Performance

Report

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| Name of service: | Numurkah Pioneers Memorial Lodge |
| Service address: | 13-15 Katamatite Road NUMURKAH VIC 3636 |
| Commission ID: | 3288 |
| Approved provider: | NCN Health |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 17 February 2023 |
| Performance report date: | 31 March 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 Numurkah Pioneers Memorial Lodge (**the service**) has been prepared by S Byers, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# 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

All consumers and representatives were satisfied that they are treated with dignity and respect, receive inclusive and personalised care that is culturally safe. Consumer files reflected the background, culture and diversity of each consumer including their individual choices and preferences. Documentation aligned with feedback provided by consumers and staff. Lifestyle staff coordinate cultural and spiritual celebrations that are significant to consumers.

Consumers were satisfied they can exercise choice and make decisions about their care and services, while being supported to maintain relationships that are important to them. Care documentation detailed the people important to the consumer, including who the consumer wished to be involved in their care.

Consumers were satisfied they are supported to exercise choice and engage in activities that involve risk, to live their best lives. Consumers provided examples where they are supported to take risks, and the interventions in place to manage the risks. Consultations and discussions about risk, risk minimisation strategies and informed consent were documented in the consumer’s care plan. Staff described dignity of risk assessment processes.

All consumers and representatives were satisfied the service communicates information clearly and in a timely manner. Centrally located display boards communicated up to date information including the activity schedule and changes to the resident and representative meeting.

Consumers and representatives were satisfied consumer privacy is respected and information is kept confidential. The electronic care planning system, computers and tablets are password protected. The organisation has a privacy framework supported by policies in place to guide staff practice.

# 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

Consumers and representatives were satisfied the assessment and care planning process considers risks to the consumer’s health and well-being. Staff demonstrated sound knowledge of individual consumers’ risks and described the strategies and interventions in place to manage the risks. Care planning documents reflected the outcome of risk assessments to inform the delivery of safe and effective care. The service has a range of validated risk assessment tools and checklists in place to guide staff practice in relation to the admission process and assessment and care planning.

Consumers were satisfied their care and services are planned around what is important to them and confirmed participating in consultation about their end of life wishes. Staff described the organisation’s process to develop advance care directives. All consumer files sampled detailed the consumer’s individual goals, current needs, preferences and advance care needs identified through assessments.

Consumers and representatives expressed satisfaction with their participation and that of others they wish to involve in the assessment, planning and review of the consumers care. Care planning documents demonstrated ongoing partnership between consumers and representatives with documented participation in care consultations. Ongoing consultation and involvement from a multidisciplinary team of medical practitioners, specialists and allied health professionals was documented in consumer documentation.

Consumers and representatives felt well-informed about the consumer’s care. Representatives confirmed having access to care plans. Care plans reflected that all assessment and planning outcomes are effectively communicated to the consumer and their representative in a timely manner.

Consumers and representatives were satisfied the service reviews care and services provided to consumers following changes in care needs and incidents. Care documentation demonstrated care and services are reviewed for effectiveness during the 3-monthly ‘Resident of the Day’ evaluation process and when the consumers care needs, preferences and circumstances change.

# 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

Consumers and representatives said they are satisfied the consumer receives personal and clinical care that is tailored to their needs, particularly in the areas of restrictive practices, pain and wound management. Staff demonstrated knowledge of consumer care needs that aligned with the consumers assessed care. Consumers subject to chemical and environmental restrictive practices have comprehensive behaviour support plans in place, documented consultation and informed consent, and ongoing regular medical review. Care documentation demonstrated non-pharmacological strategies are trialled and outcomes of strategies and medications evaluated. Wounds were observed to be managed, monitored and healing. The service has a comprehensive range of clinical care policies and work instructions for key areas of care, including but not limited to the management of restrictive practices, skin integrity, wounds and pain.

The service has processes in place to manage high impact or high prevalence risks effectively. Consumers and representatives were satisfied high risk care needs are effectively managed. Staff described specific high impact or high prevalence risks for consumers within the service which aligned with their care plans. Care documents demonstrated risks associated with the care of the consumer are identified, assessed, managed and monitored, risks and associated care strategies are documented to guide staff practice. Care planning documents included individualised strategies and care interventions with review and monitoring by a range of health specialists to minimise and manage the risks.

Consumers and representatives expressed their satisfaction with the palliative care approach provided by the service. Care documentation showed that end of life needs are met in line with consumer wishes and comfort is maintained. Staff described the end of life care pathway and resources available to them to support consumers nearing end of life. The service maintains palliative care kits and the service has organisational policies and procedures to guide staff in the provision of palliative care.

Care documentation demonstrated the timely identification of, and response to, deterioration or changes in the consumer’s condition. Consumers and representatives expressed satisfaction in how the service responded to a change or deterioration in the consumer’s condition. Clinical staff described how deterioration or changes in a consumers health status are identified, actioned and communicated.

