Loxton District Nursing Home

Performance Report

Drabsch Street
LOXTON SA 5333
Phone number: 08 8584 8555

**Commission ID:** 6405

**Provider name:** Riverland Mallee Coorong Local Health Network Incorporated

**Site Audit date:** 8 March 2022 to 10 March 2022

**Date of Performance Report:** 3 May 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff, management and others
* the provider’s response to the Site Audit report received 5 April 2022
* an Infection Control Monitoring checklist completed as part of the Site Audit undertaken from 8 March 2022 to 10 March 2022.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

## The Assessment Team found overall, consumers considered that they are treated with dignity and respect, can maintain their identify, make informed choices about the care and services they receive and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers’ identity, culture and diversity are valued and described examples of celebrating specific cultural days and decorating consumer rooms to reflect their identity.
* Consumers can communicate their wishes and are supported to make decisions on how they would like things done.
* Consumers can live their life according to their preferences and are supported to do so by staff.
* Consumers are provided sufficient information to assist them in making decisions and exercise choice.
* The service respects consumers’ privacy and maintains confidentiality of their personal information.

Consumer files sampled included individualised information about each consumer’s specific emotional, spiritual and cultural needs. Staff sampled consistently spoke about consumers in a manner that indicated respect and an understanding of consumers’ personal circumstances and life journey. Staff were familiar with individual consumer’s past and current circumstances and described how these aspects impact delivery of care and services. Policy and procedure documents are available to guide staff practice and reflect and support an inclusive, consumer centred approach to the provision of care and services.

## Consumers are supported to exercise choice, maintain relationships and independence and communicate their decisions. For consumers sampled, staff described how each consumer is supported to make informed choices about their care and to maintain relationships of choice. Care files demonstrated consumers had appointed various representatives to participate and support them in choice and decision making processes, including during care and service review processes.

## Consumers confirmed they can live their life according to their preferences and are supported to do so. Care files demonstrated that where a consumer had chosen to engage in an activity with an element of risk, consultation with consumers and/or representatives and Medical officer and/or allied health professional had occurred, risk assessments had been completed outlining risks involved and management strategies had been developed. One consumer indicated risks relating to an activity they partake had been discussed with them and they have access to equipment to mitigate risks. Staff were knowledgeable of the service’s policies and procedures relating to dignity of risk and for consumers sampled, described strategies they implement to minimise impact of risks.

## Consumers confirmed information is provided and communicated to them to enable them to make choices about the care and services they receive. Consumers receive information through a number of avenues, including meeting forums, newsletters and noticeboards. Staff descried how information is provided to consumers with communication difficulties and cognitive impairment. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

## Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Loxton District Nursing Home, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

The Assessment Team found overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They are involved in care planning through face-to-face consultation meetings and telephone communication on entry, during three monthly care plan review processes and following changes to care.
* They have access to care plans on request and one consumer spoke about their care plan in detail, indicating they have a copy in their room.
* Described how staff collect information regarding consumers’ preferences and understand these are considered when planning and delivering care and services from entry and throughout their stay at the service.

Care files sampled demonstrated a range of assessments are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s goals, needs and preferences. Additionally, a range of recognised clinical risk assessment tools are used to inform care planning, including in relation to pressure injuries, falls, mobility and nutrition and hydration, and strategies are developed to mitigate risks.

Consumer files sampled identified and addressed consumers’ needs, goals and preferences relating to care and services and there are processes to identify consumers’ preferences relating to advance care planning and end of life planning. Regular review processes ensure information remains current and reflective of consumers’ current care and service needs.

Care files demonstrated staff work with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including Medical officers and allied health professionals was also noted.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which assists staff to deliver care and services in line with consumers’ preferences. Care files demonstrated discussions relating to care and services are undertaken with consumers and/or representatives after entry, at three monthly care plan review meetings or when consumers’ circumstances change.

