Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Inglewood & Districts Health Service (Nursing Home) |
| Service address: | 3 Hospital Street INGLEWOOD VIC 3517 |
| Commission ID: | 3492 |
| Approved provider: | Inglewood & Districts Health Service |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 5 May 2023 |
| Performance report date: | 20 June 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 Inglewood & Districts Health Service (Nursing Home) (**the service**) has been prepared by J Miaris, 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, consumer/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers are treated with respect, dignity and kindness, and staff value their identity, culture, and diversity. Staff demonstrated awareness of consumers’ backgrounds and described how they embrace consumers’ identity and culture. Care planning documents outlined consumers’ backgrounds and personal preferences. Staff were observed treating consumers with kindness, dignity, and respect.

Consumers and representatives said the service recognises and respects consumers’ backgrounds and provides care consistent with their traditions and preferences. Staff identified consumers with diverse backgrounds, said they collaborate with consumers and representatives, and tailor care to meet consumers’ specific needs and preferences, which aligned with care planning documents.

Consumers and representatives said consumers are supported to exercise choice and independence, make connections with others, and maintain relationships. Care planning documents highlighted what was important to consumers including who they choose to be involved in their care and how they would like care to be delivered. The service had policies and procedures in place regarding cultural safety.

The service supports consumers to make decisions and take risks to ensure they live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities. Care planning documents demonstrated risk assessments were completed in consultation with a medical officer and consumers or their representative, and the service takes appropriate measures to ensure consumers and their representatives are provided with the knowledge and information to make informed choices in line with the service’s risk management policies and procedures.

Consumers said they receive information in a way they understand. Copies of the service’s daily menu and meal options, monthly activity schedule and information regarding dates and times of consumer and representative meetings were displayed throughout the service and easily accessible to consumers. Consumers said they are involved in meetings and are encouraged to ask questions about their care which enables them to make choices. Staff described strategies to communicate information in an understanding way to consumers with cognitive impairment or those who have difficulty communicating. Documentation and observations reflected accurate, timely and relevant information communicated by staff to consumers in a way that meets consumers’ needs.

Consumers reported their privacy and confidentiality is respected and described staff practices such as closing doors, including during provision of personal care and medical reviews. Staff said handovers between shifts are held in a private area behind closed doors to ensure confidentiality is maintained, and consumer files are securely stored including those contained in the service’s electronic care management system which is password protected. The service had policies and procedures relating to privacy and protection of personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks. Staff described how regular care assessments are completed to ensure safe and effective care is delivered.

Consumers and representatives said the service provides the opportunity to discuss consumers’ current care needs, goals and preferences, including advance care planning and end of life care. Staff said end of life planning is discussed on admission if the consumer is comfortable to do so. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers.

Consumers and representatives said they are partnered in assessment and care planning and can choose the involvement of others in this process. Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and care planning process. Staff described the process for referring consumers to relevant medical professionals.

Consumers and representatives said staff explain information about care and services and consumers have received a copy of their care plan or know where to access one if they choose. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. Documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning.

Documentation evidenced care plans are reviewed on a regular basis and updated when circumstances change. Consumers and representatives said staff regularly discuss care needs with them when circumstances change, or incidents occur which impact consumers’ care needs. Care planning documents are scheduled for monthly updates or upon changes to care in accordance with the service’s policy and procedures.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 7 of the 7 Requirements have been assessed as compliant.

Consumers said they were receiving care that is safe and right for them and optimises their health and well-being. The service had processes in place to manage restrictive practices, skin integrity and pain management which were in line with best practices. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included current assessments, restraint authorisation, informed consent and behaviour support plans.

Care planning documents identified that high impact and high prevalence risks were effectively managed, and staff implemented relevant strategies to minimise risks such as sensor mats and accessible call bells for those consumers who are at risk of falls. Staff described and provided examples of strategies they use to prevent and manage risks. Consumers said care is safe and right for them.

Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences. Consumers and representatives expressed confidence that when consumers needed end of life care, the service would support their choices and end of life preferences. Care planning documentation reflected consumers’ comfort is maximised, with their wishes and needs supported.

Consumers and representatives said they had confidence in the service’s ability to recognise deterioration in consumers health and were satisfied with the communication of changes to consumers’ conditions and the prompt actions taken by the service. Staff described the various ways they recognised and responded to deterioration or change in the consumer’s condition and health status. Management advised that staff are regularly trained in recognising and responding to deterioration or change in the consumer’s condition. Care planning documents and examples provided demonstrated that deterioration in a consumer’s health, capacity and function are recognised and responded to in a timely manner.

Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described how information about consumers’ needs, conditions, and preferences is documented and communicated within the organisation and with others where clinical care is shared via verbal handover, meetings, care planning documents and notifications from the service’s electronic care management system. Staff were observed conducting a shift handover discussing and recording consumer updates and health statuses.

Consumers and representatives said they were satisfied with referrals provided by the service. Staff described processes to refer clinical matters to other providers. Care planning documents included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection confirming they had been trained in this area, and the steps they would take to minimise the need for antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and what was important to them and described how they work with consumers to assist them with maintaining quality of life, this was reflected in care planning documentation.

