Jeparit & District Nursing Home

Performance Report

2 Charles Street
JEPARIT VIC 3423
Phone number: 03 5396 5501

**Commission ID:** 4382

**Provider name:** West Wimmera Health Service

**Site Audit date:** 16 August 2022 to 18 August 2022

**Date of Performance Report:** 21 September 2022

# Performance report prepared by

L Glass delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives confirmed staff treat consumers with dignity and respect, including valuing their individuality and culture. Care plans capture information about consumers’ culture and diversity including individual goals and preferences. The Assessment Team observed staff treating consumers with respect. Staff explained how they provide consumers with individualised care and services.

Consumers and representatives were satisfied the service encourages consumers to exercise choice and independence and maintain relationships that are important to them. Care plans provided information on important relationships and names of representatives the consumer wishes to be included in their care.

Consumers said the service supports them to take risks to enable them to live their best lives. Care plans document risk assessments and activities of risk consumers have chosen to undertake.

Consumers advised they are provided with information to keep them informed and to enable them to make choices. Two-monthly ‘family and friends’ meetings, a regular newsletter and various notices and publications provide consumers and representatives with information about activities offered, service modifications, staff news and management updates.

Consumers said the service respects their personal privacy. The Assessment Team noted care documentation is stored electronically and password protected.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives stated the service provides consumers with the care and services they need through assessments and care planning processes. Care documentation demonstrated risk assessments are conducted according to consumers’ individualised needs, level of functioning and capabilities. Staff demonstrated understanding of risks identified for each consumer and how to manage those risks.

Consumers described their participation and that of others whom they want to be involved in the assessment, planning and review of their care. Care planning documents demonstrate participation of consumers and their representatives in assessment, planning and review of consumers’ care.

Consumers and representatives provided positive feedback about communication of their assessment and care planning outcomes. Care planning documentation showed communication of updated information with consumers and their representatives. Clinical staff described how they can access consumers’ electronic care plans, action alert notifications and showed the use of handover sheets to inform the delivery of care.

Consumers and representatives stated clinical staff update care plans and inform them and/or their nominated representative if there are changes to consumers’ care. Care planning documents demonstrate care and services are regularly reviewed for effectiveness, when there are changes, or when incidents or illnesses impact on the needs, goals, and preferences of the consumer.

Staff demonstrated they work with consumers to complete and update advance care plans. The Assessment Team noted care documentation reflects consumers’ current goals, needs, and preferences.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and representatives said consumers receive safe and effective personal and clinical care using best practice, that optimises their health and well-being according to the consumer’s assessed needs. Consumer files showed individualised strategies for personal and clinical care and staff described providing personalised care to consumers including management of pain, wounds and restrictive practice.

Consumers and representatives interviewed provided positive feedback about how the service responds to changes or deterioration according to consumers’ individual needs. The Assessment Team observed staff identifying, responding to, escalating and documenting a consumers’ clinical deterioration.

Care planning documentation demonstrated the service meets the needs, goals and preferences of consumers during end of life care. Clinical staff were able to describe the palliative care pathway, including referrals and resources available to support consumers nearing the end of life.

Care planning documentation showed timely and appropriate referrals to external providers of care and services such as medical practitioners, specialists, dietitians, speech pathologists, and physiotherapists. Results of assessments and reviews by external providers are recorded in consumer’s care plans to ensure recommendations are known to staff and actioned appropriately.

The service has effective processes and systems in place to manage high impact or high prevalence risks, for example changed behaviours, diabetes, fluid restrictions, falls, oxygen and urinary catheter management. Management and staff described strategies and processes for the minimisation and management of risks.

The service demonstrated how information about consumers’ needs, preferences and conditions is documented and shared among health professionals involved in their care.

The service demonstrated an effective site-specific COVID-19 safe plan and strategies to minimise transmission-based infection risks. Clinical staff described their roles in infection prevention and control, including antimicrobial stewardship.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers expressed their satisfaction with how the service provides safe and effective services and supports to optimise their independence, well-being and quality of life. Staff demonstrated knowledge of individual consumers’ personalities and preferences. Care plans demonstrated individual consumers’ goals and preferences are captured at entry and are updated when required.

Consumers provided examples of supports they have received to promote and enhance their well-being. Care plans document specific supports to promote individual consumers’ emotional, spiritual and psychological well-being. Staff demonstrated knowledge of supports they provide when consumers are experiencing emotional or spiritual difficulties.

All consumers interviewed confirmed the service supports them to participate in their community, both within and outside the service environment. Care plans contained individualised social and cultural information including consumers’ hobbies and interests.