There are processes to ensure care plans are up-to-date and meet the consumer’s current needs, including when changes are required due to an adverse event or a change in the consumer’s health condition.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Loxton District Nursing Home, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Compliant**

*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.*

**Requirement 2(3)(b) Compliant**

*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.*

**Requirement 2(3)(c) Compliant**

*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.*

**Requirement 2(3)(d) Compliant**

*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.*

**Requirement 2(3)(e) Compliant**

*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.*

# STANDARD 3 NON-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 Non-compliant as two of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a) and (3)(g) in this Standard as Not met. The Assessment Team were not satisfied the service demonstrated:

* Each consumer gets safe and effective personal and/or clinical care, that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to management of diabetes, oxygen and pain for one consumer.
* Staff practices support effective minimisation of infection related risks through the implementation of standard and transmission-based precautions to prevent and control infection.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report, the Infection Control Monitoring checklist and the provider’s response and find the service Non-compliant with Requirements (3)(a) and (3)(g). I have provided reasons for my finding in the specific Requirements below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Expressed satisfaction with management aspects of clinical care, including restrictive practices.
* Have discussed consumers’ end of life wishes with staff, either on entry or during care consultation processes, and this is documented in their care plan.
* Consumers have access to Medical officers and allied health professionals and said clinical staff consult with them prior to referrals being made and recommendations relating to outcomes of referral are discussed with them.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files sampled demonstrated appropriate assessment and management of risks relating to restrictive practices and falls. Staff demonstrated an awareness of the high impact or high prevalence risks for consumers sampled and discussed specific strategies to mitigate the risks.

The service has processes to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. Palliative care assessments are completed in consultation with consumers and/or representatives and include goals, strategies, spiritual, cultural, and psychological aspects of care and planned personal and clinical care management strategies. Care staff described monitoring processes and end of life care wishes for a consumer who recently passed away and the care they provided, including repositioning and pressure area care and oral care.

Where changes to consumers’ health are identified, care files sampled demonstrated assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health professionals initiated. Care files demonstrated representatives are kept informed and care plans are reviewed and updated. Additionally, where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Loxton District Nursing Home, to be Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 3 Personal care and clinical care.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Non-compliant**

*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.*

The Assessment Team were not satisfied the service demonstrated each consumer gets safe and effective personal and/or clinical care, that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to management of diabetes, oxygen and pain for one consumer. The consumer had entered the service in the week prior to the Site Audit. The Assessment Team’s report provided the following evidence relevant to my finding:

Diabetes management

* A Diabetic management plan had not been completed, in line with the service’s process.
* A monitoring chart indicated blood glucose levels (BGL) were over 15mmol/L on 13 occasions over a seven day period. Staff did not follow the service’s policy in response to these BGLs, including contacting the Medical officer or rechecking the BGL. This was confirmed by nursing staff, responsible for undertaking BGLs, who said they did not contact the Medical officer or undertake the relevant follow-up monitoring.

Continuous oxygen therapy

* Continuous oxygen therapy is being administered without a medical or nurse initiated order. The service could not demonstrate how the oxygen flow was monitored and recorded.
* The consumer’s care plan includes information relating to management of the oxygen therapy, such as the flow rate, equipment required and cleaning and management the equipment.
* Two clinical staff indicated they had not been checking the flow rate or documenting oxygen administration and stated they were unaware there was no oxygen therapy directive/order.

Pain management

* The consumer entered the service for comfort care. Staff did not ensure as required pain relief, as recommended on the Hospital discharge summary, was prescribed.
* For five days, the consumer was not assessed or monitored for possible discomfort and pain associated with wound care, continence and repositioning.
* Clinical staff said the consumer did not complain of pain, however, acknowledged the as required order for pain relief was not followed up as recommended on the Hospital discharge summary.
* The consumer told the Assessment Team they have pain at times but they ‘put up with it’.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response included a Plan for continuous improvement, directly addressing deficits highlighted in the Assessment Team’s report. Actions planned and/or completed include, but are not limited to, development of a Resident admission/returning from acute care facility procedure, flowchart and checklist and provision of staff education in relation to diabetes and pain management.

