Performance

Report

**1800 951 822**

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| Name of service: | Koraleigh Nursing Home |
| Service address: | 18 Purdey Street TONGALA VIC 3621 |
| Commission ID: | 4441 |
| Approved provider: | Respect Group Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 May 2023 to 24 May 2023 |
| Performance report date: | 10 July 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 Koraleigh Nursing Home (**the service**) has been prepared by D Utting, 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 Assessment Contact - Site; the Assessment Contact - Site 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 13 June 2023

# Assessment summary

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| Standard 6 Feedback and complaints | Non-compliant |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

**Requirement 6(3)(d)**: the service ensures feedback and complaints are reviewed and used to improve the quality of care and services at the service.

**Requirement 8(3)(a)**: the approved provider ensures consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The approved provide consults with consumers about changes that maybe occurring.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

I have assessed this Requirement as Non-compliant as I am satisfied 6(3)(d) is Non-compliant:

The service was found Non-compliant with Requirement 6(3)(d) following a Site Audit conducted in August 2022. At the time of the Site Audit the service did not have complaints register and there were no actions recorded on the continuous improvement plan as a result of feedback and complaints. Consumers and representatives were not aware of any feedback that had been acknowledged or used to improve the quality of care and services.

At the May 2023 Assessment Contact the Assessment Team found ongoing deficits in the review of feedback and complaints. The service was unable to demonstrate that it is effectively reviewing feedback and complaints to improve the quality of care and services. While the service has created a complaints register, consumers and representatives were not satisfied that feedback and complaints will be actioned. At the time of the assessment contact the service was unable to show that the plan for continuous improvement had actions included that were linked to consumer feedback.

The service submitted a PCI in response to the May 2023 Assessment Contact. No other supporting evidence was submitted to refute the findings presented in the Assessment Team report.

The PCI details planned actions including an internal review of progress notes to capture complaints, staff education, adding feedback from consumer meetings to the plan for continuous improvement and communiques to staff and consumers to encourage feedback and complaints. These corrective actions are being overseen by the organisation’s transformation team and quality team.

While the approved providers response includes details of how they will address the identified deficits in the systems that capture consumers feedback and complaints to make improvements to the quality of care and services, these improvements are yet to be embedded and evaluated for effectiveness. For this reason, I find the service Non-complaint in 6(3)(d).

# Standard 7

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| Human resources | |  |
| 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

Requirements 7(3)(d) and 7(3)(e) were found Non-compliant following a Site Audit conducted in August 2022. At the time the Assessment Team found that not all mandatory training, in particular serious incident response scheme (SIRS) and managing risk, had been completed and monitoring of completion was not in place. The Assessment Team also found that while the organisation had a performance appraisal process in place it had not been actioned and staff received limited feedback about their performance.

At the May 2023 Assessment Contact, the Assessment Team found that the service has implemented improvements to address the non-compliance. In relation to Requirement 7(3)d) consumers interviewed said they were satisfied that staff knew what they are doing. Staff interviewed confirmed they have attended training on topics such as serious incident response scheme (SIRS), restrictive practices, open disclosure, and antimicrobial stewardship. Training and education documentation reviewed by the Assessment Team showed a range of education sessions have been conducted for staff with 100% completion rate for registered nurses.

In relation to Requirement 7(3)(e) the service demonstrated that the staff appraisal system in place is now being utilised. Staff interviewed confirmed they complete a reflection survey annually and are able to request one-to-one meetings with management to discuss performance. Management also said that discussions with staff occur where there is an identified performance issue. The Assessment Team review of staff reflection surveys noted that all staff that had requested one-to-one meetings had been held.

Based on the available evidence, I find Requirement 7(3)(d) and 7(3)(e) are Compliant. I am satisfied the service has in place systems and processes to ensure that the workforce is recruited, trained, and supported to deliver the outcomes of the quality standards. Staff are regularly assessed and reviewed for performance and have the opportunity to discuss any skills training needs. I encourage the service to continue to embed and evaluate the processes and systems to ensure the workforce is skilled and trained to deliver quality care and services in accordance with the quality standards.

# 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. | Non-compliant |

Findings

I have assessed this Quality Standard as Non-compliant as I am satisfied Requirement 8(3)(a) is Non-compliant:

The service was found Non-compliant with Requirement 8(3)(a) following a Site Audit conducted in August 2022. At the time of the Site Audit consumers said their opinions were not valued or acted upon. The Assessment Team found that changes in delivery of care and services was communicated with consumers after the decisions were made.

In relation to Requirement 8(3)(a), consumers and representatives interviewed were not satisfied they can participate in the decisions about how care and services are delivered. They said that while they speak up at consumer meetings, they do not believe their opinions and suggestions are considered. The Assessment Team review of documentation showed that consumer feedback in not captured, actioned, or included in the plan for continuous improvement.

The service submitted a plan for continuous improvement (PCI) in response to the May 2023 assessment contact. One planned action includes appointing consumer representatives to meet with management monthly. The remaining actions on the PCI are generic, with the organisation’s transformation team being deployed at the service to complete a review of all gaps identified by the Commission.

I have considered the approved providers response to the findings in the Assessment Team report. While the approved providers response includes some improvements to engaging with consumers, these improvements are yet to be embedded and evaluated for effectiveness. For this reason, I find the service Non-complaint in 8 (3)(a).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)