Performance

Report

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| Name of service: | Nyah District Aged Care Service (Jacaranda Lodge) |
| Service address: | 5 Monash Avenue NYAH WEST VIC 3595 |
| Commission ID: | 3400 |
| Approved provider: | Swan Hill District Health |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 3 March 2023 |
| Performance report date: | 14 April 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 Nyah District Aged Care Service (Jacaranda Lodge) (**the service**) has been prepared by D. Fekonja, 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.
* the provider’s response to the assessment team’s report received 30 March 2023.

# 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

Consumers and one representative stated they are satisfied that staff and management treat them with dignity and respect. File review reflected the background of consumers and care planning was personalised and inclusive. The organisation has policies and protocols in place to guide care planning in a personalised manner in which the consumers diversity is valued. Where consumers’ cultural needs were identified the service demonstrated staff were informed of these considerations when delivering care and through the handover document and care plans.

Consumers said they were supported to make choices and decide how care and services are delivered to meet their needs. Staff were observed to acknowledge the preferences of consumers as well as assisting them in maintaining relationships of choice, including intimate relationships. One consumer chose to eat all their meals in their room and this was documented and understood by staff. One representative stated they are able to have input into their consumer’s care plan as well as being involved in their daily life.

Consumers reported they felt they were under no restrictions and that the service supports them to do the things they want to do, including activities that may involve an element of risk. Where risk is identified assessments are undertaken and a dignity of risk form completed. Although there were some knowledge gaps in this area by staff, there was no impact to consumers.

Communication by the service was stated to be timely and accurate. Consumers are provided information in relation to daily activities and menu choices. The service also provided a newsletter which is displayed and available in the foyer for both consumers and representatives.

Consumer information is kept confidential and their privacy is maintained when staff attend to their personal care needs. The organisation has a confidentiality policy for all staff to sign which outlines how they must collect, manage, use and disclose personal information as well as how data access and security are aligned with key legislation and standards.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# 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

The service is undertaking assessment and planning in partnership with the consumers and other organisations who have shared responsibility for care. Consumers and of representatives expressed confidence that the assessment and care planning process considers the risks to consumers’ health and well-being. Care and services are planned around what is important to the consumers including the consideration of advance care planning and end-of-life wishes. The service has an end-of-life care planning policy and procedure to guide clinical staff in discussing advance care planning with the consumers and representatives upon entry to the service and when changes in care occur.

The service is generally identifying risks and implementing strategies to manage and mitigate the risks. The service has a range of risk assessment tools and a ‘risk care plan’ that guide staff in the delivery of safe and effective care and services.

Consumers are satisfied with the communication provided by the service in relation to the outcomes of assessment and planning. Although the care plan is not actively offered to them representatives are confident the care provided to consumers is safe and right for them.

The service is reviewing care and services for effectiveness 6 monthly or when incidents happen and changes in care occur. Bi-monthly ‘consumer in focus’ review is conducted and includes a review of all domains of care, the use of as-required medication, identification of a wound or infection and the treatment required, and review by other health providers.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# 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 are satisfied that the personal and clinical care they receive is safe and effective and includes the management of consumers’ pain, wounds, and restrictive practices. This is reflected in the provision of individualised care that addresses the needs, goals, and preferences of consumers. The psychotropic register did not clearly identify the corresponding diagnosis for the prescribed medications but this was updated during the site audit.

All consumers prescribed psychotropic medication were found to have informed consent and regular monthly reviews conducted. Behaviour care plans are in place for consumers however behaviour support plans are still to be completed for all relevant consumers. This will be covered in requirement 8(3)(c).

Consumers and representatives expressed satisfaction that risks affecting each consumer are safely managed. Documentation and the service’s policies and procedures reflect processes to promote the effective management of high-impact or high-prevalence risks. Management and staff identified falls and changed behaviour as the high impact and high prevalence risks to consumers and described how they are minimised. Incidents are documented, investigated, actioned, and analysed for trends, with actions for improvement planned as appropriate to minimise a recurrence.

The service supports consumers to identify their goals, needs and preferences when nearing the end of life which are documented in consumers’ advance care directives and palliative care plans. The Assessment Team observed a palliative care resource folder which includes the end of life care policy to guide staff in providing palliative care to consumers.

