Performance

Report

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| Name: | Ira Parker Nursing Home |
| Commission ID: | 6004 |
| Address: | 16 War Memorial Drive, BALAKLAVA, South Australia, 5461 |
| Activity type: | Site Audit |
| Activity date: | 20 November 2023 to 22 November 2023 |
| Performance report date: | 15 December 2023 |
| Service included in this assessment: | Provider: 9694 Yorke and Northern Local Health Network Incorporated  Service: 4021 Ira Parker Nursing Home |

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 Ira Parker Nursing Home (**the service**) has been prepared by P. Wallner, 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 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 12 December 2023.
* other information held by the Commission related to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said staff treated them with dignity and respect, and staff knew them and what was important to them. Staff described how they treated consumers with dignity and respect and supported them to live their lives as they wished. Care plans included information about each consumer’s personal background and history, as well as their cultural needs and preferences. Staff were observed treating consumers with dignity and respect throughout the Site Audit.

Consumers said staff were aware of their backgrounds, personal identities, and cultures and respected them. Staff described how they provided culturally safe care and services, and how they adapted their care approach to suit the individual needs and preferences of consumers. Care plans recorded consumer’s cultural background and strategies to support their cultural needs and preferences. The service had documented policies to guide staff in providing culturally safe care to consumers.

Consumers said they were supported to make their own informed choices about their care and services, take risks and maintain their independence. Staff explained how they assisted consumers to maintain important personal relationships and make their own choices. Care documents showed the service supported consumers to make their own decisions and choices around their care, services and relationships.

Consumers felt supported to take informed risks, to live the way they chose and do the things they enjoyed. Management described how consumers were supported to understand the benefits and possible harms when they made decisions involving taking risks. Care planning documents showed consumers were supported to make choices involving risks and take steps to minimise the risks.

Consumers were satisfied with the information provided by the service regarding issues such as activities, upcoming events and meals. Staff explained how up to date information was communicated to consumers promptly through conversations, meetings, activity calendars, menus and notices. Current information was observed to be provided to consumers and their representatives through a variety of ways.

Consumers considered their privacy was respected by staff who always knocked on their doors before entering their rooms. Care staff described how they maintained each consumer’s privacy and dignity whilst providing care, and how they ensured the confidentiality of consumers’ information. The service had written policies and procedures to guide in protecting consumers’ privacy and maintaining the confidentiality of their personal information.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied with the assessment and care planning process and said the care was safe and effective and met consumers’ needs. Management and staff were knowledgeable about the assessment and care planning process, which identified risks to consumers’ health and well-being, and strategies to mitigate the risks. Consumers’ care plans demonstrated comprehensive assessment and care planning processes which and informed safe and effective care. The service had written clinical guidelines, policies and procedures to guide staff in assessment and care planning, including the identification and management of risks.

Consumers and representatives said they were regularly involved in discussions with clinical staff regarding the consumer’s current needs, goals, and preferences, and their end of life wishes. Management and clinical staff described the assessment and care planning process and how they initiated end of life discussions with consumers and their families. Care planning documents recorded consumers’ current needs, goals and preferences, and their advance care and end of life wishes.

Consumers and representatives reported being closely involved in assessment and planning on an ongoing basis. Clinical staff said they partnered with consumers and their family in assessment and care planning upon entry to the service, and on an ongoing basis. Care documents showed consumers, representatives and other health professionals such as medical officers, allied health workers, dentists, and optometrists were consulted as part of the assessment and care planning process.

Consumers and representatives were aware of their current care plan details and said they could access a copy if they chose. Management confirmed consumers and representatives could request a copy of the consumer’s care plan after review meetings, or at any other time. Staff said they had access to each consumer’s current care plan via computers in the nurses’ station. Care planning documents showed the outcomes of assessment and planning were documented and communicated to consumers representatives and others involved in providing care.

Consumers and representatives said they were involved in regular reviews of care plans, and reviews when incidents occurred, or care needs changed. Clinical staff described partnering with consumers and representatives during 3-monthly care plan reviews, post incidents, or following a change to consumer’s care needs. Care planning documents showed reviews 3-monthly, and after an incidents or changes to consumers’ needs, goals or preferences.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied the personal and clinical care provided was safe, effective, and tailored to consumers’ needs and preferences. Staff said they were trained and supported to deliver best practice personal and clinical care, tailored to the individual needs of consumers. Care planning documents showed the personal and clinical care provided was consistent with best practice, met consumers’ needs and optimised their health and well-being.

