Performance

Report

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| Name of service: | Lorne Nursing Home |
| Service address: | Albert Street LORNE VIC 3232 |
| Commission ID: | 4368 |
| Approved provider: | Great Ocean Road Health |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 17 April 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 Lorne Nursing Home (**the service**) has been prepared by Stewart Brumm, 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.
* 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 | |  |
| 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

Each consumer was treated with dignity and respect, and their identity, culture and diversity valued. Staff were familiar with consumers’ backgrounds and described ways they supported consumers lifestyle choices and preferences on a day-to-day basis. Care plans detailed consumers identity, culture and diversity information.

Consumers and representatives said care and services were tailored to their beliefs and customs, and were culturally appropriate. Although there were no consumers who required interpreter services, management advised staff were aware of how to access an interpreter, and brochures in different languages.

Consumers said they were supported to exercise choice and independence in the way care was delivered, and to maintain connections and relationships of choice. Staff were familiar with consumers preferences, as outlined in care plans. Management advised although there were no married consumers at the service, they had capacity to accommodate partners living together.

Consumers said they were supported to take risks which enabled them to live their best lives. The service supported consumers to have control over, and make choices about their care including where choices involved risk.

Consumers were provided timely information that was accurate, easy to understand and enabled them to exercise choice. Staff described how they facilitated consumer choices and varied communication methods to suit consumers’ needs. Menus, activity calendars and notices were displayed throughout the service.

Consumers said their privacy was respected, expressed confidence in the service to protect their personal information, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. The Approved Provider’s policy guided staff on the expectations of consumers privacy.

I was persuaded by the Approved Provider’s ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all six Requirements Compliant.

# 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

A comprehensive assessment and care planning process is undertaken when consumers enter the service to identify their needs, goals and preferences. Staff described how assessments informed delivery of safe and effective care. Care plans reflected what was important to consumers in terms of how their care was delivered, and advance care and end of life planning were included if the consumer wished.

Care planning documents, progress notes and case conference documentation, evidenced involvement and input from the consumer and representative, medical officers, and other allied health professionals.

Outcomes of assessment and planning were communicated regularly to consumers and representatives and documented in care plans, However, consumers and representatives were not offered copies of their care plans. In response, management outlined suitable steps to rectify the issue, such as recording the deficit on the service’s Plan for Continuous Improvement.

Care plans were reviewed every 3 months or more frequently when changes in a consumer’s condition occurred.

I was persuaded by the Approved Provider’s ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements Compliant.

# 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

Consumers and representatives said consumers receiving tailored, and safe care which optimised their health and well-being. Staff were guided by policies and procedures to deliver personal and clinical care that was best practice. The Assessment Team found, although consumers subject to restraints had assessments, behaviour support plans, and authorisation for the restraints, there were no signed consent forms from representatives or medical practitioners. Upon raising with management, the service undertook immediate actions, including appointments made for representatives and medical practitioners to sign consent forms aligned with the consumer’s restraint.

The Approved Provider had procedures and guidelines to effectively manage high impact and high prevalent risks associated with the care of each consumer. Strategies for consumers at risk were communicated and implemented by staff. Consumers and representatives said they were satisfied with the management of risks.

Care planning documents showed consumers who were nearing end of life had their dignity preserved and care provided in accordance with their needs and preferences. Staff described how they maximised consumers’ comfort, and supported consumers’ representatives and families to stay with their loved one.

Progress notes reflected timely identification of, and response to, deterioration and changes of consumers. Staff described strategies used for identifying and responding to changes in consumers’ behaviour or condition, and said they escalated to registered staff or medical officers where required. The Approved Provider had a policy and procedures to guide staff in managing consumers with sudden deterioration.

Consumers and representatives said the consumers’ care needs and preferences were effectively communicated between staff, and they received the care they needed. Care documentation, including care plan summaries and progress notes, provided adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

Consumers and representatives said referrals were timely and appropriate. Consumers had access to a range of health professionals, including allied health and medical specialists. A physiotherapist, dietician and speech pathologist visited the service as required, and a podiatrists visited fortnightly. The Approved Provider had procedures for making referrals to health professionals.

Staff understood precautions to prevent and control infection and described ways to minimise the use of antibiotics. The Approved Provider had policies and procedures, an Infection Prevention Control lead to guide staff in antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. The Approved Provider had a staff and consumer vaccination program, and records were maintained for influenza and COVID-19.

I was persuaded by the Approved Provider’s ability to demonstrate compliance with the Requirements under this Standard, including prompt action to address deficits. I also considered the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all seven Requirements Compliant.

# 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

Consumers said they were supported to do things of interest, and staff encouraged participation in activities which optimised their well-being and quality of life. Care plans reflected consumers’ preferred activities and relevant supports. Lifestyle staff said, as the service had a small consumer population, the activities calendar could be changed at short notice when consumers had a particular request.

