Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Lakeview Nursing Home |
| Service address: | 25 Barree Street TALLANGATTA VIC 3700 |
| Commission ID: | 4397 |
| Approved provider: | Tallangatta Health Service |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 28 March 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 Lakeview Nursing Home (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 16 March 2023 and 21 March 2023.
* other information and intelligence held by the Commission in relation to the service.

# 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

I find this Standard compliant.

Consumers were satisfied they were treated with dignity and respect and provided positive feedback about staff. Consumers could describe how their culture and identity was recognised and celebrated by the service. Consumers and their representative’s said consumers could choose who they wish to include in decision making about their care, and their choices about their care supported their independence. Consumers could describe how they were supported by the service to live their best life. Consumers were satisfied their privacy was respected by staff and that their information was secure.

Staff were able to provide examples of how they demonstrated respectful interaction with consumers at the service and staff were aware of consumers’ cultural identities. Management demonstrated the service’s values around exercising choice and independence which included philosophies of person centred care within the service through the consumer’s voice. Staff could describe how they support consumer’s to live their best life.

Care planning documentation reflected the history and background of consumers and what was important to them to maintain their identity. During admission, staff document consumers’ individual values and cultural wishes, with further information included over time. Care planning documentation evidenced the activities and cultural celebrations consumers attended as well as included their choices and preferences. Care documentation captured assessment for consumer’s who chose to take risks.

Staff were observed respecting consumer’s privacy and ensuring information was secure. Information to assist consumer’s in making decisions was observed to be displayed in key areas of the service in an easy to read format.

# 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

I find this Standard compliant.

Consumers and their representative’s were satisfied assessment and care planning delivered safe and effective care and services and included consideration of consumer’s current needs, goals, and preferences, including end of life care. They were involved with the planning of care and services and any changes requested were addressed in a timely manner. Consumers and their representative’s were offered a copy of the consumer’s care plan and were aware of how to access that information if they wished.

Staff could describe the assessment, care planning and review process including that preferences were discussed with consumers on entry to the service, during ongoing care plan reviews and as care needs changed. Staff could describe both referral and review processes which included other health care services as well as updating care plans every 3 months in conjunction with information obtained from the care staff, allied health professionals and specialists.

Documentation considered potential risks to consumers’ health and wellbeing and the outcomes of assessment and planning were documented. The service monitored clinical indicators, including pressure injuries, medication incidents, restrictive practice and falls. Care planning documentation for one consumer did not include all information about the consumer’s care needs and had not been reviewed in a timely manner, however staff were aware of the consumer’s needs and the consumer confirmed they were receiving the appropriate care. No impact had been identified for this consumer and the approved provider implemented continuous improvement measures to remedy.

The organisation had policies and procedures available to guide staff practice in the assessment and care planning process.

# 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

I find this Standard compliant.

Overall consumers and their representative’s were satisfied consumers received care that was safe, individualised to their needs, and supported their health and well-being. They expressed consumer’s care needs and preferences were effectively communicated between staff and they received the care they needed. Consumers were satisfied they had access to medical officers and other health care providers when they needed.

Care planning documentation reflected the identification of, high risk high prevalence care needs, and mitigation strategies. Effective monitoring and clinical oversight of care delivery for consumers included but was not limited to incident reports, training records and clinical indicator data. Response to deterioration or changes in condition of consumers were regularly monitored by registered staff and if deterioration or change occurred, this was recognised and responded to in a timely manner and representatives were notified. Care planning documentation captured consumer’s preferences for end of life care.

Staff demonstrated how the consumer’s medical officer and registered staff discussed with consumers and their representative’s their preferences on entry, during case conferences and as consumers moved through palliative care phases. Staff described the reporting processes where deterioration or change is recognised as well as access to other supports if they required. Staff confirmed they received up to date information about consumers at meetings and described how the input of other health professional informed care and services.

The approved provider had documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The service had an influenza and COVID-19 vaccination program for consumers and had an appointed an Infection Prevention and Control Lead.

The service had a range of clinical policies and procedures to guide staff practice in relation to personal and clinical care.

# 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

I find this Standard compliant.

Consumers were able to describe ways the service supported their preferences. They confirmed they could participate in religious practices at the service and were provided emotional and spiritual support when needed as well as take part in community activities outside of the service or visit family. Overall, consumers said the food was varied, of suitable quality and quantity. They said there were options available if they chose not to select the meal offered. The service had proactively engaged and collaborated with consumers to improve their dining options and experience meetings and direct consultation with the Chef, lifestyle staff and management where consumers had expressed dissatisfaction with their meals. Consumers said they were satisfied with the equipment provided and knew how to report any concerns they had about safety.

