Performance

Report

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| Name of service: | Simpkin House Nursing Home |
| Service address: | 8 Gibson Street BENDIGO VIC 3550 |
| Commission ID: | 3523 |
| Approved provider: | Bendigo Health Care Group |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 10 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 Simpkin House Nursing Home (**the service**) has been prepared by J. Howard, 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 conducted from 13 December 2022 to 15 December 2022; 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.
* Other information and intelligence held by the Commission in relation to the service.

# 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 representatives indicated they were treated with dignity and respect and staff valued their identities and cultures. The Assessment Team observed how the service supported the identities, cultures and diversity of consumers when delivering care and services.

The Assessment Team reviewed policies and care planning documentation that supported the cultural needs of consumers, and noted interactions observed between staff and consumers were dignified and respectful. Consumers and representatives felt staff were kind and respectful of their cultures.

Consumers and representatives considered they were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to exercise choice and independence.

Staff outlined supports provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about risks. The service had policies and procedures regarding dignity of risk which guided staff on the management of risk for consumers.

Staff described the various ways information was communicated to ensure it was easy to understand and accessible to consumers, including strategies to communicate information to consumers with impaired cognitive abilities. The Assessment Team observed information was displayed in a clear and easy to understand manner on noticeboards and brochures throughout the service.

Consumers and representatives advised the service protected their privacy and confidentiality, and staff respected their personal space when their friends, partners or significant others visited. The Assessment Team observed staff knocked on bedroom doors and awaited a response prior to entering, and closed office doors when discussing personal information about consumers.

# 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

Care planning documentation contained input from relevant health practitioners and showed the service’s assessment and planning process informed the delivery of safe and effective care and services. Representatives felt consumers’ care was well planned and they felt safe and confident with the service’s delivery care and services.

The service demonstrated its assessment and planning process identified and addressed consumers’ current needs, goals, and preferences, including advance care planning if consumers wished. Representatives advised the assessment and planning process addressed consumers’ needs, goals and preferences.

Consumers and representatives considered they were actively involved in the assessment, planning and review process of their care and services. Staff described the processes in place to ensure the service partnered with consumers to assess, plan and review care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. A review of training records by the Assessment Team showed the service supported the workforce to document and communicate the results of assessment and planning.

Consumers and representatives advised the service regularly communicated with them about changes to their care and services. The service had policies and procedures that guided the review of care and services.

# 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

The service had policies, procedures and systems which guided staff in providing safe and effective care, and delivered care in accordance to consumers’ needs, goals and preferences. Staff described how the service supported them to deliver personal and clinical care that was best practice, tailored to consumers’ needs and which optimised their health and well-being.

Representatives advised that risks to consumers’ well-being, such as falls, pressure injuries, weight loss and infection, were assessed, explained and effectively managed. Care planning documentation and clinical reporting data demonstrated the service delivered personal and clinical care in line with best practice.

Care planning documentation showed consumers end-of-life needs, goals and preferences were documented, and consumers had advance care plans in place. Staff outlined how they would provide care for a consumer that was receiving palliative care, for example, maintaining their comfort, providing mouth care and monitoring their pain.

Consumers and representatives advised staff knew consumers well, and would pick up changes or deterioration in their condition and respond appropriately. Deterioration or changes in consumers’ health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team.

Consumers advised their care needs and preferences were effectively communicated between their representatives and staff and they received the care they needed. The service demonstrated how information relating to consumers’ condition, needs and preferences was included in handover documentation, and communicated where the responsibility for care was shared.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. The service demonstrated it had a referral process in place which ensured timely and appropriate referrals were sent to individuals, other organisations, and providers of health care services.

Consumers and representatives advised the service was clean, and they were confident in the service’s ability to manage an infectious outbreak. The service had implemented policies and procedures which guided staff relating to antimicrobial stewardship, infection control management, and for the management of a COVID-19 outbreak.

