Performance

Report

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| Name: | Naracoorte Health Service |
| Commission ID: | 6926 |
| Address: | 101 Jenkins Terrace, NARACOORTE, South Australia, 5271 |
| Activity type: | Site Audit |
| Activity date: | 31 October 2023 to 2 November 2023 |
| Performance report date: | 1 December 2023 |
| Service included in this assessment: | Provider: 9693 Limestone Coast Local Health Network Incorporated  Service: 4335 Naracoorte Health Service |

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 Naracoorte Health Service (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

# Material relied on

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

* the assessment team’s report for the 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 did not submit a response to the assessment team’s report.

# 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**

Consumers described staff as kind, caring, respectful and understanding of their needs. Admission packs inform and encourage consumers to disclose their culture and diversity to enable them to be supported and ensure care and services are tailored to meet their needs and preferences. Care plans were personalised and included information relating to consumers’ life, cultural backgrounds, personal and religious beliefs, and traditions, and strategies to support these aspects. Staff were familiar with consumers’ backgrounds and individual care needs, and consumers felt valued and safe when receiving care and services.

Consumers and representatives said they are encouraged and supported to make choices about consumers’ care and services, including who should be involved, as well as to communicate their decisions and maintain or develop relationships of their choosing. Care files showed individual consumer choices around when care and services are delivered, such as their daily routine, activities of choice, meals, and support for independence.

Consumers felt supported to take risks which enable them to live their best lives and described strategies discussed with the service to reduce potential harm. Where consumers are identified as partaking in an activity which includes an element of risk, risk assessments are completed which include mitigation strategies that have been discussed and agreed upon with consumers, with input from external health professionals, where required.

Information provided to consumers is current, accurate and timely, is easy to understand and enables them to exercise choice. Information is provided through a range of avenues, including information boards, consumer handbooks, electronic communications, meeting forums, and informal verbal conversations. There are processes to ensure each consumer’s privacy is respected and personal information kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice 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**

Assessment and planning informs the delivery of safe and effective care and services. An initial care plan is developed within 48 hours of entry in consultation with consumers and their representatives. Comprehensive assessments are completed, including validated assessment tools to identify risk, and contribute to the development of care plans which include individualised strategies to manage risk. Following entry, six monthly care plan evaluations are undertaken, and any risks identified are reviewed on an ongoing basis to ensure strategies implemented are effective.

Assessment and planning identifies and addresses consumers’ current needs, goals, and preferences and is completed in consultation with the consumer and representative on entry and when changes occur. Conversations in relation to advance care directives are undertaken on entry and are reviewed during the care evaluation processes. Care plans include detailed, personalised information on consumers’ current needs, preferences and goals, including end of life wishes, and progress toward goals for each category. Care files demonstrated ongoing involvement of consumers and/or representatives, as well as medical officers and allied health professionals, in the assessment and planning of care and services.

Care files showed consumers and representatives are informed of care plan updates, medical officer reviews, and allied health reviews. Care plans are discussed with consumers and/or representatives on entry, during care plan evaluations, and on an ongoing basis. Reassessments occur and care plans are reviewed every six months and when circumstances change, or when incidents occur. Where there is a change to a consumer’s health status, consumers are assessed, changes documented in the care plan, where required, and staff informed of consumers’ changed care and service needs.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers 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**

Each consumer receives safe and effective personal and clinical care, including in relation to behaviours, restrictive practices, wounds, skin and falls. Assessments completed on entry and on an ongoing basis assist with development of a care plan that is tailored to consumers' needs. Staff demonstrated an understanding of best practice clinical care and how to access policies and procedures to guide practice.

Systems and processes assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care. Care files evidenced effective management of risks relating to weight loss, restrictive practices, swallowing, and falls, and included strategies to minimise these risks. Care files also evidenced involvement of medical officers and allied health professionals in consumers’ care, with recommendations incorporated into care plans. Representatives were satisfied with management of risks, including those related to restrictive practices, behaviours, swallowing and falls.

Care files and representative feedback demonstrated the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed. Care is tailored to the palliative consumer's needs, including management of skin and prevention of pressure injuries, prioritising comfort and meeting family members' needs. A care file for a consumer who had recently passed away demonstrated their comfort was maximised with staff recognising and addressing end of life needs and preferences in relation to pain, comfort, nutrition, hydration, and personal care. A representative of a consumer who had passed was very happy with the care the service provided to the consumer, stating staff attended to the consumer’s needs in line with their wishes, and they were comfortable and pain-free.

Progress notes are reviewed daily to enable deterioration in a consumer’s condition to be identified promptly, and where required, referrals to medical officers and/or allied health professionals, or transfer to hospital are initiated. Consumers and representatives felt consumers’ needs and preferences were known by regular staff, and care files included adequate and accurate information to support safe and effective sharing of consumers’ care and service needs. Staff said they are informed of any changes to consumers' health conditions and needs through handover processes, progress notes, care plans, and daily huddles.

There are processes to support the minimisation of infection related risks, monitor infections and promote appropriate antibiotic prescribing and use. Pathology specimens are used to confirm diagnosis prior to antibiotics being prescribed, and progress notes showed pathology results had been used to identify and appropriately treat organisms. Policies, procedures and an outbreak management plan are available to guide staff practice with all infection control related issues. Staff confirmed they have undertaken training in infection control and antimicrobial stewardship principles.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care 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’ goals and preferences, as well as their interests and needs are captured in individual care plans to assist in provision of care and services. Documentation showed consumers are engaging in the lifestyle program and there are activities available to meet their individual spiritual needs, including celebrations of significant holidays and events and church services. Staff were providing consumers with personalised attention in a kind and caring manner and described how consumers who experience episodes of low mood or loneliness are supported. Consumers felt supported to be as independent as possible and said staff will discuss activities and meals with them daily, and they have activity schedules available to them for further reference.

