Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Nanyima Aged Care |
| Service address: | 61 Alexandra Street MIRANI QLD 4754 |
| Commission ID: | 5254 |
| Approved provider: | Nanyima Aged Care Inc. |
| Activity type: | Site Audit |
| Activity date: | 15 February 2023 to 17 February 2023 |
| Performance report date: | 03 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 Nanyima Aged Care (**the service**) has been prepared M Franco, 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.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

At the time of the performance report decision, the service is:

• Treating all consumers with dignity and respect.

• Supporting consumers to exercise choice, independence and risk-taking activities.

• Supporting relationships that are important to consumers in accordance with their wishes, such as supporting family visits and maximising quality time spent together by married couples who reside at the service.

• Ensuring that consumers of all abilities have information communicated to them in a manner which is tailored to them and that they understand.

All consumers and representatives sampled said that they feel that staff treat them with dignity and respect and that they feel valued as an individual. Staff could describe how they treat consumers with respect by acknowledging their choices, building rapport by investing the time to understand their background, life history and needs.

The service evidenced it has implemented policies to create a diverse and inclusive culture at the service. For example:  
• Lifestyle staff described their involvement in the service's admission process, particularly working with consumers and their representatives to understand each consumer's life story, including childhood, education, occupation, cultural and spiritual preferences, interests and special needs and abilities. Lifestyle staff said they collate all this information into a lifestyle assessment and care plan.

• The Assessment Team reviewed the service’s consumer welcome pack which outlines the Charter of Aged Care Rights available for consumers and this was also observed to be displayed on noticeboards.

The service advised it currently services consumers from a culturally and linguistically diverse background however, no consumers had any cultural needs or preferences at present. Staff demonstrated awareness of various cultures and what it may mean in relation to delivering culturally safe care.

The service was able to demonstrate how information surrounding care and services is provided to consumers and representatives in a timely manner and in a way that is clear, easy for them to understand and allows them to make informed choices. Consumers and representatives interviewed described the information they get to help them make decisions about the things they would like to do. Staff were able to describe ways in which information is provided to consumers, in line with their needs and preferences. In addition, The service was able to demonstrate that each consumer's privacy is respected, and personal information is kept confidential. All consumers and representatives were able to describe how their privacy is respected by staff. Staff could describe the practical ways they respect personal privacy of consumers at the service. The Assessment Team observed the service has protocols in place to protect consumer privacy.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

At the time of the performance report decision, the service is:

• Undertaking assessment and planning in partnership with consumers and their representatives through the service’s electronic care management system (ECMS) for planning, assessments and monitoring.

• Collaborating with other organisations and providers of care, such as MO, occupational therapists (OT), dietitians and speech pathologists around the care needs for each consumer.

• Documenting and communicating outcomes of care in a care plan that is readily available to the consumer or their representative.

• Demonstrating a review of care plans on a 4-monthly basis, and as required, and involves consumers, representatives and external providers.

The service was able to demonstrate assessment and planning considers risks to each consumer’s health and well-being. Consumers and representatives interviewed said that they receive the care and services they need, and they are involved and have a say in the care planning process. Staff were able to describe the care planning process in detail, and how it informs the delivery of care and services. Care planning documentation reviewed for consumers sampled evidenced consideration of individual risks that influenced delivery of care and services. For Example:

• Clinical nursing staff including the CC and registered nurses (RNs) described the assessments conduced at the service for new consumers guided by an initial admission checklist that is to be completed within 14 days. A copy of the admission’s checklist including initial assessments to be conducted were provided to and reviewed by the Assessment Team for relevance.

The service was able demonstrate that it partners with consumers, and others who consumers wish to involve, in the planning and assessment of care. Care planning documentation evidenced regular care plan evaluations and review, and involvement of a diverse range of external providers and services such as MOs, physiotherapists, dietitians and speech pathologists in consumer care. Consumers and representatives sampled were able to explain who was involved in their care. Staff described the importance of consumer-centred care planning and explained how they actively collaborate with consumers, representatives and other providers of care to ensure quality care is provided.