I acknowledge the provider’s response, the supporting documentation provided and the actions taken in response to deficits highlighted. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service had not ensured each consumer was provided safe and effective personal and/or clinical care that was best practice and optimised their health and well-being, specifically in relation to diabetes, oxygen and pain for the consumer highlighted.

I find the service had not ensured care provided to the consumer was tailored to their needs or optimised their health and well-being. In relation to diabetes, a plan to guide staff in the management of the consumer’s diabetes was not initiated in line with the service’s processes. While the consumer’s BGLs were noted to have been above the desired range, as outlined in the service’s policy, on 13 occasions in a seven day period, staff failed to implement actions in response, including liaising with the Medical officer and initiating further monitoring processes.

In relation to oxygen management, I acknowledge a care plan relating to oxygen therapy was in place. However, I have considered that an order for the oxygen had not been obtained and clinical staff confirmed processes to monitor administration and use of the oxygen had not been implemented.

In relation to pain management, I have considered that despite the consumer entering the service for comfort care, appropriate processes to assess and monitor the consumer’s pain levels had not been initiated. Furthermore, information from the Hospital discharge summary had not been followed up and used to tailor care to the consumer’s needs or to ensure their comfort was maximised.

I acknowledge actions taken by the service at the time of the Site Audit, including contacting the Medical officer and confirming therapeutic BGL ranges, seeking a directive for oxygen therapy and arranging for the consumer’s medications relating to pain be reviewed. However, I have considered that these actions were taken in response to feedback provided by the Assessment Team and not as a result of the service’s own monitoring processes.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Loxton District Nursing Home, to be Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(b) Compliant**

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

**Requirement 3(3)(c) Compliant**

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

**Requirement 3(3)(d) Compliant**

*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.*

**Requirement 3(3)(e) Compliant**

*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.*

**Requirement 3(3)(f) Compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

**Requirement 3(3)(g) Non-compliant**

*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.*

The Assessment Team were not satisfied the service demonstrated staff practices support effective minimisation of infection related risks through the implementation of standard and transmission-based precautions to prevent and control infection. The Assessment Team’s report provided the following evidence relevant to my finding:

* Staff practices were observed not to be in line with an effective infection prevention and control program. Poor practices were observed relating to hand hygiene and the use of shared equipment, including door handles and key access coded doors. Staff were observed not to wash or sanitise their hands between attending to consumers.
	+ Staff entering and exiting coded doors did not sanitise their hands prior to using the code pads and there was no sanitising gel available for use adjacent to coded door pads.
* There were no hand sanitiser wall dispensers in corridors or signage to remind staff and visitors of the importance of good hand hygiene, coughing techniques and social distancing.
* Clinical and care staff sampled were not able to describe the correct procedure for donning and doffing of personal protective equipment when attending to a consumer in isolation. Two clinical and three care staff said they had not had practical training on donning and doffing or personal protective equipment.
	+ Management confirmed no practical training on donning and doffing had been provided to staff.
* The COVID-19 Outbreak plan was not tailored to the individual needs of the service and key information to guide staff practice in the event of a COVID-19 outbreak was omitted.
	+ Management appeared to be unfamiliar with the Outbreak plan, had difficulty answering questions relating to the plan and locating key information.
	+ Management confirmed the COVID-19 Outbreak plan has not been practiced.
	+ Three clinical staff, whose roles includes being in charge in the evening, night duty and weekends said they had not received training on their role in line with the COVID-19 Outbreak plan.
	+ Three clinical staff said they had not seen the COVID-19 Outbreak plan and were unaware where it was located.

The service was able to demonstrate aspects of the Requirement in relation to practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Clinical staff described working with the Medical officer to identify alternative treatment options prior the commencement of antibiotics which is having a positive effect. For one consumer, isolating in line with state COVID-19 directives, a range of actions had been implemented, including signage and a personal protective equipment station in the area the consumer was residing.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response included a Plan for continuous improvement, directly addressing deficits highlighted in the Assessment Team’s report. Actions planned and/or completed include, but are not limited to:

* The COVID-19 Outbreak plan has been reviewed and updated.
* Staff education in relation to hand hygiene, COVID-19 planning and personal protective equipment, including donning and doffing, has been scheduled for April 2022.
* Reviewed sanitiser stations with additional introduced.
* A COVID-19 practical exercise schedule to be implemented.

