Performance

Report

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| Name of service: | Lerwin Nursing Home |
| Service address: | 67 Joyce Street MURRAY BRIDGE SA 5253 |
| Commission ID: | 6966 |
| Approved provider: | Rural City of Murray Bridge |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 October 2022 |
| Performance report date: | 14 November 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 Lerwin Nursing Home (**the service**) has been prepared by A Kasyan, 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.

# Material relied on

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others;
* an email from the provider dated 24 October 2022 indicating a formal response to the Assessment Team’s report would not be provided; and
* the Performance report dated 7 December 2021 for the Site Audit conducted from 26 to 28 October 2021.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 5** **Organisation’s service environment** | **Not applicable as not all requirements have been assessed** |
| **Standard 6** **Feedback and complaints** | **Not applicable as not all requirements have been assessed** |
| **Standard 7** **Human resources** | **Not applicable as not all requirements have been assessed** |

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 4

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| Services and supports for daily living | |  |
| 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 Assessment Team did not assess all Requirements in Standard 4, therefore, a compliance finding at Standard-level is not applicable.

The service was found Non-compliant with Requirements 4(3)(f) and 4(3)(g) following a site audit conducted from 26 to 28 October 2021 where it was found the service was unable to demonstrate meals provided to consumers were of a suitable quality and where equipment was provided, it was safe, suitable, clean and well maintained.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The menu has been developed in consultation with consumers and reviewed by a dietitian.
* Feedback from consumers is sought by catering staff every two weeks, food focus group meets bi-monthly and the hospitality service manager meets with consumers daily.
* Catering staff plate and deliver meals to allow care staff more time to assist consumers with their meals.
* Three bain-maries have been purchased and meals served on heated plates. Condiment trays have been provided for each table in the dining room.
* Equipment provided to consumers is listed on a cleaning schedule to be cleaned every week when the full cleaning of their room occurs or as required. Handover sheets detail frequency for cleaning and identifies the need to clean medical equipment.
* Additional hours have been introduced for care staff to allow additional spot cleaning, including equipment used to maintain and enhance lifestyle activities and mobility aids.

At the Assessment Contact, the Assessment Team found meals provided are varied and of suitable quality and quantity. The service engages with consumers to understand their dining experience. Where there is negative feedback, they seek to address this through improvements and further discussion. Overall, consumers confirmed they were satisfied with the food and the dining experience and observations of the lunch service showed consumers engaged with other consumers when dining, eating the food and confirming they enjoyed what was served. Documentation confirmed the service has various methods to capture feedback about meals and this is acted on accordingly.

Consumers confirmed they felt safe using equipment to participate in lifestyle activities or to assist with their mobility, and that it was clean and maintained by staff. Observations showed different equipment used to participate in the lifestyle program or ambulate throughout the service appeared clean, safe and well maintained. Staff described how they escalate issues identified with maintenance of equipment to be resolved in a timely manner and how they complete a maintenance request form. Documentation showed maintenance request forms are logged, prioritised and resolved on the day or as soon as practical when parts required become available.

For the reasons detailed above, I find Requirements 4(3)(f) and 4(3)(g) Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team did not assess all Requirements in Standard 5, therefore, a compliance finding at Standard-level is not applicable.

The service was found Non-compliant with Requirement 5(3)(c) following a site audit conducted from 26 to 28 October 2021 where it was found not all maintenance items had been actioned in a timely manner. The system had a priority rating for items, however, not all items had been prioritised or closed out as they were actioned.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* There is a new process in place ensuring equipment provided to consumers is cleaned every two weeks.
* Preventative maintenance and cleaning schedules of equipment has been expanded and there is monitoring in place to ensure kitchen maintenance and cleaning occur three days a week after meal preparation.

At the Assessment Contact, the Assessment Team found furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Consumers confirmed the equipment they use, particularly equipment to daily tasks, such as chairs, walkers and lifters, is right for them and well maintained. Consumers said maintenance are quick to respond when they report an issue. Observations showed furniture and fittings are clean, equipment appears safe and well maintained, including outdoor areas. The service has a maintenance register for staff to complete and a routine and preventative schedule that is maintained by the maintenance officer. Staff described how the service’s environment, equipment and consumers’ rooms are cleaned and maintained. Staff said they have received training on the use of equipment, such as lifters, were confident in their use and described how they would request repairs should any issues be identified. Call bell testing and review for functionality are performed regularly.

