Seaton Nursing Home

Performance Report

172 Trimmer Parade
SEATON SA 5023
Phone number: 08 8268 7677

**Commission ID:** 6954

**Provider name:** UnitingSA Ltd

**Assessment Contact - Site date:** 9 March 2022 to 10 March 2022

**Date of Performance Report:** 5 May 2022

# Performance report prepared by

Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this 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;
* the Approved Provider’s response to the Assessment Contact - Site report received 31 March 2022; and
* the Performance Report dated 25 November 2021 for the Site Audit undertaken from 18 October 2021 to 20 October 2021.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Requirements (3)(d) and (3)(f) in Standard 1 Consumer dignity and choice. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirements (3)(d) and (3)(f) were found Non-compliant following a Site Audit undertaken from 18 October 2021 to 20 October 2021 where it was found the service was unable to demonstrate:

* each consumer was supported to take risks to enable them to live the best life they can and in particular in relation to supporting individual choices; and
* each consumer’s privacy was respected and in particular in relation to staff ensuring privacy was maintained when providing personal care and bathroom facilities were not able to be locked to ensure privacy.

The Assessment Team have recommended Requirements (3)(d) and (3)(f) met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find UnitingSA Ltd, in relation to Seaton Nursing Home, Compliant with Requirements (3)(d) and (3)(f). I have provided reasons for my findings in the specific Requirements below

## Assessment of Standard 1 Requirements

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

This Requirement was found non-compliant following a Site Audit conducted on 18 October 2021 to 20 October 2021. The service was not able to demonstrate each consumer was supported to take risks to enable them to live the best life they can and in particular in relation to supporting individual choices. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Staff training on dignity of risk.
* Mentoring of staff via toolbox sessions and clinical leadership meetings.
* Reviewed consumers’ care plans to ensure risks were addressed.
* Implemented assessment process to support consumers who leave the service and additional monitoring processes.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Five consumers and representatives interviewed confirmed consumers are supported to exercise choice and take risks, such as leaving the service.
* Staff were able to provide examples of how they support consumers to take risks, including leaving the service independently, using electrical appliances and for consumers who choose to undertake activities outside the service. Clinical staff were able to describe the new partnership with consumers and dignity of risk policy which outlines process to support consumers taking risks.
* Clinical staff described how they document risks involved in the consumer’s choice, including discussions with the consumer and/or decision maker, implementing appropriate strategies to minimise the risk and monitoring the risk to the consumer during their activity of choice.
* Documentation viewed for three consumers showed risks had been identified, assessed and planned for.

Based on the information summarised above, I find UnitingSA Ltd, in relation to Seaton Nursing Home, Compliant with Requirement (1)(d) in Standard 1 Consumer dignity and choice.

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

This Requirement was found non-compliant following a Site Audit conducted on 18 October 2021 to 20 October 2021. The service was not able to demonstrate each consumer’s privacy was respected and in particular in relation to staff ensuring privacy was maintained when providing personal care and bathroom facilities were not able to be locked to ensure privacy. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to the service undertaking a review to ensure all bathrooms had privacy locks.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* One representative was satisfied with how the service managed the consumer’s privacy and dignity. One other representative was not satisfied staff managed the consumer’s behaviour which impacted on their privacy. Two staff were able to describe how they manage the consumer’s behaviour of concern to maintain their privacy.
* Clinical and care staff said they always knock on a consumer’s door before entering and ask permission to come into their room. Staff interviewed confirmed they maintain confidentiality in relation to consumers’ information.
* All bathroom and toilet doors were observed to have privacy locks installed.
* Personal consumer information is secured within cabinets in a key coded nurse’s station to ensure confidentiality.
* All bathroom and toilet doors were observed to have privacy locks installed.
* Personal consumer information was observed to be key coded in nurse’s station to ensure confidentiality.