Deterioration or change in the consumer’s condition is recognised and responded to in a timely manner. Appropriate action is taken in response to a consumer’s deterioration or change in consumer’s health. The Assessment Team reviewed the file of one consumer who suffered a medical episode and noted appropriate steps were taken to ensure they received appropriate treatment. Four consumer files reviewed reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Consumers and representatives indicated consumers’ needs and preferences are effectively communicated in a timely manner. Review of care documentation including clinical handover sheets, progress notes and care plans reflected documentation from staff and external organisations on the consumers’ condition, treatment, upcoming appointments and care interventions. The Assessment Team observed handover processes occurring and changes in consumer needs, preferences, and health status being communicated.

There was positive feedback about the service’s communication and process to ensure infection-related risks are minimised. The service has an Infection Prevention and Control (IPC) Lead and an organisation-wide infection control consultant. Clinical staff demonstrated an understanding of how they minimise the infection-related risks and understood the value of antimicrobial stewardship. Care documentation reflects where consumers have contracted an infection, clinical assessment, referral for medical review, and pathology specimens are collected as ordered. Consumers who have been prescribed antimicrobial agents have documentation to ensure the full course is completed and clinical review is attended by the registered nurse and the medical officer.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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

The service is providing a range of activities through their Lifestyle program designed to engage consumers to increase their feelings of independence, health, and wellbeing. Staff demonstrated knowledge of the individualised services and supports of daily living consumers preferred and the things of interest to them. Care planning and assessments were documented and personalised to each consumer.

Consumers and representatives felt supported in their emotional and spiritual and psychological wellbeing by having access to church services, people who are of importance to them, and one-to-one time with staff. Care planning documentation included personalised information of consumer needs and preferences in the ‘Key to Me’ assessment form which is filled out by the consumer and/or their representative on admission. There are sections to complete that include ‘Cultural/religious/spiritual/pastoral care’ and ‘sensory/relaxation care’ activities.

A monthly calendar of activities is provided to each consumer and is a standing discussion point at the monthly resident and representatives’ meetings. Consumers can choose the level of participation of the activities within the service and are assisted to engage in the things that are of interest to them.

Consumer care planning documentation and staff interviews reflect the service collaborates with external providers to support the diverse needs of consumers. Consumers were satisfied with the timely and appropriate referrals to other organisations and providers of other care and services.

Consumers were satisfied with the quantity of food available and were able to choose what they wanted to eat. One consumer found the food a bit repetitive and wanted to know the menu a week in advance. The service provides a seasonal menu on a four week rotation cooked in house. The catering staff were aware of the needs and preferences of consumers in relation to dietary needs. Consumers are able to choose a ‘resident’s choice’ meal at the ‘residents and representatives’ meeting where the meal is voted by the consumers.

Staff and consumers were satisfied they had access to well-maintained equipment suitable for purpose. Staff confirmed they receive on-going training in using equipment and can generally confirm that it is available and adequate.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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

The service is welcoming and bright with natural sunlight throughout and navigational aids were clearly displayed to enhance the ability and interaction of consumers. Consumers are able to move freely both indoors and outdoors. Consumers felt comfortable and safe at the service and were able to personalise their rooms which had secure storage and are fitted with call bells.

Consumers and their representatives felt the service, fittings, fixtures and equipment were cleaned satisfactorily. Cleaning staff were able to demonstrate how they follow the cleaning schedules and policies. All staff interviewed were able to describe to the Assessment Team the processes for preventative and reactive maintenance and repairs, and how they recognise, react, and escalate a hazard.

The Assessment Team observed some worn carpets in some areas and were told they were to be replaced under a capital works plan. A new kitchenette is also currently under construction and this caused no safety concerns for consumers.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

# 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

Consumers said they are enabled by the service to provide feedback, and that assistance is available if needed. The service once utilised the services of an external provider to collate feedback but as user uptake was low they have returned to an internal model. Information on how to provide feedback was observed throughout the service including in consumer’s rooms.

Although the service provided information on advocacy services and ways to make complaints externally many consumers and some staff were not aware of these services. Consumers stated they are comfortable making a complaint directly to the service. Following this feedback the service would commence providing further information to consumers and staff in relation to advocacy services, language services and other methods for raising complaints.

There were 2 complaints made by specific consumers within the last six months and 1 made by multiple consumers. One consumer is still not happy with the outcome of their complaint but the Assessment Team noted there was an appropriate outcome in the complaints register with an apology to the consumer. The service has stated it will open another complaint and investigate the matter further. Open disclosure was noted to be utilised in all complaints registered.

