Performance

Report

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| Name of service: | Leighton Nursing Home |
| Service address: | 40 Florence Street, WEST PERTH WA 6005 |
| Commission ID: | 7807 |
| Approved provider: | Fresh Fields Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 16 August 2022 to 18 August 2022 |
| Performance report date: | 27 September 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 Leighton Nursing Home (the service) has been prepared by   
  M Dubovinsky, 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.

# 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 did not submit a response to the Assessment Team’s report;
* The following information received from the Secretary of the Department of Health and Aged Care (the Secretary): exceptional circumstances determination dated 29 April 2022;
* A Performance Report 15 February 2022 for Assessment Contact dated 22 November 2021.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard is Compliant as six of the six Requirements have been assessed as Complaint.

Consumers and representatives are satisfied consumers are treated with dignity and respect, are supported to exercise choice and their privacy is maintained. In addition, consumers said they were satisfied with the information provided.

Staff were observed interacting with consumers in a respectful manner. Care planning documentation contained information to guide staff practice in relation to cultural safety for individual consumers.

Consumers are supported to exercise choice and independence. Staff provided examples of how they support consumer choice and risk assessment processes ensure consumers are supported to take risks. Documentation viewed confirmed contributing factors and actions to mitigate risks are identified and followed.

Information is provided to consumers in a range of formats to support them in exercising choice, including meetings, noticeboards, handbooks and calendars. Staff were observed maintaining consumer privacy and respecting confidentiality. This included staff knocking on doors before attending to consumers, securing sensitive information and conducting shift handovers in a private area.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in the Standard.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is Compliant as five of the five Requirements have been assessed as Complaint.

Consumers and representatives are satisfied they are involved in assessmesment and planning processes. This includes areas of risk, end of life and advance care planning and being involved in review processes. Consumers and representatives were aware of care and service plans and were informed following outcomes of assessment.

A range of clinical and non-clinical assessments are completed on entry and on an ongoing basis. Validated risk assessment tools are used to identify a range of risks, such pressure injuries and falls. Care planning documentation showed assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including in relation to end of life planning.

Consumers files showed assessment and planning involves consumers, representatives and others with the outcomes of assessment communicated and documented in a care and service plan. Care and service plans were observed to be accessible to consumers and staff and are reviewed based on a set schedule. Documentation viewed showed consumers’ care and services were reviewed following incidents of falls and changed behaviours.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in the Standard.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is Compliant as seven of the seven Requirements have been assessed as Complaint.

Requirement (3)(b) was found Non-compliant following an Assessment Contact undertaken on 22 November 2021 where it was found the service was not able to demonstrate effective management of high impact or high prevalence risks in relation to management of indwelling catheters, wounds and the monitoring and management of pain. The Assessment Team have recommended Requirement (3)(b) met. Actions taken to address deficits included;

* Additional processes to monitor the management of indwelling catheters;
* Implemented processes to ensure pain is evaluated following administration of as required medications; and
* Reviewed processes to ensure wounds and pressure injuries are being managed in line with wound management plans.

At the Site Audit, the Assessment Team were satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of individual consumers. One representative was satisfied with the management of the consumer’s pain. Consumers who had high impact or high prevalence risks identified, such wounds, indwelling catheters, pain or subject to a restrictive practice had these risks effectively managed.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(b).

In relation to all other Requirements, consumers and representatives said consumers receive personal and clinical care which is tailored to them and addresses their individual risks, such as pain, falls and skin. In addition, they are satisfied with refferal processes and confirmed infection control processes.

Assessment processes support staff in delivering personal and clinical care that is best practice, tailored to consumers’ needs and optimises their health and well-being. This included for consumers who had clinical care needs in relation to diabetes and wounds.

Consumers who are nearing end of life have care and services delivered in line with their needs, goals and preferences. Staff were able to describe how they deliver end of life care for consumers sampled.