Consumers said their emotional, spiritual and psychological needs were supported. Staff said if they identify a change in a consumer’s mood or emotional need, they report it to the clinical staff and provide additional support such as one-to-one conversation, and supporting them to communicate with their families.

Consumers were supported to stay connected with people who were important to them, participate in the community within and outside the service, have social and personal relationships and do things of interest. Care planning documents identified the people important to individual consumers and the activities of interest to the consumer.

Information about the consumer’s condition, needs and preferences were communicated within the organisation, and with others where responsibility for care was shared. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover processes. Care planning documents provided adequate information to support effective and safe sharing of consumers’ care.

Consumers said the Approved Proivder assisted them with referrals to individuals, other organisations and providers of other care and services, and they were kept informed of any bookings, including the hairdresser salon at the service. Care planning documents identified referrals to other organisations and services.

Consumers and representatives expressed satisfaction with the variety and quantity of food, and said there were a range of choices for each meal daily. Care planning document identified consumers’ dietary requirements. The Assessment Team observed the dining experience to be pleasant, with consumers enjoying their meal and a drink served with it.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well maintained. Consumers and staff said they had access to equipment to assist with daily living activities, and knew how to report maintenance concerns.

I was persuaded by the Approved Provider’s ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all seven Requirements Compliant.

# 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

Consumers and representatives said the service was welcoming, easy to navigate, and they could personalise their rooms and surroundings which made the service feel like home. Representatives said they utilised the common areas, such as the garden space to have lunch, tea or coffee with their loved ones. The service environment was observed to be welcoming, living areas had natural light, and corridors were free from equipment to support ease of interaction and movement.

All areas of the service were observed to be safe, clean, and maintained. Consumers were satisfied with cleanliness of their rooms and common areas. The acting maintenance officer explained the service’s strong relationships with trades and other organisations within the region, ensured prompt attendance to the service’s needs. This was evident with documentation reviewed by the Assessment Team.

Consumers had access to and were observed using a range of equipment including walkers, wheelchairs, and comfort chairs. Maintenance logs were kept and actioned in a timely manner. The Assessment Team observed emergency exit doors were free of clutter and obstacles.

I was persuaded by the Approved Provider’s ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all three Requirements Compliant.

# 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

Consumers and representatives were encouraged to provide feedback, and said they were comfortable to raise any concerns with management or staff, and feel safe doing this. A suggestion box is available to consumers and representatives. Staff described the process they follow should an issue be raised with them directly by addressing it, or escalating it.

Although no consumers required language or advocacy services to resolve complaints, consumers and staff were aware of these services. Posters were displayed and brochures available regarding complaints, language and advocacy service.

Staff were aware of the underlying principles of open disclosure, including acknowledging when things go wrong, to apologise, and to use all complaints as opportunities for improvement. Staff and management were able to describe the process that was followed when feedback or a complaint was received. The Assessment Team reviewed the feedback and complaints register and found no complaints, but lots of compliments regarding excellent staff care and representatives' appreciation.

Feedback and complaints were reviewed and used to improve the quality of care and services. Management advised as the service had few complaints, no trending of data occurred at the service; however, as part of the wider organisation, the service was kept informed of trends happening elsewhere in the organisation, and they could review these in relation to their own care services.

I was persuaded by the Approved Provider’s ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all four Requirements 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)(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 considered staffing levels were adequate. The Approved Provider had effective rostering processes to deploy sufficient staff and replace absences. Call bell data identified most call bells were answered under 10 minutes.

Consumers said staff were respectful, kind and caring. The Assessment Team observed several kind and respectful interactions between staff and consumers, including staff addressing consumers by their preferred name. The Approved Provider had policies and procedures to guide staff practice, which outlined care and services were to be delivered in a respectful, kind and person centred manner.

Consumers and representatives considered staff perform their duties effectively, confident staff were trained appropriately and skilled to meet their care needs. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements. Staff said they received training and supervision to do their job well.

Staff were supported in their induction and onboarding process and had access to training to perform their duties. The Approved Provider provided regular toolbox training, and other individualised training for staff. Training needs were identified through analysis of incidents and consumer feedback. Training records reflected most staff had completed mandatory training.

Staff described the performance appraisal process, confirmed they occur annually and said they were supported to access additional training as part of the process.

I was persuaded by the Approved Provider’s ability to demonstrate compliance with the Requirements under this Standard, staff knowledge of the processes, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements Compliant.

# 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

Consumers partnered in improving the delivery of care and services by participating in meetings, surveys and care plan reviews. Consumers and representatives advised the Approved Provider listened and responded to their suggestions and sought input on a range of topics.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback.

The Approved Provider had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The Approved Provider has a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Members of the workforce had been educated about the policies and were able to provide examples of their relevance to their work.

I was persuaded by the Approved Provider’s ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements Compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)