Staff demonstrated knowledge of consumers’ needs and preferences and the support they required to participate in activities or pursue individual interests. Staff said the service celebrated events of cultural or spiritual significance, including Christmas, Easter, and other days of importance. Staff could describe those consumers who had personal relationships or who had developed a close friendship. Lifestyle staff said if consumers chose not to participate in social activities, lifestyle or care staff would offer to spend one-on-one time and do things of interest to the consumer, such as play games, crosswords or reminisce. Lifestyle staff communicated with external community services about various consumer activities and people who visit the service such as volunteers, musicians, and entertainers. Lifestyle staff were able to describe how the service works in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers. Staff said they had enough equipment and it was maintained and in working order. Where equipment needed repair or maintenance, staff notified maintenance and were able to access other equipment to meet consumers’ needs.

Care documentation contained strategies to deliver services and supports for daily living, reflecting the diverse needs and characteristics of consumers. Care planning documentation identified the people important to individual consumers, those people involved in providing care and the activities of interest to the consumer. Daily menus were displayed on a noticeboard in the dining room and care staff aided consumers to record their meal choice for the day and provided information to the kitchen. The menu was reviewed by consumers and their representative’s at meetings held each month.

# 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

I find this Standard compliant.

Overall, consumers expressed they felt safe and comfortable at the service and gave positive feedback regarding cleaning and maintenance. Consumers could describe how the environment enabled them to move freely including into garden and balcony areas of the service. Consumers expressed satisfaction with cleaning and maintenance of equipment including personal equipment. Consumer’s described the use of private areas within the service for gatherings with family and friends.

The service had a sensory garden with shaded seating, outdoor furniture, and another small courtyard area. Consumers’ rooms were spacious and had been personalised with items reflecting their individual tastes and styles.

Cleaning and maintenance staff were able to describe the cleaning and maintenance process and advised maintenance and cleaning issues are responded to in a timely manner for furniture, fittings, and equipment.

The environment, furniture, fittings, and equipment were observed as safe, clean, well maintained, and suitable for the consumer.

# 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

I find this Standard compliant.

Consumers felt safe, encouraged, and supported to provide feedback and make complaints and could describe various avenues to do so. Consumers and their representatives were comfortable with sharing concerns or complaints with staff and had not required external advocacy resources at the time. Consumers evidenced how the service utilised feedback and complaints to improve quality of care.

Staff explained processes for supporting consumers to raise feedback and how they would notify management for issues requiring immediate attention. Lifestyle staff attended all consumer meetings and encouraged consumers and their representative’s to raise feedback. Management and staff indicated they had not had to support a consumer for interpreter or advocacy services, however had procedures in place to do so if required and welcomed feedback and complaints. The feedback and complaints register demonstrated open disclosure was consistently practiced when things went wrong. Management described the feedback and complaints register was reviewed weekly and the plan for continuous improvement demonstrated continuous improvement actions have been implemented following provision of complaints and feedback by consumers and their representative’s.

# 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

I find this Standard compliant

Consumers and their representatives were satisfied with the sufficiency of staff to meet the consumers’ personal and clinical needs in a timely manner and in accordance with their care plan. They experienced positive workforce interactions and were confident staff knew what they were doing when providing cares. Most expressed their satisfaction with the way care and services were delivered by staff at the service.

Management described how registered and care staff were employed and rostered to ensure the right mix of staff were available to manage consumer care needs. Staff demonstrated an in-depth understanding of consumers, including their identity, needs and preferences. Management advised staff competency and performance was determined through skills assessments and was monitored through performance assessments, feedback, observational audits, surveys and reviews of clinical records and care delivery. Staff described education, training and support they received during onboarding and on an ongoing basis.

Records demonstrated training was provided regularly, via online modules and in-person training sessions, and was reflective of training needs identified through care delivery and performance review processes.

Staff were observed responding promptly to requests for assistance from consumers and activities were occurring at scheduled times.

The service had a suite of documented policies and procedures to guide staff practice, and outlined that care and services were to be delivered in a person-centred, caring, and respectful manner.

# 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

I find this Standard compliant.

Consumers and their representative’s considered the service was well run and they could provide feedback and suggestions to management including having regular input into their care requirements and needs.

Management described various ways consumers were supported to be engaged in the development, delivery, and evaluation of care and services and described consumer’s engagement in the development of the services. Management were able to evidence and demonstrate various organisational Committee meetings are held to discuss information such as audits and surveys, incidents, mandatory reporting, education, training, policies, and legislative updates to ensure a culture of safe and accountability of care and services. Management and staff were able to describe the systems and processes of organisational wide governance relating to information management, regulatory compliance, continuous improvement, financial governance, workforce governance, and feedback and complaints were effective.

The plan for continuous improvement and consumer meeting minutes evidenced management and consumer/representatives’ continuous engagement in the delivery and evaluation of care and services. Established governance frameworks, policies and procedures supported the management of risk associated with the care of consumers, including responding to clinical incidents. The service had a clinical governance framework in place, including documented policies in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure to help guide staff on provision of safe care.

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)