The service has systems and processes in place to ensure information about the consumers conditions, needs and preferences are documented and communicated within the organisation and with others where responsibility is shared. Consumers and representatives were satisfied that information about consumers needs and preferences are communicated in a timely manner. Staff described how they refer to progress notes, charts, handover and care plans to ensure the delivery of personalised care. The Assessment Team observed handover processes occurring and changes in consumer needs, preferences, and health status being communicated.

Consumers and representatives were satisfied they received timely and appropriate referrals to their medical practitioner and other health professionals. Staff described referral processes. Care documentation demonstrated regular and ongoing input by and timely referrals to a range of providers of care including medical practitioners, specialists and allied health providers.

Consumers and representatives provided positive feedback in relation to how the service manages infections. Staff demonstrated knowledge and understanding of infection control practices and described how they minimise the use of antibiotics in the service. The service has an organisational COVID-19 outbreak management plan, infection control and antimicrobial stewardship policies to guide staff practice.

# 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 and representatives were satisfied consumers receive supports for daily living that meet their individualised care needs, goals, and preferences that promotes their independence and optimises their well-being. Staff demonstrated knowledge of consumers’ backgrounds and interests including personalised preferred activities that aligned with care planning documentation. Lifestyle staff described how the activity program is developed by taking into consideration consumer preferences and incorporating their feedback and that one-to-one activities are available for consumers who do not like to attend group activities. Consumers were observed engaging in individual and group activities in line with the activity calendar during the site audit.

Consumers and representatives described the services and supports available to promote emotional, spiritual and psychological well-being including access to church services, social workers, volunteers, and one-to-one time with staff. Staff provided examples of how they support individual consumers and this aligned with care planning documentation. Lifestyle staff said they have a range of religious denominations at the service and they make sure they have at least one service for each denomination every month. The services one-to-one program is designed to maintain emotional stability for consumers and is supported by staff, social workers and volunteers.

Consumers said they are supported and encouraged to do things of interest to them, to maintain their personal relationships, and to participate in community activities within and outside the service as they choose. Staff described group activities provided at the service and the external community, and how consumers are supported with individual pursuits and personal relationships that are important to them. Care planning documents contained information in relation to consumers’ interests and family relationships. The lifestyle activity program includes a range of activities that encourage and support consumers to participate in the community including bus outings, barbecue lunch, and involvement in annual art and craft exhibition.

The service demonstrated that it has systems and processes for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. All consumers and representatives expressed satisfaction with the level of communication and felt confident staff knew them well and were aware of their specific needs and preferences. Staff said they are informed of any changes to a consumer's care needs through verbal and documented handover processes, the electronic care management system, and care plans. Nutrition plans reflecting changes to consumers meal requirements were observed in the kitchen. Lifestyle staff send a monthly newsletter by email and make hard copies available in the reception area.

Consumers and representatives said referrals are timely and appropriate, providing examples of referrals to social workers, volunteers, and pastoral services. Staff demonstrated understanding of referral processes. Consumer care files confirmed input and referral to a range of external and community providers.

Consumers provided positive feedback in relation to the quantity, quality, and variety of food. All consumers confirmed receiving enough food, and meals in accordance with their specific dietary needs. The chef outlined a seasonal 4-week rotating dietitian-approved menu, and alternative choices available to consumers. Alternatives are available for all meals where consumers do not like what is offered. Care plans and printed kitchen dietary forms contained information regarding dietary requirements, and consumers were observed receiving meals in accordance with these documents. Catering staff and management said consumers have input into menu planning and food choices through a bimonthly consumer meeting.

All consumers and representatives were satisfied the equipment is safe, suitable, clean, and well-maintained. Staff confirmed they have access to equipment when they need it and described maintenance processes and cleaning practices for shared equipment. The Assessment Team observed a range of suitable, clean and well-maintained mobility aids and manual handling equipment being used throughout the service.

# 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

All consumers said they feel comfortable and safe and that they are encouraged to personalise their rooms. Consumers were observed to be moving independently throughout the service and using communal areas. Handrails are installed along each side of the walkways for consumer safety, consumer rooms were personalised and each wing painted a different colour to assist consumers with navigating the service.

All consumers and representatives were satisfied the service is clean. Cleaning staff described how they follow the cleaning schedules and policies. All staff described the preventative and reactive processes for maintenance and repairs, and how they recognise, react, and escalate a hazard. Consumers can easily access well-maintained gardens from the communal areas as well as directly from some consumers rooms.

Consumers and representatives expressed satisfaction in the cleanliness and maintenance of fittings, fixtures and equipment. Maintenance staff described maintenance processes and how requests are emailed and attended to in a timely manner. Maintenance records demonstrated all maintenance requests were completed. Lifting equipment was observed to have servicing tags which were in date and slings were well laundered and air dried with legible safety labels. Furniture, fittings an equipment were observed to be in good condition, and soft furnishings were not visibly worn. Call bells were within reach of consumers.