For the reasons detailed above, I find Requirement 5(3)(c) Compliant.

# Standard 6

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

Findings

The Assessment Team did not assess all Requirements in Standard 6, therefore, a compliance finding at Standard-level is not applicable.

The service was found Non-compliant with Requirement 6(3)(d) following a site audit conducted from 26 to 28 October 2021 where it was found the trends in consumer feedback about the quality of food services had not been used to effectively improve outcomes or satisfaction with meal services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The service’s feedback and complaints system was reviewed which resulted in implementing a new electronic feedback management system that improves the service’s ability to monitor complaints.
* Feedback guidelines and flowcharts were reviewed and updated and staff was provided training on those procedures.
* The service consulted with consumers and representatives regarding the feedback system and how they can best utilise it.
* An online feedback portal has been implemented which is linked to the service’s electronic feedback management system, to enable representatives to provide feedback without attending the service.

At the Assessment Contact, the Assessment Team found feedback and complaints are reviewed and used to improve the quality of care and services.

Overall, consumers were satisfied with how management respond and review complaints and feedback to improve the quality of care and services. Consumers advised they primarily provide verbal feedback, or through focus groups and resident meetings, and they have observed improvements at the service. Clinical and care staff described how they support consumers to raise their concerns, and how they provide updates on the progress of those concerns. The service has processes and procedures to ensure all feedback is captured, monitored and reviewed for areas of continuous improvement. Review of the service’s feedback and complaints register showed the leadership team reviews issues raised by consumers and representatives to improve care and services.

For the reasons detailed above, I find Requirement 6(3)(d) Compliant.

# 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team did not assess all Requirements in Standard 7, therefore, a compliance finding at Standard-level is not applicable.

The service was found Non-compliant with Requirements 7(3)(a) and 7(3)(e) following a site audit conducted from 26 to 28 October 2021 where it was found the service was unable to demonstrate their workforce was planned to enable, and the number enabled to deliver and manage safe and quality care and services and that they undertook regular assessment, monitoring and review of each member of the workforce.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The service has added four additional shifts to the roster and this had led to an overall improvement in consumer satisfaction regarding how and when they receive care and services.
* A dedicated human resource business partner has been employed since January 2022 to support workforce governance, including the review of the number and mix of staff.
* Improvements and efficiencies were made within the electronic rostering management system to ensure the correct number of staff are rostered within each shift.
* A workforce development strategy and training implementation plan was introduced.
* A performance development program was established to ensure all staff receive performance appraisals in line with service’s policy.
* A human resource business was employed to monitor all staff performance appraisals are completed by their due date. Completion of performance appraisals occurred in September 2022.

At the Assessment Contact, the Assessment Team found the service has a system for planning and managing the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers. The number of consumers and consumer acuity determine the staffing model. Overall, consumers and representatives interviewed were satisfied with the number of staff. Overall, staff said they have enough time to conduct their duties and there are enough staff rostered each day. Staff allocation sheets showed the service has minimal unfilled shifts and is able to use its own workforce to fill short notice absences. Management review and report on workforce governance within the leadership team and to the governing body, addressing any issues associated with the number and mix of staff. Call bells are actively monitored and trended. Extended call bells are reviewed and investigated by management. The service is planning to join a government initiative which will provide online virtual support to the service to access clinical staff, allied health, paramedics and medical officers.

The service regularly assess, monitor and review the performance of each member of the workforce. Staff said assessment of their performance occurs formally through performance appraisals and informally from their supervisor or clinical staff. Competencies are conducted through training days and competency logbooks. The service has a performance appraisal and development process for newly employed and existing staff. Staff performance or disciplinary issues are addressed through counselling process or a formal investigation or where appropriate.

For the reasons detailed above, I find Requirements 7(3)(a) and 7(3)(e) Compliant.

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