Performance

Report

**1800 951 822**

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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 11 January 2024 |
| Performance report date: | 2 February 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 A. Kasyan, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* a performance report following a Site Audit conducted from 17 July 2023 to 19 July 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **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

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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 |

Findings

The assessment team assessed Requirement (3)(a) in Standard 3 Personal care and clinical care as part of the assessment contact and have recommended the requirement met. All other requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service has established, effective systems to deliver personal and clinical care to consumers which are supported by organisational policies, procedures and guidelines based on best practice. Consumer files, including care plans, medication management records and progress notes evidenced the delivery of care in line with their assessed needs.

Consumers and representatives expressed satisfaction with care and services confirming consumers receive tailored personal and clinical care. Staff provided examples of how they deliver safe and effective care, and demonstrated how care and services for each consumer are tailored to their needs and preferences. Staff were knowledgeable about consumers’ needs and preferences in relation to personal and clinical care.

Based on the evidence summarised above, I find requirement 3(3)(a) compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

The assessment team assessed requirements (3)(b) and 3(c) and found them met.

Requirement (3)(b) was found non-compliant following the Site Audit undertaken from 17 July 2023 to 19 July 2023 where it was found workforce interactions with consumers were not always kind, caring and respectful, and systems to address consumers’/representatives’ concerns in relation to the provision of care and services were not effective.

The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implementation of an online mandatory training module focusing on customer service.
* Observation audits of staff interactions with consumers. Audits are conducted monthly with feedback provided to staff where required.
* A customer service policy was implemented and made available to all staff.
* Introduction of feedback books in consumers’ rooms to support documentation and resolution of consumers’ and representatives’ concerns in relation to the provision of care and services.

At the assessment contact undertaken on 11 January 2024, consumers and representatives spoke positively of staff, and observations showed staff are kind, caring and respectful when interacting with consumers. Staff advised they felt comfortable raising concerns regarding staff conduct with management. Systems are in place to monitor consumers’ and representatives' satisfaction with workforce interactions, including consumer and representative feedback, staff feedback, general observations, and review of incidents. The organisation has a code of conduct which includes the values expected and the standard of care required to be provided by staff.

In relation to requirement (3)(c), the service has established, effective systems and processes to ensure staff have the appropriate knowledge and skills required to undertake their roles. Documentation demonstrated all mandatory training had a completion rate of over 95%, and staff skills assessments are conducted to ensure they have the necessary skills and competencies required to perform their roles effectively. Consumers and representatives said staff provide the care and services consumers need in a competent manner.

Based on the evidence summarised above, I find requirements (3)(b) and (3)(c) 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)