# 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

All consumers expressed satisfaction that they are encouraged and supported to provide feedback and make complaints. All consumers and representatives said they were aware of how to access external advocacy services; however, they feel comfortable speaking directly to management. Staff are aware of how to access language services, if needed. Management provided examples of the various mechanisms to raise complaints, including verbal and written complaints, monthly and annual surveys and though the electronic system. Feedback forms and a secured box, and advocacy and external complaints information were observed on display and readily accessible in the service reception area.

Consumers and representatives said the service is efficient in resolving complaints, they receive phone calls or face-to-face consultation following incidents and the service consistently demonstrates an open and transparent approach. While staff were unfamiliar with the term open disclosure, they were able to explain how they inform and apologise to consumers and representatives when things go wrong. Management described using open disclosure principles in their handling of feedback and complaints.

Consumers and representatives were satisfied their feedback is used to improve care and services and that staff are responsive in taking suggestions to promote improvement. Staff described improvements that were driven by consumer and staff feedback including the use of staff name badges and garden maintenance. While the Assessment Team identified some gaps in the services feedback and complaints register, the service demonstrated it had self-identified the deficits and included appropriate actions in its Plan for Continuous Improvement to ensure all feedback and complaints are captured for appropriate classification, trending, and analysis.

# 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

While consumers and representatives said they observed staff to be busy, they were satisfied with staffing levels and confirmed call bells are generally answered promptly. Staff provided negative feedback in relation to staffing levels, indicating that there is not enough staff for the increased needs of consumers. Management described how the workforce is planned, including the implementation of additional short shifts and an earlier start to morning shifts to meet the needs of consumers who are early risers. Rosters and allocation documentation showed a consistent mix of nurse unit manager, clinical and personal care staff and allied health personnel. A supernumerary afterhours manager is based in the acute ward to support an enrolled nurse and care staff on the overnight shift. Roster documentation demonstrated all shifts were covered for the two weeks prior to the site audit. Call bell reports demonstrated call bells are responded to in a timely manner. Management described how they monitor and manage excessive call bell response times.

Consumers and representatives were satisfied that staff are kind and caring when delivering care and services. This aligned with observations of staff interactions with consumers, that were observed to be caring, respectful and patient.

Consumers and representatives said that staff know what they are doing and that nursing staff have the skills to look after the specialised nursing care needs of the consumers. Consumers provided positive feedback regarding the skills and knowledge of staff employed in other roles at the service. Management demonstrated a robust recruitment process to identify, recruit and employ staff with appropriate skills and knowledge. Ongoing monitoring of staff skills and qualifications occurs, including annual checks of nursing and medication administration. Staff were satisfied with the training provided by the service and confirmed participating in mandatory training. This was supported by education and training records that demonstrated completion of mandatory training, a range of core education and competencies relevant to staff roles. The service has systems in place to identify additional or supplementary training needs through feedback received from consumers and representatives, performance appraisals, incident and audit results.

The service has a performance management framework in place supported by policies and procedures in relation to staff performance and disciplinary matters. Performance reviews occur at six months for new staff and then annually moving forward. Staff confirmed that they have participated in regular performance appraisals with an opportunity to receive and provide feedback.

# 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 said they are engaged in care planning and service provision, informed of any changes at the service and confirmed they are invited to and attend resident and relative meetings. The service has implemented a monthly forum for volunteers and consumer committee representatives to provide feedback and engage in the evaluation of services. Meeting meetings confirmed participation by consumers and discussion about meals and lifestyle activities.

Consumers and representatives reported feeling safe at the service and living in an inclusive environment with the provision of quality care and services. The organisation has a suite of policies, procedures and work instructions that support and guide management and staff to provide a safe and inclusive culture for consumers. The Board is informed of quality indicators, feedback, and compliance issues and is supported by established committees to ensure accountability in the delivery of quality care and services.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance. Staff demonstrated understanding of the policies and processes that supported each of the governance systems. Regulatory compliance is managed centrally by the executive team who receive updates to legislation changes and communicate changes or updates to policies and procedures to staff through meetings, emails, and newsletters. The services continuous improvement register demonstrated improvement activities are identified from various sources, actions are taken and evaluated following completion.

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. Risks are reported, escalated and reviewed by management at the service level and organisation level. Staff demonstrated understanding of the service’s reportable incident system and described their responsibilities based on their position. Staff have completed training in SIRS. Management is aware of its reporting requirements relating to reportable and non-reportable events and appropriate registers are maintained. The clinical incidents report, along with meeting minutes demonstrated the discussion of risks and strategies for individual consumers, and discussion of risks and strategies reviewed at relevant committees for trending and analysis.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policies and procedures. Management described their clinical governance roles and responsibilities, clinical and quality meetings, and the review and monitoring of obligations to maintain safe and quality care. Restrictive practice is identified, recorded, monitored and evaluated. Informed consent is documented. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

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