Performance

Report

**1800 951 822**

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| Name: | Riverside Gardens Nursing Care Centre |
| Commission ID: | 0648 |
| Address: | 20 - 56 Riverside Drive, NAMBUCCA HEADS, New South Wales, 2448 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 5 December 2023 to 6 December 2023 |
| Performance report date: | 22 January 2024 |
| Service included in this assessment: | Provider: 1609 NVC Group Limited  Service: 5958 Riverside Gardens Nursing Care Centre |

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 Riverside Gardens Nursing Care Centre (**the service**) has been prepared by Katrina Platt, 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 (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.
* the provider’s response to the assessment team’s report received on 5 January 2024 and attachments.
* the performance report dated 30 March 2023 for the Site Audit conducted on 7 February 2023 to 9 February 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements assessed** |

A detailed assessment is provided later in this report for each assessed Requirement.

# 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, in accordance with their plan for continuous improvement and education calendar.

# 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)(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

Requirements 2(3)(a), 2(3)(b) and 2(3)(c) were non-compliant following a Site Audit conducted from 7 February 2023 to 9 February 2023. An Assessment Contact occurred on 5 December 2023 to 6 December 2023 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Risks to consumers and associated risk management strategies were not always considered in consumer health and well-being assessment and planning. Medication risks were not always evidenced in consumer care plans and critical information associated with consumers with high-risk and complex needs was not readily available for staff. Behaviour care plans were not always updated and inconsistencies with progress notes presented additional risks to consumers when specific care and services needs were not optimised.

In response to the Assessment Team report, the Approved Provider confirmed review and update of the high-impact high-prevalence register and risk management register had occurred and risk activity assessments undertaken. Documentation submitted confirmed consumers with complex and high-risk needs were reviewed, with complex health assessments, risk activity assessments, safety plans and care plans updated where necessary. Staff education on risk management and the associated policy is scheduled.

The plan for continuous improvement indicates consumers receiving high-risk medications will be added to the handover sheet to ensure staff awareness of associated risks. Psychotropic assessments are being reviewed and safety plans completed, with associated cross-checking of the psychotropic medications register and new medication management system to ensure all appropriate information is captured.

Whilst I acknowledge the information contained within the Assessment Team report, I am satisfied the Approved Provider has taken the necessary actions to remedy the issues raised and has demonstrated a commitment to improving the care and services provided to consumers through the actions noted in the plan for continuous improvement. I therefore find Requirement 2(3)(a) is compliant.

Consumer care plans were reflective of consumer needs, goals and preferences and staff described consumer care delivery and specific care needs and preferences of individual consumers. Documentation reviewed for diabetes management, catheter management and skin integrity confirmed management in accordance with consumer needs and preferences and medical directives. Advance care planning and end of life planning were evidenced and were consistent with consumer needs and preferences. Staff advised end of life wishes and advance care discussions occurred during preadmission processes, during case conferences and when consumer conditions changed.

Care and services plans were not always updated or reviewed when changes occurred in consumer conditions or when incidents impacted consumer needs. Incident forms were not always completed or were partially completed following falls incidents and consumer behaviour incidents and some behaviour incidents were not recorded in behaviour charts. Comprehensive reviews were not always completed following behaviour incidents and whilst some physical and falls risk assessments were completed following falls, reviews which identified contributing factors and preventative strategies for harm minimisation were not evidenced.

In response to the Assessment Team report, the Approved Provider submitted the newly developed monthly clinical care co-ordinators checklist which includes linked pathways to various clinical registers to ensure incidents, risks, clinical trending and interventions are considered and reviewed. The checklist will also ensure consumer assessments and care plans reflect current and correct documentation.

The Approved Provider acknowledged some behaviour incidents were not charted and progress notes recorded the administration of psychotropic medications. In response, the psychotropic medication and chemical restraint and restrictive practice authorisations processes have been reviewed and updated. Additional education on restrictive practices was provided to staff and further education has been scheduled for behaviour management, psychotropic medication administration, restrictive practices and documentation requirements.

