Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Naracoorte Health Service |
| Service address: | 101 Jenkins Terrace NARACOORTE SA 5271 |
| Commission ID: | 6926 |
| Approved provider: | Limestone Coast Local Health Network Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 July 2023 |
| Performance report date: | 21 August 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 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* a Performance Report dated 7 March 2023 for an Assessment Contact undertaken from 10 January 2023 to 12 January 2023.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following an Assessment Contact undertaken from 10 January 2023 to 12 January 2023 where effective management of high impact or high prevalence risks associated with the use of psychotropic medications to support effective management of a consumer’s responsive behaviours was not demonstrated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, provided refresher training to staff on restrictive practices with a focus on chemical restraint and legislative requirements; and completed a review of related protocols.

At the Assessment Contact undertaken on 18 July 2023, high impact or high prevalence risks associated with the care of consumers were found to be identified and management strategies developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and management of risks related to restrictive practices, falls, and swallowing, and evidenced involvement of medical officers and allied health specialists in consumers’ care. Staff were knowledgeable of consumers’ high impact or high prevalence risks, and explained how they identify, assess and manage risks. Consumers and representatives expressed satisfaction with the care consumers receive, including in relation to management of chemical restraint, falls and changed behaviours.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and representatives sampled said meals provided are varied and of suitable quality and quantity. Meals are provided in line with a menu which allows for consumers to choose from more than one option. Consumers have recently provided feedback on the current menu, which has been submitted and approved by an external nutritionist and is currently being finalised for implementation. Consumers appeared to be enjoying their meals together in a main communal dining area; meals looked and smelt appetising and were of sufficient quantity with enough on offer to allow for second servings if consumers desired.

For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following an Assessment Contact undertaken from 10 January 2023 to 12 January 2023 where effective risk management systems and practices in relation to the recording and investigation of responsive behavioural incidents was not demonstrated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, provided training to staff on restrictive practices and the Serious Incident Reporting Scheme; included monitoring of restrictive practices and behavioural management on the internal audit schedule; and reviewed and updated related behaviour protocols.

At the Assessment Contact undertaken on 18 July 2023, effective risk management systems and practices relating to all aspects of this requirement were demonstrated. Working groups focus on high risk aspects of consumer care at an organisational level and weekly clinical risk meetings are held at a service level to discuss consumers identified on the clinical high risk register. Where possible, consumers are supported to exercise their life choices where elements of risk have been identified. Incidents of abuse and neglect are managed and documented through the service’s incident management system and there are clinical incident management policies, procedures and risk registers to guide staff practice.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

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