Performance

Report

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| Name of service: | Performance report date: |
| Latrobe Regional Hospital Nursing Home | 5 July 2022 |
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| Latrobe Regional Hospital | 7 June 2022 to 9 June 2022 |

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 Latrobe Regional Hospital Nursing Home (**the service**) has been considered by Meritt Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* other information and intelligence held by the Commission in relation 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 | | Compliant |
| 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

Sampled consumers advised they were treated with dignity and respect, supported to maintain their identity, and could make informed choices about their care and services. Staff demonstrated they were familiar with each consumers’ life journey by being able to identify what was important to consumers, their relationships, cultural and spiritual needs, and language preferences.

Consumers’ care plans contained information about how to provide care and services in a culturally safe manner, and with respect to spiritual and religious needs. Consumers advised they were supported to make decisions about their care, how it should be delivered, and who should be involved in their care. Staff provided practical examples of how they supported consumers to make and maintain relationships of choice within and outside the service, such as enabling visitor services, telephone and video calls, social groups and activities.

Consumers’ care plans confirmed they were supported to undertake activities associated with risk through evidence based assessment. Consumers and their representatives, health professionals, and other providers of care and services were involved in reviewing and implementing risk mitigation strategies, which enabled consumers to pursue activities of interest to enrich their life.

Consumers reflected information about care and services was provided in a timely, easy to understand manner which helped them to make decisions.

Staff provided practical examples of how they respected consumers’ privacy. For example, by knocking on a consumer’s door before entering, which the Assessment Team observed in practice. To maintain confidentiality, the service securely stored consumers’ personal information on its password protected electronic records management system, and discussed consumers’ personal information in private areas.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers’ assessments and care plans confirmed the service considered risk to consumers’ health and well-being to inform the delivery of safe and effective care and services, and included relevant information and strategies to support consumers’ needs, goals and preferences. Care planning documentation demonstrated evidence based assessment tools were used to consider risks to consumers, such as: the falls risk assessment tool (FRAT) and psychogeriatric assessment scales (PAS).

Advance care and end of life directives were discussed with consumers and representatives and documented in care plans. If consumers and representatives requested further time to think about directives, staff would raise the matter at a more appropriate time.

Consumers and representatives advised they partnered with the service, other organisations, individuals and providers of care in the assessment, planning and review of the consumer’s care and services. Review of care planning documentation confirmed consumers and other parties were involved in the care planning process, for example, through referrals, meeting minutes, assessments and progress notes.

Staff explained outcomes of assessment and planning were documented and communicated with consumers and representatives through various methods, such as: telephone and video calls, face to face discussions, and electronic correspondence. Consumers and representatives reflected that staff explained the outcomes of care plan reviews in a clear manner, and either had a copy of the care plan, or knew how to request a copy. Staff confirmed they had access to consumers’ care plans as applicable to their role, to assist with the delivery of care and services.

Staff advised consumers’ care and services were reviewed for effectiveness each month, or when there was a change in consumers’ needs, goals or preferences, which aligned with review of sampled care plans. Staff explained they responded to incidents through evidence based reassessment and input from health professionals as applicable to include additional strategies or equipment as required.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers and representatives interviewed considered the delivery of personal and clinical care as safe and tailored to meet individual needs and preferences of consumers.

Clinical staff explained they followed the service’s policies and procedures to ensure personal and clinical care was delivered in accordance with best practice methods. Clinical staff ensured clinical and personal care was safe and effective to optimise consumers’ health and well-being, through regular monthly assessment of care plans and ‘resident of the day’ processes. Clinical staff explained they also sought input from other health professionals to advise on matters beyond their scope of practice, for example: geriatricians, podiatrists, psychiatrists, and dieticians.

The service demonstrated risks for each consumer, for example, falls management, restrictive practice, skin integrity, and pain management, were effectively managed through evidence based assessment and planning, incident documentation and referrals to the medical officer and health professionals as required. Care planning documentation identified risks associated with the care of consumers, required risk mitigation strategies, and demonstrated regular monitoring and evaluation of risks.

The Assessment Team reviewed the palliative care pathway for a consumer that recently passed away. The consumer’s care planning documentation confirmed appropriate strategies were implemented to support the consumer’s dignity and comfort at the end of life, and their needs and preferences were addressed.

Consumers’ clinical and personal care was reviewed monthly and as needed, which supported staff to clearly identify any changes or deterioration to consumers’ condition. Sampled care planning documentation, the incident register, and progress notes confirmed changes to consumers health and well-being were responded to in a timely manner, through assessment and referrals to medical officers and other health professionals.

Information about consumers’ condition was shared with staff and other providers of care through case conferences, progress notes, verbal handover, referrals, and notifications. Referrals were made in consultation with consumers and representatives, and documented in progress notes. Review of care planning documentation confirmed referrals were completed in a timely and appropriate manner for various health professionals and medical specialists.

Staff, including the service’s infection prevention and control lead, described the processes in place to minimise infection related risks, which aligned with the Assessment Team’s site observations. Some of the infection prevention measures included: handwashing, appropriate use of personal protective equipment and vaccinations. Staff explained the various methods used to promote appropriate antibiotic prescribing, for example, obtaining pathology test results to determine if antibiotics were required.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Sampled consumers explained they received safe and effective services and supports that were important for their health and well-being, and enabled them to do the things they wanted to do. Care planning documentation confirmed safe and effective supports for daily activities were considered in line with consumers’ needs, preferences and goals.

Staff explained the service’s lifestyle program accommodated all consumers’ needs, preferences, and levels of functional and cognitive abilities. Care planning documentation confirmed the service partnered with consumers and their representatives to ensure consumers’ interests, religious and spiritual needs, social and community ties and cultural needs were met.