The Approved Provider acknowledged incident reviews were not always completed in a timely manner and subsequently reviewed the incident/accident form on the electronic management system to include checklists and an investigation form for post-fall management. The plan for continuous improvement incorporates development of an accident/incident management process and more specific guidelines associated with falls prevention and falls management. Staff education sessions on post-fall processes will also be undertaken.

In making my decision, I have considered the information submitted which demonstrates an ability of the Approved Provider to implement improvements to consumer care and services and a commitment to ongoing improvement as detailed in the plan for continuous improvement. Whilst I acknowledge the information contained within the Assessment Team report, I am satisfied with the actions taken by the Approved Provider and as such, I find Requirement 2(3)(e) is 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)(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

Requirements 3(3)(a), 3(3)(d) and 3(3)(f) were non-compliant following a Site Audit conducted from 7 February 2023 to 9 February 2023. An Assessment Contact occurred on 5 December 2023 to 6 December 2023 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives provided positive feedback about clinical and personal care provision which they said was safe and effective. Care and services documentation showed wound management was inconsistent with consumer care plans and lacked best practice, with measurements not always captured and photographs which lacked sufficient detail for appropriate wound staging. Interventions including skin care, protective dressings and healing aids were not captured in wound charts and wound charts were not always commenced.

Pain management considered consumer needs and preferences and staff described non-pharmacological interventions used including heat packs and repositioning. Pain assessments were not evidenced in care and services documentation and charts lacked detail about consumer pain experiences and relevant pain areas. Behavioural managements strategies were implemented and non-pharmacological interventions including redirection were used. Three behaviour support plans reviewed contained non-personalised intervention strategies and for 2 consumers, minimal behaviour and medication charting was observed.

Consumer care plans evidenced falls assessment completion and post-fall reviews attended with medical officers and physiotherapists. Post-fall assessments and monitoring were inconsistent and secondary conditions including wounds and pain were undocumented. Neurological observations were not always completed in accordance with procedures.

In response to the Assessment Team report, the Approved Provider highlighted development of a new admission schedule to ensure all consumers and consumer representatives contribute to their assessments and care planning. Management discussions will also occur prior to admission to enable early identification of consumer needs and preferences and identified risks.

The Approved Provider discussed the ongoing ‘resident of the day’ program and bi-annual case conferencing which offer additional avenues of open discussion available to consumers and consumer representatives in communicating their needs, goals and preferences. Care plans are updated every 3 months or earlier if any changes in needs and preferences are required and regular informal and formal discussions occur with consumer and consumer representatives. Additionally, a monthly meeting for consumers offers another avenue for them to raise concerns directly with management who are also in attendance.

New processes for skin integrity, wound management, behaviour management and pain management have been incorporated into the new electronic care management system and education for staff will also be provided. Processes for diabetes management, pressure area and post falls management are also under review and relevant actions are noted in the plan for continuous improvement.

For the particular consumer issues raised in the Assessment Team report, the Approved Provider acknowledged improvements were required in wound management. Further education on skin integrity and wound management has been scheduled for staff and specific education for registered nurses will be undertaken in relation to attending wounds, wound classifications, wound photographs and measurements and wound charting and documentation. For one consumer where the wound chart was not documented, the Approved Provider confirmed the information was communicated to staff at handover, pain charts were attended and the consumer representatives and medical officer were advised accordingly.

The Approved Provider noted introduction of a new medication system impacted the pain charting functionality and a revised process and handover process are being trialled and implemented. The new pain management process will assist staff with clinical indicators, pain charting and updating pain assessments. Reviews of pain scale methodology will be undertaken by registered nurses, who will ensure correct pain chart identification in handover information to ensure consistency and accuracy of pain management. Staff training on pain management is scheduled.

