Performance

Report

**1800 951 822**

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| Name: | Skipton Nursing Home |
| Commission ID: | 4495 |
| Address: | Blake Street, SKIPTON, Victoria, 3361 |
| Activity type: | Site Audit |
| Activity date: | 18 October 2023 to 20 October 2023 |
| Performance report date: | 4 December 2023 |
| Service included in this assessment: | Provider: 886 Beaufort & Skipton Health Service  Service: 3011 Skipton Nursing Home |

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 Skipton Nursing Home (**the service**) has been prepared by A. Douglas, 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 Approved Provider’s response to the Assessment Team’s report, received on 21 November 2023
* 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 said they felt their identity and diversity was valued by staff. Staff demonstrated an understanding of the personal history and backgrounds of consumers, and outlined how this understanding influenced the delivery of the consumer’s care needs. Care documents identified information regarding consumers’ backgrounds, preferences, identities, and cultural practices.

Consumers confirmed the service respected their personal backgrounds and structured the delivery of care to support their cultural preferences. Care documents demonstrated the service identified and captured information regarding the consumer’s cultural needs and preferences. Staff demonstrated an understanding of consumer preferences in relation to their cultural background and described how they provided care and services accordingly.

Consumers said they were supported to exercise choice and independence, had the ability to make their own decisions, and maintain personal relationships. Care documents reflected relationships of importance to consumers and preferences regarding the delivery of care and services. Staff described how they supported consumers to maintain relationships both within and outside of the service. Consumers were observed receiving visits from family members in communal areas.

Most care documents included risk assessments to identify potential risks to consumers. Consumers described how the service supported them to take risks to enable them to live the best life they can. Overall, staff were aware of the risks taken by consumers, and the strategies in place to mitigate potential risks.

Consumers advised they were provided with information to assist them in making choices regarding their care and services. Staff described several ways information was delivered to consumers, including those with cognitive impairments, to enable them to exercise choice. Information was displayed in a clear and easy to understand manner on noticeboards throughout the service.

Consumers said their privacy was respected and personal information was kept confidential. Staff described the practical ways in which they protected consumers’ privacy and maintained the confidentiality of consumer information. Staff were observed conducting their roles in a way that protected consumer privacy, such as knocking on bedroom doors before entering.

# 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

*Requirement 2(3)(a):*

The Assessment Team provided evidence to support a finding that Requirement 2(3)(a) was Not Met, as it considered the service could not demonstrate effective assessment and planning processes, including the consideration of risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services.

The Site Audit Report noted the following information:

* The Assessment Team observed there were locked doors to exit the service and between the adjoining co-located service which required a code to open. The service had not completed individual risk assessments and Behaviour Support Plans (BSPs) to consider the environmental restraint and determine the suitability of 3 named consumers to receive the code.
* Although these consumers indicated they had not received the code, they advised they could request assistance from staff to exit the service or move between the services when required.
* In response to these issues, management provided documentation which evidenced consumers were required to sign a consent form upon admission to the service acknowledging the coded keypad access since July 2023. However, the Assessment Team noted only 1 of the 3 named consumers were admitted after the consent form was introduced. On day 2 of the Site Audit, management displayed the door code on each gate, and an item was added into the plan for continuous improvement (PCI) to review the service’s environmental restrictive practice procedures. Following these actions, management reviewed the BSPs of the 3 named consumers and determined it was safe for them to receive the code to the doors.

The Approved Provider submitted a response to the Site Audit report on 21 November 2023 which noted the following information:

* The service reviewed its restrictive practice consent form to ensure consumers and representatives understood the service’s key coded doors could create an environmental restraint for the consumer. This form has been provided to all consumers, and their consent had been obtained.
* Restrictive practice training has been provided to staff, and staff have acknowledged they have read the service’s updated policies and training documentation.
* The Approved Provider acknowledged the issues identified by the Assessment Team in relation to the 3 named consumers without appropriate BSPs. The Approved Provider submitted updated BSPs for these consumers which included risk mitigation strategies and information regarding assistance to meet their needs.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address issues regarding environmental restraints. The service undertook immediate action to address the issues raised by the Assessment Team at the time of the Site Audit, and their response included appropriate measures to ensure the service’s practices and consumers’ care plans were reflective of regulatory requirements. Furthermore, the Assessment team has not identified any adverse impact on the well-being of consumers. Therefore, I find the service is compliant with Requirement 2(3)(a).

I am satisfied that the remaining requirements of Quality Standard 2 are compliant.