The service was able to demonstrate that the outcomes of assessment and planning are effectively communicated to the consumer and representatives and documented in a care and services plan that is readily available to the consumer and to those who are involved in their care. Consumers and representatives interviewed said they feel the service maintains good communication with them, particularly around changes in care and medication, and said that staff explain things to them clearly and clarify clinical matters if needed. Clinical staff said representatives are contacted through telephone and email conversations. For the consumers sampled, care planning documentation identified evidence of regular periodic reviews and/or when circumstances changed, such as consumer deterioration or incidents such as infections, falls and wounds. Clinical management and clinical staff could describe how and when consumer care plans are reviewed. Consumers and representatives interviewed said that clinical staff regularly discuss their care needs with them, and any changes requested are addressed in a timely manner. Allied health professionals also confirmed that they are involved in 4-monthly care plans reviews or sooner, if triggered by an incident or change in circumstances.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

At the time of the performance report decision, the service is:

• Demonstrating that consumers receive tailored and best practice personal and clinical care, notably for complex care needs such as skin integrity, catheter care, restrictive practices and pain management.

• Ensuring that deterioration or change of consumers' health, function, capacity or condition is recognised and responded to in a timely manner, including consumers who are nearing EOL.

• Supplementing their workforce with other providers of care including MOs and allied health professionals (AHPs), who each have a communication folder in the nurse’s station to document referrals.

• Minimising infection-related risks through infection prevention and control (IPC) measures and best practice care.

Consumers sampled advised they receive safe and effective personal and clinical care that is better practice, tailored to meet the individual consumer’s needs and optimises their health and well-being. Sampled consumer files including assessments, care plans, progress notes, medication charts and other care charts reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. The service has policies, procedures and work instructions for key areas of care including but not limited to, restrictive practices, wound management and pain management, all of which are in line with best practice. Management and staff described how they know the care they provide is safe and effective.

The service demonstrated that all identified high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending and reporting, and implementation of suitable risk mitigation strategies for individual consumers. Management identified and clinical indicator data confirmed that falls, weight loss and skin integrity issues are the most prevalent risks at the service. Staff were able to describe a range of mitigation strategies used to manage these risks, which aligned with what was seen within the care plans. Consumers and representatives expressed satisfaction of how these risks are managed by the service. The service was able to demonstrate changes in a consumer’s health, function, capacity or condition is recognised and responded to in a timely manner. For the consumers sampled, care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in condition. Consumers and representatives sampled said the service recognises and responds to changes in condition in an appropriate and timely manner. Clinical staff explained how deterioration is recognised, responded to, documented and monitored at the service.

The service was able to demonstrate that infection risks are adequately managed by the service, including the appointment of an IPC lead. Staff were able to describe how they apply best practice infection control practices in their routine work. The Assessment Team observed these practices while on site and noted a thorough visitor and staff COVID-19 screening process. The service also demonstrated that they practice antimicrobial stewardship through close monitoring of infections and working with the MO for the safe prescription of antibiotics. Consumers and representatives interviewed also expressed confidence in the service’s ability to minimise and prevent infections and outbreaks.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

At the time of the performance report decision, the service is:

• Providing services and supports for daily living including a variety of lifestyle activities, allowing consumers to participate in the community and supporting consumers to maintain relationships, particularly married couples who reside at the service.

• Promoting each consumer’s emotional, spiritual and psychological well-being by offering church services to consumers, regular visits by the lifestyle staff and volunteers, timely and appropriate referrals to specialists, and one-on-one conversations with consumers.

• Demonstrating that consumer dietary needs are considered and followed including allergies and intolerances.

Consumers and representatives interviewed confirmed they are supported to participate in activities they like, and they are provided with appropriate support to optimise their independence and quality of life. Lifestyle staff explained how they partner with the consumer and their representatives to conduct a lifestyle assessment on admission which collects the consumer’s individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural and spiritual needs and traditions. For the consumers sampled, staff could explain what is important to them and what they like to do, and this aligned with the information in the consumer’s care plan. Consumers and representatives interviewed said the consumer's condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff interviewed were able to describe ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer. Care planning documentation for consumers sampled provided adequate information to support safe and effective care as it relates to services and supports for daily living. All consumers and representatives interviewed expressed satisfaction with the variety, quality and quantity of food being provided at the service. Consumers said they are given a choice for each meal daily and they are able to request alternatives such as sandwiches or salads if they do not like what is on the menu that day. Kitchen staff were able to explain how consumer preferences are incorporated into the menu and how feedback is used to inform the development of the menu.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

At the time of the performance report decision, the service is:

• Welcoming and easy to understand with clear signage, adequate lighting and with multiple communal areas and practical measures taken by staff such as encouraging consumers to personalise their room.

• Promoting consumer independence, function and enjoyment with multiple areas for social interaction and engagement that include spacious courtyards, lounge areas, activities rooms and interconnected wings.

