Performance

Report

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| Name of service: | Heywood Nursing Home |
| Service address: | 21 Barclay Street HEYWOOD VIC 3304 |
| Commission ID: | 4412 |
| Approved provider: | Heywood Rural Health |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 16 September 2022 |
| Performance report date: | 18 November 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 Heywood Nursing Home (**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 Site Audit report received on 2 November 2022.
* The provider’s emails received on 06 October 2022 requesting clarification on the Site Audit report
* The provider’s email received on 17 October 2022 requesting an extension of time to respond to the site audit report.
* An email from The Commission granting a 14-day extension to submit a response on 01 November 2022.

# 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** | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 4**

* Ensure the menu is updated as per the continuous improvement plan, is nutritionally balanced and a variety of options are available for consumers to select.
* Ensure the food is delivered at a suitable temperature.
* Ensure the menu is a seasonally rotating menu that is approved by a dietitian and trialled by consumers prior to introduction.

# 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 confirmed with the Assessment Team that they are treated with dignity and respect and that their identity is valued. They also expressed satisfaction with the care provided to them. This was observed by the Assessment Team in their interactions with consumers.

Consumer documentation contained information regarding individual preferences, relationships and traditions consumers wish to honour.

Consumers confirmed they are supported to exercise choice and independence about their care and the connections they make. Care plans list the names of family and friends each consumer wishes to have involved in their care.

Care plans reviewed confirmed activities involving risks are identified and discussed with the consumer and/or their representative to ensure they are aware of the potential harm. ‘Dignity of risk’ forms are completed and signed by consumers wishing to continue to undertake activities with associated risks.

Consumers and representatives said they are satisfied information provided by the service are current, easy to understand, and overall, enables consumers to exercise choice. The service has implemented a mobile phone application ‘family app’ as a communication tool between families and consumers. Photographs, newsletters, activity planners, and other important and relevant information is placed on the ‘family app’.

Consumers and representatives said the service respects consumers’ privacy and confirmed personal information remains confidential. Staff were observed knocking on consumers’ doors before gaining entry to rooms. Electronic care plans are password protected with access provided on an ‘as needs’ basis. The service has policies and procedures in relation to keeping personal information confidential.

# 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 expressed their satisfaction with assessment and care planning that informs the safe and effective delivery of their care and services. Clinical staff were able to demonstrate knowledge and skills of consumers’ assessed needs and risks, and ways to manage these risks.

While risks were identified for consumers, some assessments were identified as incomplete. Management acknowledged the gaps identified by the Assessment Team in completing assessments and commenced appropriate actions in rectifying incomplete assessments and care plans.

Most consumers and representatives confirmed their involvement and those they wish to be included in their assessment, care planning, and review of their care and services. Care documentation showed evidence of communication with consumers, their representatives, and recommendations from various health services.

Most consumers and their representatives said they are satisfied with the level of communication they receive from the service in relation to care assessment and outcomes of care planning. Care documentation showed evidence of consultation with consumers and representatives through progress notes and ‘care evaluations.’

The service has policies, schedules, and processes in place to regularly review the effectiveness of care and services.

# 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 and representatives expressed satisfaction that consumers’ care needs are being met. Staff described personalised consumer care, needs and preferences in relation to skin integrity, pain and use of psychotropic medications.

While deficits were identified in consumer files including inconsistency in wound management documentation, pain assessments and evaluation, and psychotropic medication consents, there was no identified risk to consumers. Staff demonstrated appropriate knowledge and skills in managing clinical care.

The service demonstrated effective management of high impact or high prevalence risks in relation to the management of pressure injuries, diabetes, unplanned weight loss, and fluid restrictions. Staff described procedures to manage high impact and high prevalence risks according to consumers’ assessed needs. Although care documentation showed inconsistencies with the monitoring of consumers post falls, Assessment Team identified that there was no negative impact on consumers evidenced.

Care planning documentation showed how consumers’ needs and preferences are met in relation to palliative care and end of life care. Management and staff described the process of identifying consumers nearing the end of life, optimising comfort and pain management and maintaining their dignity. Care documentation reflected the assessment, initiation of and provision of end of life care to consumers as per the palliative care policy.

