Performance

Report

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| Name: | North Eastern Community Nursing Home |
| Commission ID: | 6921 |
| Address: | 580 Lower North East Road, CAMPBELLTOWN, South Australia, 5074 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 22 May 2024 |
| Performance report date: | 5 July 2024 |
| Service included in this assessment: | Provider: 819 North Eastern Community Hospital Incorporated  Service: 4331 North Eastern Community Nursing Home |

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 North Eastern Community Nursing Home (**the service**) has been prepared by M Roach, 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 assessment contact (performance assessment) – site report, which was informed by a site performance assessment, observations at the service, review of documents and interviews with consumers/representatives, staff and management.
* The provider’s response to the assessment team’s report received 4 June 2024, which includes commentary and additional information relating to the deficits highlighted in the assessment team’s report and supporting evidence in 52 appendices.
* Other relevant intelligence held by the Commission, specifically a monitoring assessment contact record which was informed by a site monitoring activity on 22 May 2024 with a focus on consumer food, nutrition and dining experiences.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 3 Requirement 3(3)(b) – The provider to effectively manage consumers’ high impact or high prevalence risks, including choking risks. This includes, but is not limited to, ensuring correct and consistent staff practice in providing texture modified diets in line with health professional’s recommendations; supporting consumers and representatives and implementing effective risk mitigating strategies; and ensuring effective care and service oversight.
* Standard 7 Requirement 7(3)(d) – The provider to ensure workforce training, including training on texture modified diet, is effective to ensure staff have the relevant knowledge and deliver care and services required by the Quality Standards.

# Standard 3

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| 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. | Not Compliant |

Findings

The assessment team were not satisfied high impact or high prevalence risks relating to choking and compression garment application had been effectively managed. The assessment team identified:

* Multiple consumers’ food was not served in the correct texture consistency in line with allied health professionals’ recommendations.
  + A named consumer, who lives with swallowing difficulties, has been repeatedly provided with buttered bread pieces that are larger than the speech pathologist’s recommended size and without the recommended moist topping.
  + A second named consumer, who has been assessed as requiring an easy to chew diet, was observed to be provided with a regular diet meal item as an alternative to their original served meal.
  + Three representatives advised that consumers’ meals are not served or plated in line with allied health professionals’ recommendations.
  + Four unnamed consumers, who require soft and bite sized diets, were observed to be served food items that were not cut to particle size during lunch and afternoon tea services.
* A third named consumer, who lives with cognitive impairment and moderate swallowing difficulties, had experienced 3 choking incidents in 2024. Although the consumer was reviewed by a speech pathologist following the first choking incident, the consumer was not referred to a speech pathologist for a review, in accordance with the service’s choking risk management procedure, despite 2 further choking incidents in April and May 2024. Whilst staff were aware that the consumer’s representative provides incorrect diet to the consumer and the consumer prefers not to sit up while eating, there was a lack of discussion with the consumer and representatives regarding associated risks or alternative strategies to mitigate these risks. Whilst the consumer requires supervision during meals, staff advised this does not always occur, especially when the consumer is having meals in their room.
* Care and catering staff showed awareness of the International Dysphagia Diet Standardisation Initiative (IDDSI) framework but were unable to give specific details, such as the particle size requirements for soft and bite sized diets, or particular lunch food items that were suitable for this diet texture. The service’s policies and procedures did not articulate whose responsibility it was to monitor compliance of food with specific dietary requirements or the IDDSI framework.
* A fourth named consumer has not consistently had their compression garment applied correctly by staff which has caused pain and reduced circulation.

The provider, in their response to the assessment team’s report, disagreed with some of the assessment team’s findings and submitted commentary and additional information.

* For the first named consumer, the provider sought clarifying advice from a speech pathologist who confirmed butter is a moist topping providing ‘there is a lot of butter to moisten the bread’.
* For the second named consumer, the provider advised the consumer’s regular easy to chew diet is based on their dental condition as the consumer does not have swallowing difficulty. The provider explained the alternative meal was a beef stew pie which is considered to be a regular easy to chew diet item as it can be broken apart with the side of a fork or spoon.
* Regarding 3 representatives’ negative feedback about consumers’ meal texture consistency or plating arrangement not in line with allied health professionals’ recommendations, the provider advised they did not receive complaints from the representatives prior to the assessment contact. The provider also gave specific information on representatives’ involvement in consumers’ meals time assistance, dietary assessment and review with allied health professionals and menu choice.
* For the third named consumer, the provider explained the second and third choking incidents were triggered by the representative providing incorrect textured diet and the consumer not sitting upright during the meal when assisted by the representative. The provider evidenced their engagement with the consumer and the representative through incident reporting and allied health review records. Further, the provider confirmed staff supervision is only not provided when the representative is present for meal assistance.
* In relation to the size of served food pieces for consumers requiring soft and bite sized diet, the provider acknowledged the portions for ‘bite size’ were not consistent with the recommended size. The provider has since commenced improvement actions, such as staff training and internal audits to address the deficits. Further, the provider evidenced that staff had received IDDSI framework training and can now easily access IDDSI information.
* For the fourth named consumer, the provider advised they were unaware of the incorrect compression garment application matter, however, have implemented rectifying measures for all consumers requiring compression garments. These include updating care plans to include specific guidance for staff, placing application method posters in consumer rooms, communicating to all staff and implementing a daily visual audit process.
* In addition, the provider submitted a continuous improvement plan, which was based on the assessment team’s feedback and recommendation, with details on specific actions, responsible person/s, completion dates, action progress and outcomes. These actions include, but are not limited to,
  + reviewed and updated procedures on consumer dietary change and mealtime services;
  + provide ongoing staff training and competency test on IDDSI framework and mealtime assistance;
  + created a consumers’ and representatives’ forum with a focus on mealtime safety and swallowing difficulty; and
  + implemented a daily audit process on meal item sizing, such as soft bite size diet.