I acknowledge the provider’s response, the supporting documentation provided and the actions taken in response to deficits highlighted. However, based on the Assessment Team’s report, the Infection control monitoring checklist and the provider’s response, I find at the time of the Site Audit, the service did not demonstrate effective practices to minimise infection related risks, specifically in relation to COVID-19.

I have considered observations of staff practice and the service environment did not demonstrate application of effective standards and precautions to prevent transmission and minimise spread of infection. Poor staff practices relating to infection control were observed throughout the duration of the Site Audit and limited access to sanitising agents and signage relating to infection prevention was noted.

I have considered clinical and care staff sampled were not aware of personal protective equipment donning and doffing processes and training in relation to this had not been provided. At the time of the Site Audit, one consumer was isolating in line with state COVID-19 directives. As such, I find the service has not ensured infection related risks have been identified and appropriate actions, specifically ensuring staff are trained and competent to undertake this process, have been implemented to prevent and minimise spread of infection.

I have considered that the organisation’s Outbreak management plan was not tailored to the specific needs of the service and did not provide sufficient information or guidance for staff in the event of a potential COVID-19 outbreak. The Outbreak management plan, used to guide staff in the event of an outbreak, did not include key information to assist staff to implement appropriate actions to manage an outbreak and minimise the spread of infection. I have also considered that management seemed unfamiliar with the plan and could not locate key information relating to the plan, and three clinical staff members had not received training on their role in line with the COVID-19 Outbreak plan, indicated they had not seen the COVID-19 Outbreak plan and were unaware where it was located. As such, the evidence presented does not ensure the organisation’s infection control processes would be able to be quickly implemented and escalated in the event of a potential or actual outbreak.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Loxton District Nursing Home, to be Non-compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* They receive safe and effective services and supports for daily living that helps their health, well-being, and quality of life.
* They enjoy attending activities provided and are supported by staff to maintain their independence.
* Staff support them to do the things they like to do and that are important to them, such as maintain connections with family and friends.
* They are satisfied with the meals provided, they have choice and feedback provided in relation to meals is actioned.

Care files sampled included consumers’ goals, lifestyle and activity preferences, important relationships and needs and preferences in relation to emotional, social, spiritual, and cultural support. Consumers’ life history, including past social interests, hobbies and occupation are also documented. Staff described what was important to individual consumers and provided examples of how they assist and support consumers to do the things they like as well as provide emotional and psychological support when required.

Consumers are provided with appropriate services and supports for daily living, including participating in their internal and external communities, doing things of interest them and maintaining social and personal relationships within the service and in the community. A monthly activities calendar is maintained and the lifestyle program is based on the preferences and interests of consumers. Activities are provided either in a group setting or one-to-one with individual consumers. Consumers’ participation in the activity program is regularly evaluated and reviewed, taking into consideration consumer feedback.

Consumer files sampled demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated. Consumers indicated their condition, needs and preferences had been identified by the service and were known by staff and the service had undertaken timely and appropriate referrals when required and requested.

Meals are prepared and cooked fresh on site in line with a four-week rotating menu. Care files sampled reflected consumers’ dietary needs and/or preferences, including allergies, likes and dislikes. Consumers provided positive feedback about the food, indicating they are provided choice, meals are varied and of suitable quality and quantity and the service responds to feedback about food. Staff sampled knew where to access information relation to consumers’ food and fluid preferences and described dietary needs and preferences of consumers in line with documentation sampled.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Internal monitoring processes ensure equipment provided is maintained. Consumers confirmed their individual equipment is safe, clean, and well maintained.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Loxton District Nursing Home, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

