and monitoring in line with the plan with regular review by a diabetes specialist nurse.

Consumers and representatives expressed satisfaction that staff consult with them in relation to the consumers’ needs, goals and preferences when nearing the end of life. Consumer preferences and wishes are generally documented in their advanced care plan. The service also engages the use of external palliative services when consumers enter the last phase of palliation.

Consumers and representatives expressed satisfaction with clinical staff follow up and the communication from the service when there are changes to a consumer’s condition or when incidents occur. Care documentation evidenced the timely identification of and response to changes in the health status of consumers who experienced deterioration and staff were able to provide indications of deterioration.

Information about the consumers’ condition, needs and preferences are documented in their care plan, and progress notes and is communicated within the service and to consumers and representatives as required. Staff were able to describe how information is communicated throughout the service and demonstrated a strong knowledge of the consumers.

Documentation evidenced timely and appropriate referrals to specialists, other organisations and other providers of care and services and consumers confirmed they have access to medical practitioners and other allied health professionals as required.

The service was able to demonstrate preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak, and best practice antimicrobial practices. Consumers and representatives interviewed said they were satisfied with the service’s infection control management. Air purifiers were observed to be in use throughout the corridors of the service and signage was throughout the service indicating density levels, donning / doffing PPE and ‘how to handwash effectively’

The service has documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The Assessment Team observed that all staff, visitors and contractors are subjected to a thorough screening process prior to entry, which includes a questionnaire and declaration, temperature check, and rapid antigen test (RAT) upon entry and surgical masks are to be worn at the service.

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

# 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

The Assessment Team found requirement 4(3)(d) as not met as the service did not demonstrate that care documentation relating to dietary requirements, needs and preferences is inconsistent in relation to the information to guide both care and catering staff. There were discrepancies between the consumers’ file, progress notes, kitchen documents and handover sheets.

Staff stated changes to catering documentation can only be made by the speech pathologist or dietitian and there are lead times for this to take effect and information is not always communicated effectively to ensure that all staff are aware of the changes. Clinical staff, management and kitchen staff do not have access to the online drive to update the ‘diet sheet’ if required.

As a result of inconsistent information and inconsistent staff knowledge of consumer requirements, two consumers were not receiving meals that met their needs or preferences.

* One consumer’s changed dietary requirement following a speech pathology assessment was not updated on the handover sheet and nutrition and hydration care plan. Catering staff were aware of the change but not care staff.
* Another consumer who had changes to their dietary restrictions did not have this information updated on the ‘diet sheet’ although it was referenced in progress notes on 3 different occasions in December 2022.

The Approved Provider in their response provided clarifying information and evidence that the deficits identified by the Assessment Team in relation to the 2 consumers have been rectified. The Nutrition and Hydration policy has been updated to include clear requirements relating to communication and documentation relating specifically to dietary changes. The Assessment and Care Planning in Aged Care policy has also been updated to include clear requirements of communication and documentation requirements relating to changes to resident needs and care, or when the resident has been reviewed by and allied health practitioner or other health practitioner.

To ensure the new process is embedded in practice, an audit tool has been developed to monitor nutrition documentation and communication, which has been scheduled initially over a 6 month period.

Based on the further information provided, I find the approved provider has made the necessary improvements to ensure that the consumers’ dietary needs and information are being effectively managed and that the service is compliant with requirement 4(3)(d).

The service demonstrated it is providing services and supports for daily living that are important for the consumers health and wellbeing. Consumers and representatives feel they are supported to participate in activities of interest to them that optimise their independence. Lifestyle assessments that identify the consumers preferences related to their interests are conducted on consumers’ admission. Staff demonstrated a strong knowledge of the consumer and their background and support the consumer to participate in the activities on offer.

Consumers emotional, spiritual and psychological needs are supported through church and religious services and facilitating connections with people or services that are important to them. When one consumer was unable to attend a church service due to illness the service arranged for the pastor to come to them.

Consumers are supported to participate in their community within and outside of the service, keep in touch with people who are important to them and do things of interest to them. Care planning documentation aligns with the information provided by consumers, representatives and staff regarding their continued involvement in the community and maintaining personal and social relationships.

The service utilised the ‘Grampians Community Health’ counsellors during their outbreak of COVID-19 in December 2022, and some consumers had found it so beneficial that the service decided to continue working with the external provider. The external provider offers 10 funded sessions, however the consumers can gain another referral from the general practitioner and continue to be provided further sessions.

Most consumers and representatives expressed satisfaction with the variety, quality and quantity of food provided at the service and explained there is a variety of choices. The meals are formulated by a dietitian on a 5 weekly rotation and consumers are consulted for their input. Changes were made to the menu following complaints about the menu during the second half on 2022. The Assessment Team observed a positive dining experience with consumers socialising and staff engaged with consumers.

Consumers and their representatives confirmed the equipment provided is safe, clean and well maintained. The Assessment Team observed equipment including consumers mobility aids, shared board games and activities and communal appliances in the kitchen to be well cared for and in good working order.

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

# 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

All consumers and representatives are satisfied the service is welcoming, easy to understand and encourages a sense of belonging and independence. The service and consumer rooms are light and generously proportioned. Consumers have easy access to communal areas, which are adorned with artwork, bric-a-brac and period pieces. Wayfinders are in place to assist consumers to find their way around the service.