Consumers and representatives were happy with the level of care provided, including how risks to consumers’ health were managed. Management and staff explained the effective management of high prevalence high impact risks to consumers at the service such as palliative care, behaviours, weight, pain, dysphagia, social isolation and depression, and diabetes. Care planning documents identified key risks to each consumer and included the strategies to minimise the risks. Management said high risk meetings were held weekly to review high risk consumers and optimise their care.

Consumers and representatives said they had discussed their end of life wishes with management. Management and clinical staff explained how they supported dignified and comfortable end of life care, including the involvement of family and other health professionals. The service had documented policies and processes to guide staff in providing end of life care in accordance with consumer’s needs and wishes.

Consumers and representatives were satisfied that staff identified and responded to changes in consumers’ health promptly. Staff could describe how they recognised and responded to deterioration or changes in consumers’ condition, including monitoring, assessing, providing referrals, and notifying families. Care planning documents confirmed deterioration or change in consumers’ condition was recognised and responded to promptly.

Consumers and representatives said staff were aware of their current needs and preferences and effectively communicated information to other staff, families, medical officers and allied health professionals. Staff described how current information was updated, shared during shift handovers, and by accessing care plans.

Consumers and representatives said consumers received the care they needed, and were promptly referred to appropriate health professionals, when needed. Management and clinical staff described timely and effective referral processes and gave examples of specialist providers consumers had been referred to. Care planning documents confirmed appropriate and timely referrals of consumers to external health providers.

Consumers and representatives said they saw staff implementing infection control measures such as practicing hand hygiene, wearing personal protective equipment, and implementing COVID-19 restrictions. Staff demonstrated a good understanding of infection prevention and control practices and said they undertook regular infection control training. Clinical staff could explain antimicrobial stewardship and strategies to minimise antibiotic use, such as having pathology testing completed before commencing antibiotic treatments.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and a representative were satisfied the services and supports for daily living met consumers’ needs, goals and preferences and maintained their independence, well-being, and quality of life. Staff had a good understanding of each consumer’s needs and preferences for daily living, and how they wanted to be supported each day. Care planning documents identified consumer’s needs, goals and preferences, and the services and supports they wanted to live the life they chose.

Consumers and representatives described the emotional, spiritual, and psychological support available and said they were engaged in meaningful and satisfying activities. Staff had a good understanding of individual consumers, and explained how they supported their emotional and psychological well-being. Care planning documents recorded consumer’s individual spiritual and emotional needs and how their support strategies were implemented.

Consumers and representatives felt able to participate in activities within the service and the outside community and maintain social and personal connections that were important to them. Staff understood the consumers, including what they enjoyed doing and who was important to them. Care planning documents identified the interests, important relationships, and the supports needed for each consumer.

Consumers said their services and supports were consistently delivered and they did not have to repeat their preferences to different staff members. Staff had a good understanding of consumer’s condition, needs and preferences, and explained how current information was communicated effectively between staff and other providers of services. The electronic management system enabled information about the consumer’s current condition, needs and preferences to be communicated within the organisation.

Consumers and representatives said when the service was unable to provide suitable support, they were referred to an appropriate external provider. Staff provided examples of consumers being referred to other providers of services and supports for daily living. Records showed the service made timely and appropriate referrals of consumers to other organisations and individuals providing care and services.

Consumers and representatives said the service provided meals which were varied, of suitable quality and quantity and reflected their choice. Management described the processes and systems in place to include consumers in the development of menu, and to provide feedback on the quality of the food provided. Staff described how they met individual consumer’s dietary needs and preferences as well as general food safety requirements. Documentation showed the service had suitable systems and practices to ensure safe food storage, preparation and delivery.

Consumers and representatives said the equipment provided was suitable, safe, clean, well maintained, and they felt confident reporting any concerns. Staff confirmed consumers had access to safe and suitable equipment that met their needs, and they could describe an effective process for reporting maintenance issues. Equipment used for activities of daily living was observed to be safe, suitable, clean and well-maintained.

# 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said the service was easy to navigate, felt like their home and they could interact with whomever they chose. A representative said they were always made to feel welcome and encouraged to treat the service as the consumer’s home. Staff said consumers were encouraged to decorate their own room and were supported to be as independent as possible. The service appeared to be homely with appropriate décor and a simple layout that enabled ease of access to communal areas, both inside and outside. Consumers and visitors were observed using various areas to socialise.