Based on the information summarised above, I find UnitingSA Ltd, in relation to Seaton Nursing Home, Compliant with Requirement (3)(f) in Standard 1 Consumer dignity and choice.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(a) in Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

The Assessment Team have recommended Requirement (3)(a) not met. The Assessment Team were not satisfied the service demonstrated each consumer gets safe and effective personal and/or clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being, specifically in relation to wound management, chemical restraints and behaviour support plans.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have come to a different view and find UnitingSA Ltd, in relation to Seaton Nursing Home, Compliant with Requirement (3)(a). I have provided reasons for my findings in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective personal and/or clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being. This related specifically to wound management, restrictive practices and behaviour support plans. This was evidenced by;

Consumer A

* At the time of the Assessment Contact, the consumer had a pressure area which had deteriorated from the initial identification date four months prior. Progress notes showed the wound had been initially assessed as healed but then six days later was reassessed as a pressure area.
* In the month prior to the Assessment Contact, the consumer was reviewed by a dietitian and commenced on a supplement to aid wound healing and the wound was reviewed by the medical officer with the consumer commenced on antibiotics.
* Care plan notes show staff attend pressure area care at irregular times.
* Two staff said they do not consistently have time to attend to the consumer’s pressure area care and provided varying repositioning times.
* A wound specialist review was not undertaken.

Consumer B

* Management said the consumer transferred from another service two days prior to the Assessment Contact.
* The consumer is prescribed a regular psychotropic medication and does not have a chemical restraint authorisation form.

Consumer C

* The consumer is diagnosed with a mental health disorder and is administered as required psychotropic medication. Staff have not documented alternatives strategies implemented prior to administering the medication on one of the three occasions.

The Approved Provider submitted a response to the Assessment Team’s report and refutes the Assessment Team’s findings. The Approved Provider asserts that they were compliant with the Requirement at the time of the Assessment Contact and submitted the following information and evidence relevant to my finding:

Consumer A

* Records confirming the consumer was regularly repositioned.
* Records confirming the consumer’s wound was regularly reviewed by the medical officer and a range of medical interventions implemented.
* A copy of the wound management procedure.

Consumer B

* Submitted a behaviour support plan.
* Reaffirmed the consumer was on respite and had only recently entered the service.
* Evidence of a medical review in the year prior in relation to the psychotropic medication.

Consumer C

* Evidence the strategies to manage the consumer’s behaviours of concern have been reviewed as part of the monthly review process.
* Evidence alternative strategies are documented in the behaviour support plan.

I acknowledge the Approved Provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find at the time of the Assessment Contact, the service was able to demonstrate each consumer gets safe and effective personal care and/or clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.

In relation to Consumer A, I find the service had recognised and identified the consumer’s pressure injury and monitored and managed the wound. In coming to my finding, I have noted the regular reviews by the medical officer in relation to the wound, commencement of a range of medical treatments and a review by a dietitian in relation to nutritional support. In addition, records provided showed the consumer was having their pressure area care regularly attended to in line with the care plan.

In relation to Consumer B, I find while the consumer was being administered a regular psychotropic medication, sufficient evidence was not provided by the Assessment Team to demonstrate the use of the medication was in the form of a chemical restraint. I have also noted the consumer was on respite and had been at the service for three days at the time of the Assessment Contact and was in the initial phases of the assessment process to support my view.

In relation to Consumer C, I find the consumer had a behaviour support plan and the service had been reviewing the behaviour management strategies monthly. In addition, I have considered evidence which indicates the service is not capturing all strategies trialled prior to the administration of as required medication and considered this an area for improvement within the service.

Based on the information summarised above, I find UnitingSA Ltd, in relation to Seaton Nursing Home, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(b) in Standard 5 Organisation’s service environment. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(b) was found Non-compliant following a Site Audit undertaken from 18 October 2021 to 20 October 2021 where it was found the service was unable to demonstrate service environment was safe, clean, well maintained and comfortable and enabled consumers to move freely, both indoors and outdoors.

The Assessment Team have recommended Requirement (3)(b) met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find UnitingSA Ltd, in relation to Seaton Nursing Home, Compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