The Approved Provider discussed improvements in behaviour management, whilst acknowledging further improvements were still required. Behaviour assessments have been redeveloped in the electronic care system and further review will be undertaken to ensure correct population of information into care plans. Development of the restrictive practice assessment will now ensure information is populated in both the behaviour care plan and behaviour support care plan, complemented by an updated behaviour management process. Updated behaviour care plans for consumers were submitted to evidence individualised interventions and management strategies were documented and implemented. Developments in medication administration progress notes and the documentation process were recognised in the plan for continuous improvement.

The Approved Provider discussed that reviews of falls prevention and falls management were underway and new actions were identified in the plan for continuous improvement. Post-fall management now includes pain review for 5 days post hospital return and review of the handover tool will be undertaken. Further education will be provided to staff on falls management, neurological observations and post-hospital management.

In making my decision, I have reviewed the comprehensive documentation provided, the education calendar and the plan for continuous improvement. I am satisfied the Approved Provider has taken appropriate measures to ensure improvements in clinical practices and have complemented these improvements with targeted staff education and training. I therefore find Requirement 3(3)(a) is compliant.

Consumer deterioration and changes in consumer conditions were unrecognised and lacked timely intervention. Delayed wound monitoring and review caused deterioration which impacted consumer health and ineffective post-falls assessment and monitoring impacted consumer behaviours and pain management. Care and services documentation lacked consistent charting of medical condition changes and behavioural changes and critical analysis of ongoing trends was not demonstrated. Staff were familiar with consumer medical conditions and behavioural changes.

In response to the Assessment Team report, the Approved Provider acknowledged improvements in consumer deterioration management was required and noted actions on the plan for continuous improvement included review of the ‘deteriorating resident’ policy and development of an associated process. Staff education on recognising consumer deterioration, responsiveness and documentation will also be provided.

Documentation submitted confirmed appropriate wound monitoring and review was occurring, with medical officer and wound consultant engagement and oversight. Extended care plans evidenced consumer-specific interventions required post-falls to manage further consumer deterioration. Progress notes evidenced pain and behavioural changes, with monitoring underway to ensure updates are made to specific behaviour and pain charts and additional education provided to staff.

Whilst I acknowledge the findings in the Assessment Team report, I am satisfied the Approved Provider has demonstrated improvement in the management of consumer deterioration and detailed their ongoing commitment to improvement in staff practice and education with the actions contained in their plan for continuous improvement. I therefore find Requirement 3(3)(d) is compliant.

Care and services documentation reviewed confirmed timely and appropriate referrals were made for consumers on most occasions. Referrals were evidenced for dietician and physiotherapy review and to organisations including Dementia Services Australia. Consumer care plans were updated accordingly and included post-fall reviews and mobility assessment results, behaviour support recommendations and dietician recommendations.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement 8(3)(c) was non-compliant following a Site Audit conducted from 7 February 2023 to 9 February 2023. An Assessment Contact occurred on 5 December 2023 to 6 December 2023 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Effective information management systems provided information to staff for safe and quality care provision. Consumer care plans and policies and procedures were available through the digital care planning system and reference guides were readily available for consumer needs and preferences. Consumer information was securely stored, shared and destroyed under the management of a coordinated information technology team.

Financial governance was overseen by the board, with financial recommendations and expert support received from the finance committee. Oversight of regulatory compliance by the board ensured ongoing monitoring and review of regulatory compliance, with support from the risk committee.

Continuous improvement actions and initiatives were monitored by the board and mitigation strategies were discussed directly with the management team to ensure consumer safety and quality care provision. Consumers and consumer representatives discussed the responsiveness to their complaints and feedback and noted the positive improvements which included increased staffing numbers and lifestyle activities.

Consumers and consumer representatives were satisfied with clinical care provision and documentation supported effective strategy implementation, reporting and risk review of the Serious Incident Response Scheme and restrictive practices. Staff confirmed their understanding of policies and procedures for incident management and restrictive practices.

Consumers and consumer representatives provided positive feedback about staff skills and provision of effective personal and clinical care. Workforce governance programs were initiated by the board which ensured sufficiently skilled staff and sufficient numbers were available. Staff training and education ensured ongoing workforce development and competency and documentation evidenced competency assessment and staff training completion.

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)