*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.*

**Requirement 4(3)(b) Compliant**

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

**Requirement 4(3)(c) Compliant**

*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.*

**Requirement 4(3)(d) Compliant**

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

**Requirement 4(3)(e) Compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

**Requirement 4(3)(f) Compliant**

*Where meals are provided, they are varied and of suitable quality and quantity.*

**Requirement 4(3)(g) Compliant**

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

The Assessment Team found overall, consumers sampled felt a sense of belonging within the service and considered the service environment to be safe and comfortable. The following examples were provided by consumers during interviews with the Assessment Team:

* They are able to move freely both indoors and outdoors and are happy with environmental factors, such as lighting, temperature and noise levels.
* Maintenance issues are attended to in a timely manner.
* They are satisfied furniture, fittings and equipment are well maintained and suitable to their needs.

The Assessment Team observed the service environment to be welcoming and easy to understand with location signs in place to support navigation. Consumers with cognitive impairment were observed to be easily navigating around the service, assisted by appropriate signage which was noted to be at a comfortable eye level. The living environment consists of various communal spaces for consumers to sit or conduct activities, and enables consumers to move around freely. There is adequate natural lighting, with the environment appearing bright and open.

The service was observed to be safe, clean, well maintained and comfortable and the service environment supports free movement of consumers both indoors and outdoors. Outdoor and communal indoors spaces were accessible to mobile and risk-assessed consumers and consumers with limited mobility were observed to be supported to access the outdoor environment. Cleaning of consumer rooms and common areas are undertaken in line with a schedule and additional cleaning of high touch surfaces has been implemented as part of the service’s infection control measures.

Staff described how they ensure the service environment and equipment is safe, cleaned and maintained. Preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues. Contracted services are utilised to maintain and inspect aspects of the environment and equipment.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Loxton District Nursing Home, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

The Assessment Team found overall, consumers sampled considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They are comfortable talking to staff and management about any issues and feel like they are listened to.
* They are satisfied with actions taken by management in response to following feedback they have provided.
* Management liaise with them to ensure feedback is actioned and improvements are identified and implemented in response to their feedback.

Consumers and representatives said they would speak directly with management or staff if they had a concern and felt comfortable to provide feedback. Additionally, consumers and representatives were aware of both internal and external feedback processes. Staff described how they respond to complaints or feedback raised by consumers and/or representatives, including completing feedback forms on the consumer’s behalf or raising the issues with senior staff. Resident meeting minutes demonstrated consumers are supported and encouraged to provide feedback and raise concerns through these forums.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and on an ongoing basis. Feedback forms and external complaints and advocacy information was also observed on display.

Feedback received is logged electronically and includes details of any investigations, corrective actions apology and other communication with the complainant. Policy and procedure documents are available to guide staff practice in relation to management of feedback and complaints and open disclosure. Staff demonstrated an understanding of what open disclosure means and how this is relevant to the complaints process.

Management provided examples of improvements that had been made in response to feedback. Management indicated that the service does not receive a large number of complaints, therefore, has limited data to trend. However, the Assessment Team noted that not all feedback received was being captured on the electronic system, therefore, not contributing to identification of trends. This was acknowledged by management who indicated further education will be provided to staff in relation to documenting all feedback.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Loxton District Nursing Home, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

**Requirement 6(3)(b) Compliant**

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

**Requirement 6(3)(c) Compliant**

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

**Requirement 6(3)(d) Compliant**

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

The Assessment Team found overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Confirmed staff are kind and caring, they treat consumers with respect, they are responsive to their needs and understand their preferences and interests.
* There are adequate numbers of staff with appropriate skills and knowledge and consumers’ call bells are answered quickly;
* Staff attend to consumers’ care and needs and know what they are doing; and
* Are satisfied with the skills and knowledge of staff and consumers indicated they feel safe when receiving assistance from staff and are confident in the ability of the staff members.

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Management described how allocation of staff is planned ensuring provision of consumers’ care and services. There are processes to manage planned and unplanned leave, including through a casual pool of staff. Staff sampled indicated there are enough staff overall to provide care to consumers and the service ensures unplanned leave is addressed.