Consumers and representatives said the service was clean, well maintained, and they could move freely around the service to access both inside and outdoor areas. Staff described how they maintained the cleanliness and safety of the environment and supported consumers to move freely throughout the service. The service environment was observed to be safe, clean and well-maintained.

Consumers and representatives said the furniture, fittings, and equipment at the service were clean, safe, well-maintained, and suitable for their needs. Consumers said they felt safe when using the equipment and they believed staff to be competent using the equipment. Staff described how the furniture and equipment were safe, well-maintained, and appropriate for consumers’ needs.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers felt comfortable making suggestions or complaints and were aware of the processes for raising complaints such as by speaking to staff, filling in a feedback form, or speaking at Residents and Representatives meetings. Management explained how feedback was welcomed and described different ways consumers were encouraged to provide feedback. Feedback forms and suggestion boxes were observed throughout the service.

Consumers knew how they complain through alternative methods such as an external agency or advocate however, they said not needed to do so. Management and staff explained the language and advocacy services available to consumers and said information about these services was provided in the consumer welcome packs and was on display throughout the service. The Residents Handbook confirmed consumers were informed about lodging complaints externally and accessing advocacy and interpreter services.

Consumers said the service responded to their complaints appropriately and communicated with them effectively, to resolve their concerns. Management and clinical staff were aware of the complaints management and open disclosure processes and described how complaints were recorded in the system and action was taken in response. The service had written policies in relation to managing feedback and using open disclosure to guide staff in managing complaints effectively.

Consumers felt feedback and complaints were reviewed by the service and used to improve the quality of care and services provided. Consumers said the service was good resolving concerns brought up at the Residents and Representatives meetings immediately. Management described how feedback and complaints were used to identify opportunities for improvement. Documentation confirmed that consumers were happy with the service overall and there were few complaints made.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said there were sufficient staff to provide quality care, they did not have to wait long for staff assistance, and they did not feel rushed by staff when delivering care. Management described how the workforce was planned to ensure the appropriate number and mix of staff to ensure quality care and meet the legislative requirements for registered nurse hours. Staff were confident there were sufficient staff at the service, and said it was unusual for shifts to be unfilled. Staff were observed to respond to call bells promptly and consumers were observed to be well-groomed, clean and comfortable.

Consumers said staff were kind, caring, gentle and respectful and knew about what was important to them. Care plans were individualised and considered consumers’ preferences, history and cultural background. Policies and training records confirmed staff were trained to provide dignity and choice and support equity and diversity. Staff interactions with consumers were observed to be kind, caring and respectful.

Consumers said staff were knowledgeable and knew what they were doing. Management described the processes in place to ensure staff were qualified and competent for their roles as set out in the position descriptions. Records indicated staff were appropriately qualified and had the necessary checks required for their roles, including police checks, Australian Health Practitioner Regulation Agency registration, certifications, and mandatory training.

Management said they recruit, train, equip and support the workforce according to their recruitment and learning and development policies. Staff said they received adequate training and support to perform their assigned duties. Documentation showed the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management explained how staff performance was regularly assessed, monitored, and reviewed to ensure staff were providing the best possible care and services for consumers. Staff performance appraisals were conducted on a 6-monthly basis, or more frequently if required. Staff said they were notified when their regular performance appraisal was due and could describe the process for their performance review. Records showed staff performance reviews were up to date. The service had documented policies, procedures and systems in place to manage the recruitment and performance of the workforce.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers felt the service was well run and they were confident they could provide input into the running of the service through a variety of methods. Management and staff could describe the various mechanisms used to engage consumers such as Residents and Representatives meetings, feedback forms, surveys and verbal feedback. Documents confirmed the service made improvements as a result of feedback from consumers and representatives.

Consumers said they felt safe in the service, and they received the care they needed. Management described how the organisation’s governing body promoted a culture of safe and inclusive, quality care and services, and was accountable for their delivery. Management explained how the Board oversights the governance arrangements and works with the management team to satisfy itself the service meets the Aged Care Quality Standards.

Management detailed how the service had effective governance systems in place covering areas including information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Board received relevant reports and management and staff were familiar with the governance systems in place and could access the relevant policies and procedures.

The service had an effective risk management framework with associated policies and practices for identifying and managing high-impact and high-prevalence risks, preventing abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents. There were clear responsibilities and lines of reporting to management and the Board who had overall responsibility for the oversight and management of risk.

Documents showed the service had a written clinical governance framework that included policies, procedures, and training covering areas including antimicrobial stewardship, restrictive practices, and open disclosure. Management and staff confirmed they had received training in these policies could describe how they applied them in their work.

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)