

**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: | 29 October 2024 |
| Performance report date: | 13 November 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 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 (performance assessment) – site report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* an email from the provider dated 8 November 2024 acknowledging the Assessment Team’s report and recommendations; and
* a performance report dated 5 July 2024 for an assessment contact undertaken 22 May 2024.

# Assessment summary

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

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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. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in May 2024 as actual and possible risks of choking were not effectively managed for multiple consumers on multiple occasions; and the service’s care and service oversight in relation to texture modified diet management and delivery was not effective. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, audits which have resulted in additional practical International Dysphagia Diet Standardisation Initiative (IDDSI) framework training for chefs and managers; reviewing staff rostered during mealtimes; reviewing choking management procedures; and an information session for consumers and representatives, facilitated by the speech pathologist.

At the assessment contact undertaken in October 2024, consumers and representatives interviewed were satisfied with management of high impact or high prevalence risks associated with consumers’ care. There are processes to identify, assess, plan for, manage and review high impact or high prevalence risks. Care files demonstrate effective management of risks relating to restrictive practices, specifically use of psychotropic medications, diabetes, and skin integrity. Care staff interviewed are aware of high impact or high prevalence associated with consumers’ care, including risks relating to swallowing, falls, and pressure injuries. Staff also demonstrated an awareness of preventing and managing risks associated with the serving of IDDSI fluids and texture modified diets, and were observed referring to dietary requirement lists.

Based on the Assessment Team’s report, I find requirement (3)(b) in Standard 3 Personal care and clinical care 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. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following an assessment contact undertaken in May 2024 as staff knowledge and practice in textured modified diets following training was not in line with the IDDSI framework. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, audits each mealtime to ensure texture modified meals are the correct size; providing catering staff with information cards which include IDDSI information, as well as a size guide of soft-bite size meal preparation; education sessions for all staff on safe swallowing, texture modification and choking risk prevention; and mealtime assistance support competencies for all care staff.

At the assessment contact undertaken in October 2024, consumers and representatives interviewed had confidence in the ability of staff to effectively manage consumers’ care and service needs. Recruitment processes include qualifications and reference checks prior to employment, and training processes that include initial and annual mandatory training across various aged care topics. Training updates are communicated through a communications application, with performance management actions undertaken where staff are non-compliant with training requirements. Various avenues are used to identify additional training needs, including feedback processes, incident data, changes in consumers’ condition, legislative changes, surveys, and audit results. There are processes to monitor effectiveness of training sessions.

Based on the Assessment Team’s report, I find requirement (3)(d) in Standard 7 Human resources 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)