Consumers and representatives said they are satisfied with the staff’s identification and management of consumers displaying signs of deterioration or changes in their health, function, or capacity. Care documentation viewed by the Assessment Team reflected appropriate interventions taken in response to the deterioration of consumers

Overall, consumers and representatives expressed their satisfaction in receiving updated information about their condition, needs and changes in their preferences and how these are shared within the service and with others involved in their care. Staff and management described how updated information is shared about consumers’ condition in written and verbal handovers, daily clinical safety huddles, and on the care documentation system.

Consumers and representatives said they are satisfied with their access to health professionals such as their medical practitioner, nurse practitioner, external specialists and allied health professionals when needed. Care planning documents demonstrated appropriate and timely referrals to individuals and other organisations’ services.

Following a recent COVID-19 outbreak, the service has enhanced its infection control practices to reduce the risk of infection transmission. This includes increased staff education and training on infection prevention and control. Policies and procedures guide staff practices in relation to required infection prevention, outbreak management, and antimicrobial stewardship practices. Consumers, representatives, and staff said they are satisfied how the service managed the recent outbreak.

# 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I have assessed the Quality Standard as non-compliant as I am satisfied requirement 4(3)(f) is non-compliant.

The Assessment Team found the service is not supplying consumers with meals of a suitable quality to adequately support their nutrition and dietary needs. A dietitian’s review of the evening and light meal options outlined there was an overall lack of vegetables or fibre and relied on frozen ‘junk food’. There were also issues identified with meal temperature and food being undercooked. At the time of the site audit, management confirmed a new menu reviewed by a dietitian was to be trialled however there was no evidence of this in the continuous improvement plan viewed by the Assessment Team or details of the commencement date.

The approved provider’s response provided information clarifying a number of reasons for the delays in trialling and commencing the new seasonal menu including kitchen staff being unavailable. The approved provider has also provided information on the capital equipment needed to upgrade the cooking facilities and the staffing requirements for the proposed new method of food service. This new seasonal menu which has been reviewed by a dietitian will not come into effect until March 2023. There was also evidence from a resident satisfaction survey said to be conducted in October 2022 that showed general satisfaction with the food provided however there were still concerns in relation to food temperature. Eight per cent of consumers were not happy with the food quality and variety.

Although I find the approved provider has taken significant steps to improve the food quality and variety at the service, this has yet to be implemented and the current menu is still in place with all of the issues outlined in the Assessment Team report including dissatisfaction with the temperature of meals. The current menu was also reviewed by the dietitian at the time and they had concerns surrounding the evening meal offerings in relation to dietary fibre and vegetable content. I note that on one day of the menu viewed by the Assessment Team that there are only 2 vegetables served with lunch documented for the whole day. There was also soup served during the assessment which had not been approved by the dietitian and consumers stated was undercooked.

I find the service Non-compliant with this requirement as although there are improvements underway these are not due to be completed and embedded until March 2023.

I am satisfied the remaining six requirements of Standard 4 Services and supports for daily living are compliant.

All consumers and representatives said the service provides consumers with safe and effective support to promote their independence and optimises their well-being and quality of life. Care plans evidence consumers’ needs, goals, and preferences are captured following entry into the service to ensure their independence, health, and well-being are optimised.

Consumers and representatives agreed the service provides support for daily living that promotes the consumer’s emotional and spiritual health. Information captured in care plans advises staff on relationships important to each consumer, and the spiritual fulfilment and emotional support required. Consumers and representatives said consumers are assisted to participate in their community within and outside of the service and to have social and personal relationships.

Care plans evidenced information is captured to inform staff, medical practitioners, and allied health professionals about each consumer’s clinical condition, needs, goals, and preferences. Consumer representatives confirmed they are informed whenever changes occur to consumers.

The service refers consumers to individuals, other organisations, and providers of care when required. Care plans sampled evidence referrals made are attended to in a timely manner for consumers requiring assessments by speech pathologists, dietitians, and podiatrists.

Consumers and representatives confirmed the equipment provided is safe, suitable, and clean and management is responsive to furniture requests. Leisure and lifestyle staff described being supported to purchase equipment required for activities as needed.

# 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.

Consumers and representatives confirmed the service environment is welcoming and easy to understand. Consumers from both co-located services are able to interact in the dining and communal areas which were found by the Assessment Team to be comfortable areas to relax.