Staff interactions with consumers were observed to be kind, caring and respectful. The Complaints and compliments register sampled for the previous three months demonstrated no complaints had been received in relation to workforce interactions, however, there were multiple compliments for staff and the caring manner they showed to consumers.

The organisation’s recruitment processes ensure the workforce have the skills and knowledge to effectively perform their roles. Staff onboarding processes include appropriate checks and a corporate and site induction. Duty statements are available to guide staff practice and outline minimum qualification requirements. A training schedule is maintained and is based on core competencies which staff require to perform their roles effectively. Training records sampled demonstrated the service maintains relevant and current competencies for its staff across all roles.

Staff are supported to develop in and perform their roles through initial induction processes which includes a corporate induction, mandatory training in line with job role and buddy shifts. Following induction, staff are provided ongoing training in line with a training schedule. Training needs, in addition to mandatory training components, are identified through various avenues, including a training needs analysis, incident data, feedback and complaints, audits and changes to legislation/regulations. Staff indicated they have been provided enough training opportunities to conduct their role confidently and competently and can access further online training opportunities if they want.

The service has a staff performance framework, supported by policies and procedures, which ensures staff performance is regularly assessed, monitored and reviewed. Staff performance appraisals are conducted every six to 12 months and as required and includes goal setting and a self-assessment against competency expectations for the role. Staff indicated they felt supported in their role and assessment of their performance occurs formally through reviews and informally from their supervisor through on-the-job interactions. Management described staff performance management processes implemented where poor performance is identified, including formal investigation processes and completion of a reflective practice tool.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Loxton District Nursing Home, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# 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 five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services through meeting forums, feedback processes, surveys and care and service review processes. The organisation has implemented a Consumer and community engagement strategy to guide and promote active engagement with consumers, representatives and the community. A Resident advocate visits the service and engages with consumers and representatives to provide feedback or engage in service wide projects with management. The Resident advocate presents feedback at resident meetings and to the Health Advisory Council, who report to the governing Board.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation is governed by a Board which operates as part of the broader South Australian public health system. The Board is supported by various sub-committees who report to and are accountable to the Board. The Board receives monthly reports, including a Residential aged care quality and safety report and an Executive summary report which provide data, analysis and trending of all incidents and consumer feedback (regional and site specific); monthly psychotropic reports; quarterly National Aged Care Mandatory Quality Indicator reports and Service Incident Response Scheme reports. The Board satisfies itself that the service is meeting the Quality Standards through review of monthly and quarterly reports and visits the service to talk to and engage with consumers, representatives and staff.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff sampled were aware of organisational policies and procedures relating to these aspects and through evidence presented in other Standards, described how they implement these within the scope of their roles.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Loxton District Nursing Home, to be Compliant with all Requirements in Standard 8 Organisational Governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

**Standard 3 Requirements (3)(a) and (3)(g)**

* Ensure staff have the skills and knowledge to:
	+ Provide appropriate care relating to management of diabetes, oxygen therapy and pain;
	+ For consumers new to the service, use all available information to develop plans of care which are tailored to the consumer’s needs and optimise their health and well-being. This includes initiating appropriate assessments, monitoring processes and management plans to guide staff in delivery of personal and clinical care.
	+ Initiate appropriate assessments, develop management plans and monitor effectiveness of management plans, including in relation to diabetes and pain;
	+ Implement standard and transmission based precautions to prevent and control the spread of infection, including in relation to COVID-19, hand hygiene and use of personal protective equipment.
* Ensure the COVID-19 Outbreak plan is reflective of the service and includes sufficient, relevant information to support and guide staff in the event of a potential or actual outbreak.
* Ensure staff are aware of and have access to the COVID-19 Outbreak plan.
* Ensure policies, procedures and guidelines in relation to diabetes, oxygen therapy, pain and infection control, including COVID-19 are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to diabetes, oxygen therapy, pain management and infection control.