Care planning documentation confirmed deterioration is recognised and responded to in a timely manner. Staff were able to describe how they identify deterioration which was supported through consumer files sampled.

Shift handover processes, in addition to care planning documentation ensures effective communication within the organisation and others. Staff were able to describe the care needs of consumers and confirmed shift handover processes.

Consumer files sampled confirmed referral processes, including to allied health and medical staff. Policies and procedures on antimicrobial stewardship and infection control and prevention are accessible to staff. Staff were able to describe infection control practices, specifically in relation to COVID-19 and how they minimise use of antibiotics, specifically in relation to urinary tract infections.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in the Standard.

# Standard 4

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

Findings

The Quality Standard is Compliant as seven of the seven Requirements have been assessed as Complaint.

Consumers said they felt supported to maintain their independence and do things they want to do and felt their emotional, spiritual and psychological needs are met. In addition, they said they are supported to do things they are interested in and maintain the friendships they have made at the service. Consumers are overall satisfied with meals provided and are provided alternatives when requested.

Staff could describe ways they support consumer choices and delivery of lifestyle services in a way that meets consumers’ preferences and needs. Care plan documentation contained information relevant to consumer feedback and preferences. Lifestyle staff described delivering activities to support consumer choice to optimise their independence, health, well-being and quality of life.

Care plans include information about the consumer’s history, cultural and spiritual life and important relationships. A representative from the local parish visits consumers regularly and spends time with them providing emotional and spiritual support. Staff described how they talk with consumers and encourage them to engage in activities when they are feeling low.

Services and supports for daily living assist each consumer to maintain social and personal relationships, participate within the community and do the things that are of interest to them. Staff confirmed ways they support consumers to do the things they enjoy and maintain connections through the therapy program and day-to-day activities. A range of lifestyle activities are provided to consumers and opportunities for interaction with the community.

Information about the consumer’s condition, including care needs and preferences in relation to services and supports for daily living, are documented in a care and service plan. Staff said they share information about consumers’ needs and have enough information from handovers and care plans to provide care as required by consumers. Information is shared with others in accordance with internal policies to support care provision.

Meals provided are varied and of suitable quality and quantity. Staff were able to describe providing meals in accordance with consumer preferences. Meal preparation areas were observed to be clean with a current food safety plan.

The Assessment Team observed the equipment used to support consumer services is safe and well maintained. The service has processes in place that ensures the ongoing maintenance and cleaning of equipment. Staff interviewed confirmed that they have access to enough equipment for consumers.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in the Standard.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is Compliant as three of the three Requirements have been assessed as Complaint.

Consumers and representatives said the environment, furniture, fittings and equipment are safe clean and well maintained.

The environment is welcoming with the reception area located adjacent to the main entrance with a staff member present to support wayfinding. Both floors of the service have a communal garden and sitting and dining areas to optimise each consumer’s interaction and function. Consumers were observed engaging in the service environment during the Site Audit.

The service environment was observed to be safe clean and well maintained and enabled consumers to move freely both indoors and outdoors. Staff could describe the regular cleaning and maintenance of the service environment. Fire safety systems were noted to be regularly maintained and inspected.

Furniture, fittings, and equipment were observed to be safe, clean well maintained. Maintenance staff described how they undertake maintenance related activities and escalation processes. All staff members were able to describe how to report maintenance and safety issues.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in the Standard.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is Compliant as four of the four Requirements have been assessed as Complaint.

Consumer and representatives are aware of how to provide feedback and make complaints. Consumers and representatives said they are kept up-to-date of changes verbally, through meetings or by the service’s communications in relation to improvements as a result of feedback.

Information about complaints is provided to consumers through the initial information pack. Staff were able to describe how they support consumers to provide feedback and consumer meeting minutes viewed provided an opportunity for consumers to provide feedback.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff interviewed were aware of language and external complaint services to support consumers and representatives.