This Requirement was found Non-compliant following a Site Audit conducted on 18 October 2021 to 20 October 2021. The service was not able to demonstrate the service environment was safe, clean, well maintained and comfortable and enabled consumers to move freely, both indoors and outdoors. Specifically, safety hazards were not actioned, cleaning processes were not effective, the internal environment was cluttered and accessing the courtyard was unsafe for consumers. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Replanting of garden beds in courtyards to reduce dust and debris and outdoor cleaning was increased.
* Hazardous paving was lifted and re-bedded to reinstate the required level to the pathway.
* A soft furnishings cleaning checklist was implemented. In addition, furniture was rearranged to ensure consumers have access to move around the service freely and safely both inside and out
* Increased mentoring and education of staff to ensure proactive reporting and addressing of hazards and increased monitoring of the designated smoking areas.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Six consumers and/or representatives said they are able to access outdoor areas whenever they wished. In addition, two consumers and/or representatives are satisfied with the cleanliness of the environment.
* Staff were able to describe how they use the electronic maintenance request system, or raise cleaning issues, and said requests are actioned in a timely manner. In addition, staff were able to describe how they ensure the environment is clean and how consumers are supported to access the outdoor environment.
* The Assessment Team observed the environment was clean, well maintained and appeared to be safe, both indoors and outdoors, with no observable hazards.
* The service environment provided sufficient room for consumers to manoeuvre safely and independently with mobility equipment.
* A preventative maintenance schedule contained records of regular cleaning and maintenance of the service environment.

Based on the information summarised above, I find UnitingSA Ltd, in relation to Seaton Nursing Home Compliant with Requirement (5)(b) in Standard 5 Organisation’s service environment.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

The Assessment Team have recommended Requirement (3)(a) not met. The Assessment Team were not satisfied the service demonstrated the number of members of the workforce was sufficiently planned to enable the delivery and management of safe quality care and services, specifically in relation to replacing all shifts.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have come to a different view and find UnitingSA Ltd, in relation to Seaton Nursing Home, Compliant with Requirement (3)(a). I have provided reasons for my findings in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team found the service was unable to demonstrate the number of members of the workforce was sufficiently planned to enable the delivery and management of safe quality care and services. The service has been unable to replace or cover a significant portion of shifts, impacting on the delivery of care and services for individual consumers. This was evidenced by;

* Four of eight representatives said there is not always staff and they find it difficult Any impacts described? If there are none, this would further support your finding. to locate staff when they need. One consumer was satisfied with the care being provided and the sufficiency of staffing.
* Five of seven clinical and/or care staff said there were regularly a shortage of staff which impacts on the delivery of safe and quality care and services. Impacts described included staff being fatigued, one consumer being showered in the afternoon as opposed to the morning and challenges in attending to consumers’ personal care and continence care.
* Whilst consumers and/or representatives raised concerns regarding consumers receiving adequate nourishment and hydration, consumer files viewed for consumers where representatives had raised concerns reflected their weight was stable and being managed.
* A survey completed three months prior indicated staff are dissatisfied with the staffing level
* Management said the organisation has recently recruited three casual personal care workers and the service has a casual pool of four staff.
* The service is currently at a low occupancy and management said the roster is based on 100% occupancy, however, due to the low occupancy rate, some shifts, such as short shifts, have been left unfilled. Annual reviews of the roster are completed in the month of March each year; and the review was due in the month of the Assessment Contact.
* Certain call bell response times, such as extended wait times are investigated to determine the cause.

The Approved Provider submitted a response to the Assessment Team’s report and refutes the Assessment Team’s findings. The Approved Provider asserts that they were compliant with the Requirement at the time of the Assessment Contact and submitted the following information and evidence relevant to my finding:

* Records confirming a range of vacant shifts in the two months preceding the Assessment Contact.
* The care manager was new to the service and is being provided additional support.
* Appropriate action has been undertaken in relation to senior staff and deficits in relation to actioning staff and consumer feedback.
* The service has reviewed their workforce management plan.
* Provided evidence confirming decline in occupancy rates and explained how the service has developed the staffing allocations.

I acknowledge the Approved Provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find at the time of the Assessment Contact, the service was able to demonstrate 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.

In coming to my finding, I have made my decision in the context of the current pandemic and overall staffing challenges in the sector. I have considered and accept the service’s ongoing approach to recruiting staff and the workforce management plan. I have also considered the appropriate action taken by the Approved Provider in relation to senior staff in response to staff and consumer feedback. To further support my view, I have noted the significant decline in occupancy rates and how this has influenced the allocation of staffing within the service. Finally, I have considered the mixed feedback from consumer and representatives and the evidence in relation to nutrition and hydration which supports my view consumers are being provided quality care and services.

Based on the information summarised above, I find UnitingSA Ltd, in relation to Seaton Nursing Home service Compliant with Requirement (7)(a) in Standard 7 Human resources.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.