Staff explained if they identified a change in a consumer’s mood or emotional need, they would engage the consumer in conversation and offer support, and if required, report the matter to registered staff to provide additional support.

Consumers advised the service supported them to access the community, make and maintain relationships of choice, and do things of interest, as evidenced from review of care planning documentation and site observations. Some of the lifestyle activities and services offered by the service included; bingo and table games, church services, bible readings and choir group and arts and crafts.

Staff explained information about consumers’ needs was communicated through verbal and documented handover processes, recording information in the service’s electronic records management system, and through referrals.

Staff were guided by policies and systems in place for making referrals to individuals and providers outside the service. Review of care planning documentation confirmed referrals happened in a timely and appropriate manner in accordance with the service’s policies.

Consumers reflected meals were of a suitable quality and quantity, and could request alternative meal options. Hospitality explained they had access to consumers’ dietary information to ensure meals were prepared and catered to in accordance with individual needs.

Site observations, staff interviews and the maintaince register confirmed equipment for lifestyle supports was suitable, regularly cleaned, and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Sampled consumers and representatives explained the service environment felt welcoming, safe and comfortable and was easy to understand and navigate. The service environment was observed to have sufficient lighting and handrails to optimise consumers’ interaction and function within the environment. Consumers’ rooms were decorated with personal items to optimise consumers’ sense of belonging, such as artwork, photographs, and ornaments. Corridors and pathways were observed to be free of clutter, with railing and even surfaces to ensure safety. Consumers were observed to freely access indoor and outdoor areas of the service environment.

Staff explained if hazards or safety issues were identified, they would notify maintaince staff and senior management, and tag the faulty item with a note describing the issue. Review of the service’s maintenance register confirmed preventative maintenance and faults were actioned in a timely and appropriate manner. Cleaning staff explained they followed a cleaning schedule, and demonstrated awareness of infection control processes, for example, cleaning high touch point areas and cleaning consumer rooms daily to minimise infection. Staff explained shared equipment, like mobility aids, was cleaned and disinfected after each use.

The Assessment Team observed furniture, fittings and equipment at the service was safe, clean, well maintained and suitable for the needs of consumers, as reflected from feedback provided by consumers and representatives.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

Sampled consumers and representatives advised they were supported to provide feedback and complaints, and were actively involved in the resolution pathway. Most consumers and representatives were aware of external advocacy and dispute resolution services. The service helped consumers to submit complaints through various methods, such as: providing direct feedback to staff, feedback and complaints forms, surveys, advocacy and interpreter services. Staff explained they supported consumers with communication barriers to lodge complaints on their behalf through non-verbal communication strategies, for example, using visual aids and pictorial based communication cards.

Consumer and staff feedback confirmed the service used an open disclosure approach to address complaints. In addition, the Assessment Team observed staff using open disclosure to acknowledge and address a consumer’s complaint during the site audit.

Staff interviews and meeting minutes demonstrated feedback and complaints were reviewed and used to improve the quality of care and services. For example, based on consumer feedback, the service added bingo to the service’s activity calendar, and developed a dementia friendly sensory room.

**Standard 7**

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| Human resources | | Compliant |
| 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

Consumers and representatives confirmed they received care and services from staff who were knowledgeable, capable and caring, and felt confident the workforce was appropriately staffed. Staff confirmed they had enough time to complete their daily tasks, with no reported impacted to the quality of care provided for consumers. Consumers reflected staff were kind, caring and respectful of their identity, culture and diversity.

Staff confirmed they received training which enabled them with the knowledge and skills to provide appropriate care and services for consumers. Staff, including agency staff, were required to undergo site orientation and induction training. All new staff were paired with an experienced staff member to provide training and support applicable to their role. The service’s induction and mandatory training program register was noted to be up to date. Management explained they monitored and tracked professional qualifications, police checks, and registrations required by staff in their role, for example, Australian Health Practitioner Regulation Agency (AHPRA) registration.

Management explained staff were provided feedback on the job, and during informal and formal discussions to ensure staff members were competent in their role. If an issue was identified with staff performance, management advised they would work collaboratively with the staff member to review the issue, and to provide support through further training. Review of staff performance appraisals confirmed staff were regularly reviewed on an annual basis in accordance with the service’s policy.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Overall, sampled consumers and their representatives reported the service was well run, and their input was used to improve care and service delivery. Management explained consumers and representatives were engaged in the development, delivery and evaluation of services through various avenues, such as: consumer meetings, feedback and complaints processes, surveys, and case conferences. Review of meeting minutes, feedback and complaints information, and the service’s continuous improvement plan validated feedback provided from consumers, representatives and staff.

The service demonstrated the governing body was accountable for the delivery of care and services, and promoted a culture of safe, inclusive, quality care and services. The governing body utilised various reporting mechanisms and frameworks to monitor and review the safety and quality of care and services such as: monthly reports, internal audits, data analysis, and risk based quality frameworks.

Some of the changes driven by the governing body included revisions to the service’s serious incident management system, and associated policies and procedures. Management explained the governing body, comprising of members of the board and chief executive officer, would visit the service and meet with consumers and representatives to demonstrate accountability.

Based on totality of evidence, the service demonstrated it had effective organisation wide systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service demonstrated its risk management systems accounted for the management of high impact risks associated with care, identified and responded to abuse and neglect, supported consumers to live their best life, and managed and prevented incidents. Management and staff explained how risk management systems informed the delivery of care and services for consumers. Staff identified what their role requirements were in relation to risks, what they would do if they witnessed an incident, reporting mechanisms for the Serious Incident Response Scheme, and steps for remediation and evaluation.

The service’s documented clinical governance framework included policies and processes relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff explained what these policies meant to them in a practical way, and provided examples of their relevance to 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-2)