In considering information from the assessment team report and the provider’s response relevant to this specific Requirement, I was persuaded by the provider’s response and supporting evidence and satisfied that the provider had implemented remedy measures to ensure staff apply compression garments correctly to all consumers who require them, including the fourth named consumer. However, I am of the view that actual and possible risks of choking were not effectively managed for multiple consumers on multiple occasions. I also find the service’s care and service oversight being ineffective in relation to texture modified diet management and delivery.

* In relation to the first named consumer, I was unable to form a view on whether the buttered bread being served was the correct diet. Although an allied health professional confirmed ‘a lot of butter that moisten the bread’ is a moist topping, based on the information in the assessment team’s report, the provider’s response and the ‘food, nutrition and dining’ monitoring assessment contact record, there was no evidence to indicate whether the amount of butter was ‘a lot’ or just a thin spread. Nevertheless, whilst no adverse outcomes had been identified, I consider serving meal items that were larger than the recommended size regularly placed multiple consumers, including the first named consumer and the 4 unnamed consumers, at high impact or high prevalence risks. Further, I find the care and service oversight in relation to modified diet management and delivery ineffective based on the service’s internal monitoring mechanisms did not identify and then respond to these deficits prior to the assessment team raised concerns.
* For the second named consumer, I was persuaded by the provider’s response, including supporting evidence, that the alternative meal item served aligned with the consumer’s assessed dietary texture requirement.
* Regarding the third named consumer, although the consumer and their representative participated in speech pathologist’s review and incident review, discussing the associated risk or providing education to the representative do not evidence alternative strategies that mitigate or reduce the consumer’s choking risk had been implemented by the service, especially when the consumer was experiencing repeat choking incidents. In addition, as there was no clarifying, additional or commentary information from the provider, I place weight on the evidence brought forward by the assessment team that staff practice was not in line with the service’s choking risk management procedure as the consumer was not referred to a speech pathologist for review following the choking incidents in April and May 2024.
* I acknowledge the provider’s commitment to continuous improvement. As the provider is still undertaking improvement actions, I encourage them to embed these improvements into their usual practice to ensure all consumers’ high impact or high prevalence risks, including choking risks, are managed effectively.

Based on the evidence and reasons detailed above, I find Requirement 3(3)(b) non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |

Findings

The assessment team advised the service has systems for workforce training, including an annual mandatory training schedule and additional face to face training sessions following incidents. Relevant processes are in place to manage staff with overdue training and prioritise specific staff training to mitigate known risks to consumers. However, the assessment team were not satisfied the workforce had been effectively trained and supported to deliver the outcomes required by the Quality Standards in relation to management of texture modified food. The assessment team identified:

* A ‘mealtime and dysphagia’ training session was arranged following a choking incident in April 2024 and care and catering staff demonstrated their awareness of the IDDSI framework, however, staff were unable to give details, such as particle size requirements for soft and bite sized diet.
* Multiple consumers were observed not receiving diet in accordance with allied health professionals’ recommendations and IDDSI framework, specifically food items sizes were consistently larger than the recommended size.

The provider, in their response to the assessment team’s report, acknowledged the assessment team’s finding regarding the service’s planned and additional staff training processes. The provider acknowledged the deficits regarding served food items sizes and had proposed or commenced several workforce training actions to address these, such as further training sessions on ‘mealtime safety and dysphagia’ to staff. However, the provider disagreed with the assessment team’s recommendation of not met as improvement actions relating to the deficits were already identified by management.

In considering information from the assessment team report and the provider’s response relevant to this specific Requirement, I am of the view that staff training, specifically relating to IDDSI framework/guidelines and texture modified diet preparation and delivery, was ineffective to ensure safe management of consumers' high-impact risks, such as choking risks, that is required by the Quality Standards.

I acknowledge improvement areas, including training on IDDSI framework and guidelines, had been identified and actioned by the provider prior to the assessment contact. However, I place weight on the evidence brought forward by the assessment team and find this training was ineffective as staff knowledge and practice in textured modified diets, following the training, were still not in line with the IDDSI framework to improve safety for consumers with swallowing or chewing difficulties. Whilst acknowledging the provider is undertaking further improvement actions to address the deficits identified, such as providing memoranda reminders and additional ‘mealtime and dysphagia’ training sessions to staff, I have based this finding on improvement actions not having been fully completed, requiring time to be embedded within the service’s normal processes, and testing to ensure their effectiveness and sustainability. Therefore, I find Requirement 7(3)(d) non-compliant.

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