Consumers confirmed the service supports them with appointments and to visit other organisations, and providers of care and services and arranges regular visits from allied health services. Care planning documentation demonstrated regular visits to the service by a podiatrist and a dietitian.

All consumers interviewed said they enjoy the meals offered, stating they are provided with choices and the meals are like ‘home cooking’. A dietitian and the ‘food quality menu group’ have reviewed the five-weekly rotating menu which provides consumers with meal options including snacks if options offered are not to the consumer’s liking.

Care plans demonstrated relevant information about each consumer is captured and documented and provide staff and visiting medical and allied health professionals with current, updated information about each consumer’s condition, needs and preferences.

Staff stated the service provides sufficient and suitable equipment to enable the timely and safe provision of care to consumers. The Assessment Team observed items such as furniture and lifting equipment to be well maintained, clean and suitable to meet the needs of consumers.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers and representatives confirmed the service is welcoming and optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers have single or shared rooms which many have chosen to personalise with small furniture items, pictures, and photographs.

Consumers said the service is safe, well maintained, clean and comfortable and maintenance is undertaken in a timely manner. The Assessment Team observed consumers moving freely around the service with unrestricted access to the external garden.

Consumers stated the furniture, equipment and fittings provided are well maintained, safe and clean. Care staff said the service has a procedure for cleaning of shared equipment. The Assessment Team observed the service contained suitable and sufficient equipment to meet consumers’ needs and to promote consumers’ well-being.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives said they are encouraged and feel comfortable to provide feedback and are informed of internal and external mechanisms to make a complaint. The service’s feedback system and meeting minutes demonstrated feedback is encouraged and actioned.

Consumers and representatives said they are aware they can access advocacy services and external means of raising and resolving complaints. However, they advised management is responsive to their feedback and concerns and they have not needed to use external avenues. Management advised English is the first language of all consumers at the service, but access to language services is available if required.

Consumers and representatives generally expressed satisfaction with action taken in response to complaints, including how staff and management acknowledge mistakes and apologise. Staff demonstrated understanding of the open disclosure process. Complaints documentation demonstrated management actions and resolves complaints in a timely manner.

Consumers and representatives expressed satisfaction with how their feedback has resulted in improvements in the quality of services. Management explained and documentation demonstrated feedback and complaints are addressed and used to inform continuous improvement.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives provided positive feedback about staff availability and call bell response times. Management demonstrated how they plan the number and mix of staff to enable the provision safe and quality care and services. Management provided examples of strategies undertaken to address staffing difficulties related to the remote location of the service. Staff described working extended or additional shifts to cover unplanned roster vacancies.

Consumers and representatives provided positive feedback about staff interactions being kind, caring and respectful of their individuality which aligned with the Assessment Team’s observations.

Consumers and representatives expressed satisfaction that staff are knowledgeable and competent in their respective roles. The service demonstrated the workforce is qualified and staff are supported through the orientation process and education programs to effectively perform their roles.

Consumers said they feel supported by staff who are sufficiently knowledgeable to deliver their care, lifestyle needs and preferences. Management described how staff are recruited to meet the requirements of their roles and how management promotes and monitors staff competencies.

The service demonstrated an established human resource management system for regular assessment, monitoring and review of staff performance. Staff confirmed ongoing monitoring and review of their performance.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The organisation has policies and procedures to ensure consumers are engaged and supported in the development, delivery, and evaluation of their care. Consumers and representatives confirmed their involvement in decision-making about consumer care and services and described how they participate in the delivery and evaluation of consumer care. Consumers and their representatives expressed satisfaction about the consumer feeling safe, living in an inclusive environment and receiving quality care and services.

The governing body has documented expectations for the organisation and individuals in promoting safe, inclusive, and quality care and services. These are evident in the service’s vision, mission and value statements, organisational structure, governance frameworks, policies and procedures, and code of conduct.

The organisation demonstrated it has a suite of governance systems effectively applied at the service level in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and continuous improvement. The organisation holds memberships with key industry associations and regulatory update services. Legislative changes are communicated to relevant managers and staff, and policies are changed required.

Risks are reported, escalated, and reviewed by management at the service level and via the organisation’s senior management to the Board. The service demonstrated components of its risk management system, including incident and clinical governance reporting, incident reports, hazard reports, risk authorisation forms, audits, and scheduled meetings with all stakeholders. Staff confirmed they were informed of and had access to the policies provided examples of their relevance to their work. Staff also described the process for reporting incidents to a registered nurse (RN) and/or management. Elder abuse education is provided to staff at orientation and is part of the mandatory staff education schedule.

The organisation has a documented clinical governance framework which provides an overarching monitoring system for clinical care. The Assessment Team noted the framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.