Consumers and representatives are satisfied the service is safe, clean, well-maintained and comfortable. Consumers confirm they can move freely, both indoors and outdoors, and have free access to communal areas. The service was observed to be clean at all times throughout the site audit.

Furniture, fittings and equipment are safe, clean and well-maintained. There are set processes in place for preventative and reactive maintenance with issues raised through the service’s electronic system attended to in a timely manner.

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

# 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 interviewed are satisfied they are encouraged and supported to provide feedback and make complaints. Consumers stated they provided feedback, through staff, during meetings and when care is provided and the service is receptive to this feedback. The consumer and staff handbooks include information on ways to provide feedback internally, and this is also communicated in the organisation’s newsletters. Surveys and consumer forums are also conducted by the service.

The organisation has a Communications and Consumer partner to whom stakeholders may direct complaints or feedback. Community stakeholders are part of key governance meetings, and a representative was recently invited to provide feedback directly at a Board meeting.

Consumers and representatives are generally made aware of how to access advocates and other ways of raising and resolving complaints. The consumer handbook includes contact details for advocacy services and external complaints bodies. Posters displayed in communal areas are limited to promoting external complaints mechanisms. The approved provider has in their response advised the consumer handbook has been updated to include how consumers can access language and interpreter services.

Consumers and representatives are satisfied appropriate action is taken in relation to complaints. Representatives described how formal complaints submitted in the feedback system to management had generally been addressed to their satisfaction. Staff described how they try to resolve complaints as soon as they are raised by the consumer or representative.

Records of complaints lodged at the service show they are addressed appropriately and in a timely manner. Management demonstrated a working understanding of open disclosure and staff were able to describe how they practise open disclosure.

The service demonstrated effective processes to review and use feedback and complaints to improve the quality of care and services. The service’s plan for continuous improvement includes items raised by staff and consumers/representatives through surveys, meetings or formal feedback. At an organisation level, trends of complaints, direct feedback, and meeting forums are analysed and discussed with a view to implementing service level and organisation-wide improvements.

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

# 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

Consumers and representatives are satisfied staff are available to attend to consumers’ needs when required. Consumers and representatives spoke highly of the quality of care delivered by staff. The service demonstrated the workforce is planned to enable the delivery of safe and quality services to the service. The organisation has recently completed a workforce planning review that includes strategies to both attract and organically develop relevant skills to meet local needs. While shifts are filled, the organisation has experienced challenges filling unplanned leave resulting in staff working extended shifts.

Consumers and representatives spoke highly of the quality of care delivered by staff, and feedback registers include a number of compliments about staff. Throughout the site audit the Assessment Team observed staff interactions with consumers and their representatives that were kind, caring and respectful, and included staff addressing consumers by their preferred name.

Staff working in the hostel are recruited to role-specific minimum qualifications and consumers and representatives are satisfied staff have the competency to deliver required care and services. The service tests competency in key areas as part of the induction program and as part of the mandatory education program each year. The organisation has recommenced nursing traineeships with two assigned to this service.

The service has an extensive suite of mandatory education topics that are required to be completed annually and compliance with this is monitored. Staff stated they are taken off the roster if training has not been completed. A handover forum is used for targeted training and there are displays throughout the handover room where new information is communicated.

All staff are required to participate in an annual performance appraisal and new starters have a six-month probation period. The service follows up with individual staff following a complaint or feedback about staff performance or an incident report. The outcomes of this process may inform individual or group education.

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

# 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 and representatives are satisfied the service is well run and they participate in the way care and services are provided at the service. The service has processes and structures to enable consumer engagement including various meeting fora, business processes, and feedback mechanisms, including surveys, care consultations and community newsletters inviting engagement with management. Representatives from the service have been part of the Community Advisory Committee that meets regularly and is attended by senior management and members of the West Wimmera Health Board.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and is accountable for its delivery against the Quality Standards. The organisation’s vision, values, strategic objectives and expected standards are shared with consumers, staff and other stakeholders through engagement processes, which include induction days, policies and procedures and handbooks and training. The organisation has established protocols to ensure inclusive care, which includes a diversity plan, inclusiveness training and consultation with a broad range of stakeholders.

The organisation and service demonstrated it had processes and mechanisms to support effective organisation-wide governance systems in relation to continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation has identified and responded to recent changes in legislation, including implementation of the Code of Conduct for Aged Care, amendments to restrictive practices legislation, and the Serious Incident Response Scheme (SIRS) with policies and procedures and education to guide staff. Staff are also alerted to changes in legislation and policies through email and handovers.

A documented risk management framework is in place with policies outlining how high impact high prevent risks are managed in the service. Abuse and neglect of consumers are identified and responded to, and supporting consumers to live the best life they can. The service uses an electronic incident management system to record and manage incident reports. The service demonstrated an effective application of SIRS reporting requirements through recent examples of incidents involving consumers.

There is a clinical governance framework in place that provided specific policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Clinical data, clinical reviews and recommendations through medication advisory committee meetings are discussed at meetings of the organisation’s quality and safety governance committee. The service demonstrated antibiotic use is monitored and tabled at the safety and quality governance committee meetings.

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

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)