Performance

Report

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| Name of service: | P.S. Hobson Nursing Home |
| Service address: | 302 Gillies Street WENDOUREE VIC 3355 |
| Commission ID: | 4459 |
| Approved provider: | Grampians Health |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 June 2023 |
| Performance report date: | 05 July 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 P.S. Hobson Nursing Home (**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 Assessment Contact - Site; the Assessment Contact - Site 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 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** **Organisational governance** | 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The service was found non-compliant in Requirements 3(3)(b), 3(3)(d) and 3(3)(f) during a site audit on 10 January 2023, to 13 January 2023.

In relation to Requirement 3(3)(b) the service was unable to demonstrate effective management of high-impact or high-prevalence risks associated with fluid restrictions, weight loss, and chronic wound management for consumers. Additionally, medication management did not align with the service’s policies and incident documentation procedures were not followed when a consumer missed several doses of a high-risk medication.

The service has implemented several actions in response to the non-compliance identified which have been effective. These include:

* The implementation of an education plan to improve staff knowledge in handover processes, fluid balance and fluid restriction management, wound care, medication policy, and incident reporting.
* An action plan for updating consumer progress notes and care plans, care consultations with the consumers and representatives, and an improved risk reporting process.
* Organisational support and an education session from a specialist coordinator in relation to administration of the high-risk medication were provided to staff.
* The Hydration and Nutrition Management in Aged Care policy was updated and provides work instructions to guide staff in the expected assessments, observations, monitoring and reviewing process for each consumer.

During the Assessment Contact on 6 June 2023 the service demonstrated appropriate assessments are occurring to identify consumers’ high-impact or high-prevalence risks which are recognised and mitigation strategies are actioned. The Assessment Team reviewed consumers’ care documentation which evidenced consistent documentation of observations following a fall, monitoring of food and fluid intake, blood glucose monitoring, wound management, and changed behaviours.

In relation to Requirement 3(3)(d) the service was unable to demonstrate it recognised changes in the cognitive or physical condition of consumers in a timely manner. Deficits in care and delays in managing deterioration resulted in hospital admission for one consumer. Staff were unable to describe their role in identifying a consumer’s deterioration, or the service’s processes for communicating and escalating responses to concerns.

The service has implemented several actions in response to the non-compliance identified, which have been effective. These include:

* Education provided to staff on early warning detection tools to assist in identifying and/or clarifying the documentation and risk escalation process. Staff training was provided in recognising and responding to consumer deterioration, and the procedure for escalating safety concerns.
* Ongoing weekly care consultations with consumers and their representatives by the assigned registered nurse (RN) as a ‘Buddy’, who updates consumer assessments and care planning documentation.
* The nurse unit manager (NUM) reads progress notes daily and any identified changes or deterioration in consumer function is communicated to the clinical team. Various methods of communication are used such as emails, huddles, and clinical handovers to ensure the team and other staff are kept informed of concerns or changing needs of consumers.

During the Assessment Contact on 6 June 2023, the service demonstrated the practice of daily safety huddles, targeted education and the introduction of the ‘Buddy’ program has effectively raised staff awareness and competency in recognising and responding to signs of deterioration in the consumer. Ongoing education will be provided to staff in the use of the early warning checklist tool.

One consumer confirmed the service was responsive to their deterioration and ensured they received medical attention and transfer to hospital in a timely manner. A representative also expressed confidence that staff understood consumers’ needs by the weekly update and progress note review they received from the ‘Buddy’ RN.

In relation to Requirement 3(3)(f) the service was unable to demonstrate they actioned or escalated timely referrals for three consumers.

The service has implemented several actions in response to the identified non-compliance which have been effective. These include:

* Nurse unit managers take on case management loads as new consumers are admitted into the service.
* A review of all progress notes for consumers is ongoing.
* An audit was conducted on charting to investigate and identify any changes to consumer care needs.
* An audit was completed on consumers’ care plans following progress note reviews, post charting, post assessments and post referral consultations. It was identified all care plans are current and up to date.

During the Assessment Contact on 6 June 2023, consumers and representatives described how consumers have access to a medical practitioner or allied health professional when required. A representative described how they receive regular updates from the service and were recently involved in the referral process to Dementia Australia for consultation with the consumer.

Care planning documentation reviewed by the Assessment Team identified regular and ongoing referrals to medical practitioners, dieticians, speech pathologists, physiotherapists, occupational therapists and other external and allied health providers.

Based on the information provided in the assessment contact report I find the service has made the necessary improvements and Requirements 3(3)(b), 3(3)(d) and 3(3)(f) are now compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found non-compliant with this requirement following a site audit conducted from 10 January 2023 to 13 January 2023. The service was not able to demonstrate they appropriately followed up or investigated a high risk incident where it was identified a consumer missed three consecutive doses of a high risk psychotropic medication. The service was also not able to demonstrate all incidents involving aggression between consumers were reported as required through the Serious Incident Response Scheme (SIRS).

The service has implemented several actions in response to the non-compliance which have been effective. These include:

* Education in relation to SIRS was conducted on several occasions.
* A six month review of incidents was conducted to ensure all SIRS cases are reported.
* The creation and ongoing maintenance of a mandatory reporting register was implemented to capture and report all SIRS cases.

During the Assessment Contact the Assessment Team reviewed the service's SIRS register from 1 January 2023 to 6 June 2023, which identified a total of three priority one incidents and six priority two incidents were reported and all were within correct reporting timeframes.

A new organisational high-impact or high-prevalence reporting tool has been introduced to identify and manage high-impact or high-prevalence risks, which is completed by the nurse unit manager on a weekly basis. Staff were able to describe their responsibilities when they witness a reportable incident and how they report the incident to the nurse in charge and complete progress notes as required.

Based on the information provided in the site assessment contact report I find the service has made the necessary improvements and Requirement 8(3)(d) is now 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)