Feedback and complaints documentation sampled showed appropriate and timely action is taken when responding to feedback. Staff were able to describe of open disclosure practices.

A register of all written complaints is maintained to monitor and identify trends which showed examples of changes made to improve the quality of care and services. Staff were able to describe improvements made because of feedback and complaints.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in the Standard.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is Compliant as five of the five Requirements have been assessed as Complaint.

Overall, consumers and representatives were satisfied with staffing levels and said staff treat consumers with kindness and care about them. In addition, they said staff are competent and able to meet consumers social, cultural, religious, spiritual, psychological and medical care and support needs.

The service ensures monitoring systems, including complaints, staff workloads, consumer acuity and occupancy levels are used to review and plan staff rosters and allocations. Staff interviewed across all designations said the service attempts to cover all shifts at all times, and when the service is experiencing unforeseen staff shortages, management prioritise workflows and adjust shift times.

Observations showed staff interactions with consumers are respectful of their identity, culture and diversity. The staff induction process focuses on the organisation’s commitment to respectful care and services.

Staff interviewed said they attend regular professional development and training to improve their knowledge so they can effectively perform their roles. Processes support effective recruitment and a training to meet the outcomes required by these Standards. Staff described the training, support and professional development provided to them as effective, enabling them to be able to carry out their role. Staff files sampled showed training and induction was provided in addition to relevant reference and registration checks.

The service undertakes a performance appraisal process after a probationary period for new staff. When underperformance is identified, further training or upskilling is provided. Management advised they have followed the performance management process for staff who were not performing in line with their responsibilities, using organisational policies and procedures to guide them during this process.

Based on the evidence documented above, I find the provider, in relation to the service, Complaint with all Requirements in the Standard.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is Compliant as five of the five Requirements have been assessed as Complaint.

Requirement (3)(d) was found Non-compliant following an Assessment Contact undertaken on 22 November 2021 where the service was not able to demonstrate effective risk management processes in relation to high impact or high prevalence risks, specifically catheter care and incident reporting and investigation. Actions taken to address deficits included;

* Implemented monitoring processes in relation to catheters, wounds and the monitoring and management of pain.
* Training to staff through toolbox sessions and individual case studies.
* Clinical leaders meet weekly with regional executive managers to discuss any clinical matters/concerns.

At the Site Audit, the Assessment Team were satisfied the organisation demonstrated effective risk management systems and practices. Management stated all incidents are reported and investigated in a timely manner and all outcomes are documented to provide strategies to manage risks. Documentation viewed showed serious incidents are appropriately addressed within required timeframes. Processes support consumers who want to take risks and consumers have risk assessments completed. High impact or high prevalence risks are monitored through a range of mechanisms.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(d).

In relation to all other Requirements, consumers and representatives confirmed they are supported in the development and evaluation of care and services and the service is well run. Management stated consumers are encouraged and supported to engage in the development, delivery and evaluation of care and services by attending Residents and relatives meetings, completing surveys and making suggestions for improvement. Meeting minutes demonstrated the organisation makes appropriate changes based on the feedback provided and most recent changes included improvements in areas of the service environment, lifestyle activities and meals.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. A range of reports are provided to the Board and consumers and representatives said they have access to management to address their concerns.

Effective organisation wide governance systems ensure the delivery of care and services. A range of policies and procedures and document control processes ensure information is managed. Continuous improvements are identified monitored and tracked for completion. Financial oversight by the Board supports the General manager in developing the plan and budget. Processes support workforce governance, including organisational monitoring of mandatory training and professional registrations. Processes support the monitoring of feedback which is reported on and there are processes to monitor legislative changes to ensure regulatory compliance.

The clinical governance framework addresses antimicrobial stewardship, minimising the use of restraint and open disclosure. The framework incudes processes to support the delivery of safe and effective clinical care and review processes. Staff have been educated about the policies and were able to provide examples relevant to their role.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in the Standard.

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)