Although consumers were not aware of whether complaints result in improvements, the service was able to identify to the Assessment Team that this occurs. Feedback is forwarded to the service’s quality team for entry into the online risk management and consumer feedback system. A report is generated at the end of each month. When appropriate, action items are added to the Improvement Register Aged Care in response to consumer feedback, and these are then transferred to the service’s continuous improvement plan if applicable.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

# 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

The service is ensuring adequate and appropriate staffing to enable the provision of quality care and services. Consumers and staff were satisfied there are sufficient staffing levels to provide quality care and services to consumers. Staff are encouraged to report any incidents where staffing numbers impact negatively on consumer care.

Although one consumer is dissatisfied with the way staff interact with them this was not corroborated by their representative or with observations made by the Assessment Team. Most consumers provided positive feedback in relation to their interactions with staff and with staff competency overall.

An induction program is in place for new staff and they are observed by the nurse unit manager and undertake competency testing. Staff training needs are identified via direct staff requests, audit results, allied health advice, and the introduction of new equipment or processes. Some staff stated they did not have training in areas such as Serious Incident Response Scheme, or in restrictive practices, but others did and were able to describe the processes to follow. This feedback was provided to the service who delivered the required training during the site audit. Most staff had completed the required mandatory training.

Staff appraisals have not been regularly undertaken due to factors including staff leave, COVID-19 impact and staff shortages. This has been recognised by the Approved Provider and measures taken to address and monitor this. There has been no impact on the care and services provided to consumers.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# 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

In relation to requirement 8(3)(c), the Assessment Team found that the service did not demonstrate effective governance in relation to information management or regulatory compliance and workforce governance.

In relation to the deficits in information management gaps and inconsistencies were found in the recording of clinical information, outdated consumer photographs, and 2 protocols which were not reviewed within the service’s specified timeframes. This included the following issues:

* One consumer’s clinical diagnoses were recorded inconsistently between handover sheets and the electronic management system.
* Photographs on medication charts were not updated within the specified timeframe of 12 months.
* There was inconsistency on who is responsible for maintaining the psychotropic register.

In relation to regulatory compliance, whilst there were behaviour care plans in place for consumers, only one consumer subject to restrictive practices, had a behaviour support plan in place as required under legislation. The service had this listed as an item on its Aged Care Continuous Improvement Plan since September 2022.

In relation to workforce governance, routine maintenance was not completed as the handyman at the time was not aware of the work instructions that were in place.

The approved provider in its response provided clarifying information in relation to the identified deficits. It also provided documentary evidence that the issues raised have been rectified and measures put in place to ensure the processes are embedded in practice. Monthly quality audits will be conducted to ensure handover information is being updated correctly and both the electronic system and handover sheets contain consistent information. A quarterly audit is to be undertaken to ensure photographs are updated as required.

The Aged Care Services Nutrition and Hydration Protocol and the Aged Care Services Clinical Care Protocol have both been reviewed and this portfolio has been given to a staff member to ensure protocols are reviewed within timeframes.

Based on the information provided by the approved provider I find they have addressed the deficits found by the Assessment Team and have put in measures to ensure continued compliance.

The service demonstrated effective governance in areas of continuous improvement, financial governance and feedback and complaints at the time of the site audit and I find the service is compliant with requirement 8(3)(c).

In relation to the remaining requirements under this Quality Standard, the service is engaging consumers in service evaluation and improvement. Consumers are satisfied that the service is well run and they are suitably consulted.

Consumers feel safe and are confident the governing Board has procedures in place to promote the provision of safe and quality care. The Board has oversight of data relating to incidents of aggression, falls, and call bell response times.

Consumers reported satisfaction with the management of incidents, and clinical and care staff demonstrated an understanding of serious incident reporting requirements appropriate to their roles. The service demonstrated effective risk management systems and practices, supported by a governance framework and robust organisational review processes

The service has a clinical governance framework which includes oversight of antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service’s clinical governance framework notes the responsibility of the Board to monitor key safety and quality issues and outlines the roles of various personnel and committees within the broader Swan Hill District Health service in monitoring and responding to clinical indicators. The service has an antimicrobial stewardship protocol. Terms of reference for the antimicrobial stewardship committee were reviewed and were observed to promote appropriate antimicrobial use.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

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