Consumers said their emotional, spiritual, and psychological needs were supported. Staff said if they identified a change in a consumer’s mood or emotional needs, they provided additional support by talking with the consumer to resolve their concerns or refer the matter to other services who can assist. Staff said the service supports consumers by encouraging personal connections and celebrating and engaging all religious and cultural beliefs that were important to consumers.

Consumers and representatives said consumers were supported to participate in the community within and outside the service, do things that are of interest to them and maintain social and personal relationships. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with. Staff described specific interests of consumers and identified who is important to them.

Staff described how communication of consumers’ needs and preferences occurs via care planning documents, communication books, dietary folders, the service’s electronic care management system, and shift handover to enable the provision of safe and personalised care to consumers. Consumers said staff were aware of their conditions, needs and preferences. Care planning documents included adequate information to support safe and effective care.

Care planning documents evidenced the service collaborates with external providers of other care and services. Staff described how they work with external organisations, and the process for referring consumers to other services in accordance with the service’s policies and procedures. Consumers said referrals to individuals and other organisations are appropriate and timely.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food.

Consumers and representatives said equipment is safe, clean, well maintained, and suitable for the consumers’ needs. Staff said regular equipment audits are conducted to ensure equipment is safe, clean, and well maintained. Equipment used for mobility and personal care was observed to be functional, clean, and stored appropriately when not in use.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was welcoming and optimises consumers’ independence, interaction, and function. The service environment was observed to be clean and well maintained and spacious courtyard gardens, with communal seating areas inside and outside. Clear signage was visible throughout the service to assist in navigation. Consumers’ rooms were observed to be decorated with personal belongings, including their own furniture, which consumers said contributed to their sense of comfort and belonging.

Consumers and representatives said the service environment was clean and well maintained. Consumers were observed moving freely throughout the service both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues with a preventative maintenance schedule in place and no outstanding issues were identified with all preventative maintenance completed in line with the schedule.

Consumers said furniture and equipment were safe, clean, and suitable. Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were encouraged and supported to provide feedback or raise complaints and felt comfortable talking to management and staff should they have a concern. Staff were aware of the process to follow when an issue is raised with them directly. The service had various methods consumers could make complaints or provide feedback including feedback forms, written or verbal communication with management and via regular meetings. Information about how to provide feedback and or make a complaint and feedback forms, as well as lodgement boxes, were observed in several areas of the service.

Staff and management were aware of processes and how to access interpreter and advocacy services for consumers. The service had brochures and feedback forms available in alternate languages and advocacy services were displayed on noticeboards throughout the service. Advocacy information is included in staff and consumer handbooks. The service had feedback forms and brochures with advocacy services displayed on noticeboards throughout the service.

Consumers and representatives said when they raise a concern it is promptly addressed and confirmed management and staff provide an apology when the complaint is made or when things go wrong. Staff and management provided examples of the process followed when feedback or a complaint is received and demonstrated an understanding of open disclosure principles and how they have been applied.

Consumers reported their feedback has been used to improve care and services. Management described detailed processes and provided examples of how feedback is used to improve services. Management advised consumer meeting minutes and surveys that demonstrated changes and improvements made at the service are discussed at bi-monthly consumer meetings. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there was sufficient staff to meet consumers’ care needs and call bells were answered promptly. Documentation and observations reflected that staffing levels were managed through utilising existing staff and the use of agency staff to fill shifts when required. Management explained how call bell data is monitored and any identified trends of concern are investigated.

Consumers and representatives said staff were kind, caring and respectful in their delivery of care and services. Staff said they are courteous, respectful, caring, and gentle with consumers and demonstrated an understanding of consumers’ needs, goals, and preferences. The service had policies and procedures to guide staff practice, with staff provided training in cultural diversity.

Consumers said staff perform their duties effectively and are sufficiently skilled to meet their care needs. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff described the training and support received during orientation and on an ongoing basis. Management described the annual face to face mandatory training for staff to complete and how completion of mandatory training is monitored. Documentation evidenced staff were up to date with their mandatory training and receive training relevant to their roles.

Documentation demonstrated performance of staff is regularly assessed, monitored, and reviewed in line with the service’s policy and procedures. Management explained that whilst formal performance appraisals were conducted annually, the service has probationary and ongoing performance review systems in place, this was confirmed and reflected in staff feedback.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied with the way the service is run, they have provided input and they are involved with the development, delivery and evaluation of care and services. Management described the ways consumers and representatives are engaged, including providing verbal and written feedback, monthly meetings, surveys, and care planning review. The service provided documented evidence to demonstrate that consumers are engaged and supported in providing input on service delivery and that the service is actively working to improve care and services.

Consumers and representatives advised the service promotes a culture that is safe, inclusive, and professional. Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management described how costs exceeding their service budget requires executive management approval, or goes to the governing body.

The service had policies and procedures in place to protect consumers in relation to the management of risks in response to incidents. The organisation had an incident management system and framework to manage and prevent incidents. Staff and management demonstrated knowledge of how high impact or high prevalence risks are managed at the service, including their obligations and processes for reporting incidents through the Serious Incident Response Scheme.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work.

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)