Consumers confirmed their condition, needs and preferences are known by the service and staff. Staff have access to care plans, reports, shift handovers and staff meetings, which keeps them informed of consumers’ changing care needs. Care files showed the service collaborates with external service providers to meet consumers’ needs in a timely manner, where required, and staff provided examples of consumers being referred to other providers of care and services.

Consumers and representatives were satisfied with the quality, quantity and variety of food and said they are encouraged to provide feedback and input for menus. A chef has recently been appointed to oversee menu designs and service delivery in order to ensure an appropriate level of expertise in food, nutrition and dining experiences for consumers. During meal services, staff were using individual nutrition and hydration information to guide meal preparation and service to consumers. Meals were being offered in line with the menu, and appeared of adequate quality, quantity and variety.

Consumers and representatives were satisfied with the equipment available, and said consumers feel safe when using it. Preventative and reactive maintenance processes, supported contracted services, ensure equipment is maintained. Staff said there is enough equipment available to them to perform their roles and were aware of how to report maintenance issues and hazards.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living 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**

The service environment included communal areas where consumers sit and enjoy each other’s company, as well as smaller intimate spaces for consumers to spend time with visitors or alone. There is one large and one smaller dining area available for consumers and their visitors to use. All consumers have their own personal and private rooms which were personalised with furnishings and personal effects.

The service environment was clean, hallways and garden areas uncluttered and safe to use and consumers were observed utilising all areas of the service. Furniture, fittings, and equipment were safe, clean, well maintained and suitable for consumers. The service environment and furniture, fittings and equipment are maintained through reactive and preventative maintenance and cleaning processes, and monitored through auditing processes. An emergency management plan covers possible adverse events, such as fire and loss of critical functions.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment 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 felt supported and encouraged to provide feedback, and felt comfortable to do so. The service welcomes and encourages feedback from consumers, representatives and staff through regular daily interactions, scheduled meetings, surveys and staff huddles. However, there was minimal availability of feedback forms located around the service in a way that provides easy access for consumers and/or representatives, and there was no avenue for feedback and complaints to be submitted anonymously. This was acknowledged by management and actioned during the site audit.

Consumers are made aware of and have access to advocates, language services and external complaints mechanisms. Information relating to these avenues is included in the resident handbook, newsletters and displayed in the service’s entry point. The service regularly engages with the local community advisory council who can provide a voice and/or advocacy service to consumers and families, as well as other advocacy groups.

Consumers and representatives expressed satisfaction with actions taken in response to complaints and said staff apologise to them when things go wrong. A feedback and complaints log is maintained to action and address feedback, including open disclosure. All feedback is captured, monitored, analysed and reviewed for trends and continuous improvement opportunities, and monitored through various meeting forums. Managers regularly liaise with consumers and families to resolve issues or concerns and the service tracks themes and areas for improvement.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints 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**

Management described systems for planning, rostering and backfilling staff, when required, with processes for reviewing staffing numbers, care hours and mix of staff based on consumers’ needs. All staff said there is enough staff each shift, and there are processes to manage staffing shortfalls. All consumers and representatives felt there were enough staff, and said staff attend to consumers promptly when they need assistance.

All consumers and representatives interviewed felt staff know consumers well and are kind and respectful towards them. Staff and consumer interactions were positive, with staff engaging patiently and compassionately with consumers. Staff felt comfortable to raise any concerns with management if staff were not treating consumers respectfully.

All consumer and representatives felt staff were competent and had the necessary skills to undertake their roles. A comprehensive recruitment and onboarding process is undertaken for new staff which includes a suite of mandatory training, corporate and onsite inductions and buddy shifts. Role specific position descriptions and duty statements outline expectations and guide staff practice. Staff receive daily shift handovers which can include short educational huddles and complete online competency modules. Training and education is aligned to meet the needs of consumers, with feedback and incident data reviewed and trended to identify potential training gaps. There are systems and processes to monitor staff qualifications and registration requirements, and for ensuring compliance with mandatory training competencies specific to each role. Staff felt equipped with the necessary tools to facilitate their roles and said they participate in regular and ongoing training.

The performance of each staff member is regularly assessed, monitored and reviewed. Staff undergo an initial catch-up at three-months post commencement, then every six-months, with a more formal catch-ups annually.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources 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 and representatives are encouraged and supported to engage in the development, evaluation and delivery of care of services through various avenues, including feedback processes, one-to-one conversations, newsletters and meeting forums. The service is supported by the involvement of a health advisory council who have close links and regular interaction with the service and facilitate a direct conduit to the governing body. Consumers and representatives said staff and management provide an open forum to discuss things at any time, citing good levels of communication.

The service is situated within a multi-tiered organisational structure of the Limestone Coast Local Health Network and is made up of various Boards, committees, sub-committees, and working parties with multiple reporting lines. Frameworks, policies and procedures describe the responsibilities, accountabilities, care and service expectations, with various reporting mechanisms to ensure the Board and associated committees are aware of and accountable for the delivery of quality care and services. All consumers and representatives said consumers feel safe living at the service and the service provides a supportive environment.

The organisation has effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. There are processes to ensure these areas are monitored.

The organisation demonstrated effective risk management systems and practices, including in relation to managing high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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