• Demonstrating an efficient system for the management of reactive and preventative maintenance and provision of cleaning services.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

At the time of the performance report decision, the service is:

• Able to make consumers and representatives feel safe, encouraged and supported to provide feedback and make complaints via feedback forms, surveys, an online portal and an 'open door' policy.

• Regularly seeking feedback from consumers, representatives, the workforce and others via a range of avenues.

• Practicing open disclosure during complaint resolution and incidents and ensuring that suitable actions are taken to address concerns in a timely manner.

Consumers and representatives sampled said they understand how to give feedback or make a complaint, and they feel comfortable doing so. Management and staff were able to describe the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service's complaint register showed feedback gathered through various means, including feedback submitted verbally, by e-mail and via feedback forms. Consumers sampled said they were comfortable raising concerns within the service and were aware of advocacy services if needed. Management and staff reported they did not currently have any consumers who required interpreter services but were aware of how engage them if a need arises in the future.

Consumers and representatives interviewed said the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Sampled complaints data showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer informed.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

At the time of the performance report decision, the service is:

• Demonstrating workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

• Ensuring that mandatory training is completed for all members of staff.

• Regularly assessing, monitoring and reviewing the performance of members of the workforce.

The service was able to demonstrate there were adequate staffing levels and mixes to meet the needs of the consumers. Sampled consumers and representatives felt the service had enough staff to meet consumers’ care needs. Management and staff were able to describe how they ensure there is enough staff to provide safe and effective care by having an electronic base roster with shifts designed to cover the care needs of the consumer.

All consumers and representatives said staff are kind, caring and gentle when providing care and services. Staff were observed to always greet consumers in a friendly manner, with respect and the consumer's preferred name was used during greetings and interviews. Staff demonstrated that that they were familiar with each consumer's individual needs and identity during interviews. Consumer care and dementia support are part of mandatory education and management stated that the service has documented policies to direct staff practice, which outline that care and services are to be delivered in a respectful and kind manner.

Consumers and representatives interviewed said they feel staff are competent and qualified to do their job and did not identify or provide any specific feedback on any areas where staff need more training. Staff interviewed said the service provides mandatory and supplementary training to support them to provide quality care. Management described how they support their staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

At the time of the performance report decision, the service is:

• Ensuring consumers are engaged in the development, delivery and evaluation of care and services by involving consumers in their own care plan reviews and facilitating consumer meetings.

• Implementing governance systems, a risk management plan and a clinical governance framework for the delivery of safe and quality care and services.

• Demonstrating that SIRS investigations and response processes align to regulatory requirements as well as better practice open disclosure practices.

The service was able to demonstrate consumer engagement in the development, delivery and evaluation of care and services. Consumers and representatives said that they are engaged via a variety of mechanisms including consumer meetings, committees and surveys. Staff explained and documents, such as meetings minutes and the CIP, demonstrated how consumer responses and suggestions are used to drive improvement and design services that are fit for consumers.

The service was able to demonstrate that it has central policies, procedures and tools developed with the governing body to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management described a robust organisational structure and governance to ensure the delivery of quality care and services at the service. For example:

• Management advised that during management and staff meetings, they review clinical indicator data, internal audit reports, feedback and complaints, review financial performance, and quality indicators amongst others and provided evidence of meeting minutes to the Assessment Team.

The service has demonstrated effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents using an incident management system. Clinical staff demonstrated an applied understanding of the high-impact and high-prevalence risks associated with the care of consumers and how the service safeguards identified risks in line with best practice. For example:

• Staff demonstrated an understanding of consumers with high-impact or high-prevalence risks and explained an understanding of how they implement the service’s policies in line with best practice. Management and clinical staff were able to identify risks which are prevalent at the service and described how they mitigate the consequences associated with these risks.

The service was able to provide frameworks, policies and guidelines around antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff were able to demonstrate an understanding of these policies by describing how they apply them in their day-to-day work. For example:

• Policies and procedures regarding the use of restrictive practices define the types of restrictive practice and information that is in line with current better practice guidelines. It outlines the requirement for risk assessments and consideration for the need for restraint, use of least restrictive form of restraint, monitoring, regular reviews, and the minimisation of restraint usage. Registered staff explained how they would minimise the use of restrictive practice by employing non-pharmacological strategies in alignment with each consumer's Behaviour Support Plan and sampled clinical and care staff could describe specific examples of how they support consumers exhibiting changed behaviours at the service.

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