# 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 felt satisfied with the services and supports for daily living that met their needs, goals and preferences and optimised their health and well-being. Management described how they partnered with consumers and their representatives to conduct lifestyle assessments which collected consumers’ needs, goals and preferences.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Staff outlined how they supported the emotional, psychological and spiritual well-being of consumers and provided examples of cultural awareness in their everyday practice.

Staff described how they supported consumers to engage with the community and maintain social and personal connections that were important to them and to do things of interest to them. The service demonstrated it supported consumers to maintain social and personal relationships.

Consumers and representatives advised staff knew their needs and preferences, and the organisation coordinated their services and supports well. Staff described the ways in which information was shared and were kept informed of the changing health conditions, needs and preferences of each consumer.

Care planning documentation identified the involvement of other organisations and providers of care and services. Staff described how consumers were actively involved in the referral process and how their consent was obtained.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. The service had processes in place which included consumers in the development of the service’s menu and to provide feedback on the quality of the food provided.

Consumers, representatives and staff described how they could report any concerns in relation to maintenance of equipment. The Assessment Team observed equipment used to support consumers to engage in activities of daily living and lifestyle activities was safe, suitable, clean and well maintained.

# 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 Assessment Team observed the service environment was easy to understand and navigate with directional signage, and the names of the wings and room numbers were easily visible. The service environment included a mix of small, comfortable sitting rooms and larger community rooms with access to books, activities, games, tea and coffee.

The Assessment Team observed the service environment was safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. Staff described and demonstrated cleaning schedules which ensured the efficient and thorough cleaning of consumer rooms and communal areas.

Staff advised they had access to the equipment needed for consumer care. The service demonstrated furniture, fittings and equipment were maintained to ensure safety and cleanliness.

# 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 and representatives stated they were encouraged and supported to make complaints and provide feedback and felt comfortable discussing issues with staff and management. The service had multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, raising issues at meetings or speaking directly with management.

Consumers and representatives were aware of other avenues for raising a complaint, such as through the Commission or an advocacy service. Staff demonstrated an understanding of the internal and external complaints and feedback systems and were aware of advocacy and translation services available for consumers and representatives.

Representatives advised that management promptly responded to and sought to resolve their concerns after they made a complaint. Staff explained when consumers and representatives raised an issue with them directly, they directed all complaints to management for investigation and follow-up.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services, and provided examples of changes implemented due to the provision of feedback and complaints. There were systems in place to record and trend complaints, feedback, compliments and suggestions.

# 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 Assessment Team observed there were enough staff, call bells were answered promptly, and staff provided consumers with the care they required. A review of the service’s staffing roster contained a mix of staff, including registered nurses, enrolled nurses, registered undergraduate students of nursing, health service assistants, graduate program staff and hospitality services staff.

Consumers advised staff were kind and caring and they respected their identities, cultures, heritage and diversity. The Assessment Team observed staff interactions to be caring and respectful, with staff taking time to interact with consumers.

The service demonstrated members of the workforce had the qualifications and knowledge needed to effectively perform their roles. Consumers and representatives felt staff had the knowledge to perform their roles, and could refer them to specialist services when required.

The service demonstrated it had implemented appropriate systems and processes to ensure staff were appropriately trained, recruited and supported to deliver quality care and services. Staff were recruited using a formal recruitment process that included interviews, referee checks and qualification checks.

Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals, which included discussions of their performance and areas where they would like to further develop their skills and knowledge. A review of documentation identified performance appraisals and competence assessments were scheduled and conducted yearly.

# 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 considered the organisation was well run and confirmed they were aware of opportunities to participate in the development, delivery, and evaluation of services. Management advised that all feedback and suggestions made by consumers and representatives were included in the service’s continuous improvement register.

Management demonstrated the organisation’s governing body promoted a culture of safe and inclusive care. The governance committee used information from consolidated reports to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance and monitor care and service delivery.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The service demonstrated regular meetings, internal and external audits were conducted to review financial performance.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Management described how incidents were analysed and trended, and data used to identify risks to consumers and inform improvement actions.

The service demonstrated a clinical governance framework was in place which encompassed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework in relation to antimicrobial stewardship, the use of restrictive practices, and the open disclosure process.

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)