Leighton Nursing Home

Performance Report

40 Florence Street
WEST PERTH WA 6005
Phone number: 08 9328 9355

**Commission ID:** 7807

**Provider name:** Fresh Fields Aged Care Pty Ltd

**Assessment Contact - Site date:** 1 July 2020

**Date of Performance Report:** 19 August 2020

# Publication of report

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

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the 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.

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 7 October 2019 to 8 October 2019.

The Assessment Team recommended Requirement (3)(b) in Standard 3 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 and find the service is Compliant with Requirement (3)(b).

At an Assessment Contact – Site conducted 7 October 2019 to 8 October 2019, in relation to Standard 3 Requirement (3)(b), the Decision Maker found the service did not demonstrate that behaviour management strategies were effective in ensuring the ongoing safety and well-being of other care recipients.

The service has implemented a range of actions to address the deficiencies identified which I have detailed below.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the Assessment Contact - Site, including:

* Management reported, and documentation confirmed, an electronic risk management system has been implemented across the organisation.
* ‘Back to Basics’ training has been provided for staff during January and February 2020 to update their knowledge on how to manage behaviours and falls.
* Updated policies and procedures have been made available to staff to guide them on best practice management of risks.
* Following an analysis of incidents, consolidated records are entered into the risk register and discussed at monthly Clinical Risk meetings. Risks are escalated through the risk register for the management and governance team to monitor.

In relation to Standard 3 Requirement (3)(b), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

* Consumers said they are satisfied with the management of behaviours and falls.
* Consumers said they feel safe living in the service and there are no consumers who wander into their rooms.
* Consumers said that while there are some consumers who call out, staff attend to these consumers in a timely manner to prevent them from disturbing other consumers.
* Staff said they are provided with information at handover on any changes to consumers’ care needs. This includes the use of the handover sheet to include special care instructions and risks.
* Staff described strategies for the management of consumers’ behaviours, falls and pressure injuries. Staff said they are confident with reporting and documenting falls and behaviour management following the ‘Back to Basics’ training. Staff said the training has provided them with a timely reminder of what needs to be reported and re-assessed rather than only undertaking a review.
* Staff said the electronic risk management system and the monthly Clinical Risk meetings support them to identify consumers at risk. When an incident occurs, staff inform the Registered Nurse and complete the appropriate incident form.
* Consolidated clinical incidents viewed by the Assessment Team confirmed investigation, actions and evaluation of the effectiveness of strategies. In addition, monthly analysis shows any trends and monthly Clinical Risk meetings showed how staff and management respond to high impact or high prevalence risks and that these are recorded on the risk register.
* Following incidents of aggression, the Assessment Team noted consumers’ behaviour assessments and care plans were updated and ongoing monitoring continued.

For the reasons detailed above, I find the approved provider, in relation to Leighton Nursing Home, does comply with Requirement (3)(b) of Standard 3.

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as one of the five specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 7 October 2019 to 8 October 2019.

The Assessment Team recommended Requirement (3)(d) in Standard 8 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 and find the service is Compliant with Requirement (3)(d).

At an Assessment Contact - Site conducted 7 October 2019 to 8 October 2019, in relation to Standard 8 Requirement (3)(d), the Decision Maker found the organisation’s governance structure and systems, including new policies and procedures and clinical and staff incident reporting systems, have not been effectively implemented and utilised to identify and respond to consumers’ high impact risks of physically aggressive behaviours.

The service has implemented a range of actions to address the deficiencies identified which I have detailed below.

## Assessment of Standard 8 Requirements

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the Assessment Contact - Site, including:

* The service uses the organisation’s systems to identify, minimise and manage risk to consumers. The service is transferring from a paper-based recording system to the organisational electronic system for the escalation and management of risks to ensure risks are managed appropriately.
* The service has monthly meetings to discuss consumers and to identify and monitor consumers’ risks. This meeting includes discussing any incidents that have occurred, the interventions taken and the assessment of their effectiveness.
* Staff have received additional training on the management of high impact or high prevalence risks through the ‘Back to Basics’ training program which was conducted during January and February 2020. The training included education on identifying and responding to consumers’ behaviours and falls, and how to identify and managing risks.
* Policies and procedures are available to staff online and hard copies are available in the nurses’ station for easy reference.

In relation to Standard 8 Requirement (3)(d), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

* The organisation has a governance structure, a documented risk management framework and systems to support and manage high impact or high prevalence risks.
* There are policies and procedures for staff to follow in relation to clinical risks, such as consumer behaviours and falls, and an incident reporting system for all consumer and staff incidents and hazards. Incidents are monitored, and reviews are undertaken to ensure strategies are implemented to minimise risks.
* Staff said policies have been discussed with them and staff provided examples to the Assessment Team of their relevance to their work. Staff said the training provided has assisted them understand consumer behaviours, including the recording and reporting of behaviour incidents.
* Staff said they were aware of policies in relation to neglect and abuse of consumers, including their role in reporting if they suspect an incident of neglect or abuse.
* Staff said they assist consumers to live the best life they can, taking into consideration the choices of the consumer.

For the reasons detailed above, I find the approved provider, in relation to Leighton Nursing Home, does comply with Requirement (3)(d) of Standard 8.

# Areas for improvement

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