Consumers said they are satisfied with the cleanliness of the service stating the cleaners are very friendly and do a really good job. The Assessment Team observed the service to be well-maintained, clean, and comfortable with unrestricted access to the outdoors throughout the day.

Consumers and representatives advised the equipment and furnishings are well-maintained and safe for consumers. The service monitors consumer satisfaction with the accommodation and living areas through annual experience surveys. One of the issues identified by a survey was consumers did not like the seating in the communal areas and these were replaced with bigger more comfortable chairs.

# 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 representatives said, they feel encouraged and supported to provide feedback and make complaints. Clinical staff described helping consumers resolve minor concerns and requests or escalating more complex issues to senior management. Clinical staff and management personnel said they encourage feedback by conducting consumer experience surveys, holding resident and relative meetings, and showcasing improvements made arising from consumer feedback on a noticeboard.

Consumers and representatives said that they were aware of advocacy and language services. Staff could describe the advocacy and language services available to assist consumers. The Assessment Team sighted advocacy services brochures, language services brochures, and Commission brochures in key locations around the service. Brochures are available in languages other than English. The welcome pack provided to new consumers also contains information about how to access advocacy and language services. Consumers who described providing verbal feedback to staff said they were satisfied appropriate action was taken in response to feedback and requests. Staff and management personnel described using open disclosure principles in relation to incidents and complaint handling.

Consumers and representatives described being contacted after making complaints and how staff actions had led to improvements. The complaints log and continuous improvement documentation demonstrated how complaints and feedback are used to make improvements at the service such as a 'moving in' survey for new residents to ensure they can provide feedback after entering the service.

# 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.

Consumers and representatives feel there is enough staff to enable the provision of safe and quality care and services. The service demonstrated its capacity to plan the workforce to ensure vacant shifts are filled and roles are filled when vacancies become available.

Consumers and their representatives described how staff are kind, caring and gentle when providing care. The Assessment Team observed staff interactions with consumers to be positive throughout the site audit.

The Assessment Team found the workforce to be competent, with staff having the qualifications, knowledge, and skills to effectively perform their roles and the consumers and representatives confirmed this was the case.

Consumers and representatives feel that staff are recruited, trained, and supported to provide care and services that meet their needs. Staff said they feel supported and trained to perform their roles effectively and they gave examples of training they had undertaken. The Assessment Team found most staff had completed mandatory education in key clinical areas.

The Assessment Team found that the service did not always conduct staff performance appraisals in accordance with its policies and procedures, and some staff were unable to recall participating in the performance appraisal process. Documents showed that approximately half of all staff are overdue for participating in their next scheduled performance appraisal. For these reasons, the Assessment Team recommended a finding of not met.

In response to this finding, the approved provider noted that this issue had already been identified and proactively actioned prior to the Site Audit. They submitted meeting minutes and email evidence dated August 2022 to substantiate their compliance with this requirement. Subsequently, evidence was provided outlining a recent increase in completed staff appraisals from 50% to 78%, with a further compliance target of 85% completion by 18 November 2022.

I accept the response from the approved provider in this instance and am satisfied that whilst at the time of the assessment they were non-compliant they have provided an improvement plan to ensure further performance appraisals are completed as required.

# 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 said they feel supported and engaged in the development, delivery and evaluation of care and services. Consumers confirmed being invited to attend meetings to discuss the communication bulletins and/or participate in the consumer advisory group.

Consumers and representatives described living in a safe and inclusive environment and being provided with quality care and services. The service has a variety of policies and processes to guide staff in providing quality care.

The service demonstrated effective governance systems in relation to information management, financials, workforce governance, regulatory compliance, and feedback/complaints. The service has a governance system to coordinate continuous improvement. While the Assessment Team found not all continuous improvement activities had been actioned in a timely manner, the service demonstrated progress on most continuous improvement activities.

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 in quality indicator meetings.

The service provided a copy of its clinical governance framework. Management personnel described their clinical governance roles and responsibilities, including the running of clinical and quality meetings to monitor clinical indicators and the consumer experience. The service demonstrated how its clinical governance framework supports the use of open disclosure, the practice of antimicrobial stewardship, and the minimisation of restraint.

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)