Consumers and representatives confirmed their involvement in discussions regarding advance care planning and assessments to identify consumers’ current needs, goals, and preferences. Clinical and care staff were aware of their responsibilities in relation to undertaking initial assessments of consumers and ongoing reassessments to identify consumers’ needs, goals, and preferences as changes occurred. Care documents contained an advance care directive (ACD) for sampled consumers, including EOL care if applicable.

Care documents demonstrated assessment and planning of care was completed in consultation with consumers, representatives and internal and external providers of care and services. Consumers and representatives confirmed assessment and planning was based on ongoing partnership with the consumer and other persons nominated by the consumer. Both internal and external staff could explain their roles in relation to care planning and assessments.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and the consumer’s care plan was readily available to them. Staff utilised the service’s electronic care management system (ECMS) to access and communicate outcomes of assessment and planning. The Assessment Team observed care plans were easily and readily accessible to both internal and external staff on the ECMS.

Care documents confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Management and staff demonstrated an understanding of the care plan review process during monthly scheduled reviews, the service’s Resident of the Day (ROD) process and when there were changes in the consumer’s circumstances.

# 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

*Requirement 3(3)(a):*

The Assessment Team provided evidence to support a finding that Requirement 3(3)(a) was Not Met, as it considered the service could not demonstrate each consumer received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being. There were issues raised by the Assessment Team regarding the service’s locked doors resulting in environmental restraints for 3 named consumers and an absence of care planning information to support the use of this environmental restraint (refer to Requirement 2(3)(a) for further information). The Approved Provider’s response addressed the Assessment Team’s findings and I am satisfied there is no ongoing risk to consumers. Therefore, I find the service is compliant with Requirement 3(3)(a).

I am satisfied that the remaining requirements of Quality Standard 3 are compliant.

Care documents demonstrated high impact or high prevalence risks were effectively managed by the service. Management confirmed high impact or high prevalence risks were monitored, reported and analysed, and discussed at the monthly management team meetings. Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks.

Staff described how they ensured the consumer’s end of life (EOL) wishes were captured and reviewed when required. The care documents for a recently deceased consumer evidenced the consumer received end of life care in accordance with their needs and preferences. Management and staff described the processes to support EOL care for consumers, including the involvement of the consumer’s family and health professionals.

Consumers and representatives expressed satisfaction with the service’s recognition and communication of changes in the consumer’s condition. Staff described how changes in consumers’ care and services were communicated in progress notes and at handover, including the identification of consumers whose condition has deteriorated. Care documents showed deterioration or changes in consumers’ health and well-being was recognised and responded to in a timely manner.

Care documents provided adequate information to support the effective and safe sharing of the consumer’s information. Consumers and representatives were confident the service shared information about their condition, needs, and preferences amongst staff to provide safe care and services. Staff were aware of consumers’ needs and preferences and confirmed they received up to date information about consumers during the handover process.

Consumers and representatives confirmed the service arranged timely and appropriate referrals to individuals, organisations and providers of care and services. Staff described the process for referring consumers to external health care providers and how this informed delivery of care and services provided to consumers. Care documents evidenced timely referrals were made in response to changes in the consumer’s condition.

Consumers and representatives said they were satisfied with the service’s infection control measures. The service had documented policies and procedures to guide staff in relation to antimicrobial stewardship and infection control management. Staff demonstrated an understanding of the precautions required to prevent and control infections within the service and described strategies to ensure the appropriate use of antibiotics. The Assessment Team observed hand sanitisation dispensers throughout the service, and staff were observed wearing appropriate personal protective equipment.

# 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 confirmed they received services and supports for daily living which optimised their independence and quality of life. Staff outlined how they partnered with consumers to conduct assessments which identified the consumer’s goals and preferences. Care documents identified information regarding the consumer’s needs, goals, preferences and activities of interest.

Consumers said they were provided with services and supports that benefited their emotional, spiritual, and psychological wellbeing. Care plans accurately captured consumers’ emotional, spiritual, and psychological needs. Lifestyle staff were able to describe the various religious and non-religious well-being activities offered to support consumers’ emotional and spiritual well-being.

Consumers said they were supported to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. The Assessment Team observed consumers engaging in a variety of activities, having visitors in their rooms, and returning from activities external to the service. Care documents outlined information regarding consumers’ interests and their relationships of importance.

Consumers and representatives felt staff were well informed about consumers’ needs and preferences. Staff advised information about consumers’ condition, needs and preferences was shared via the handover process and recorded on the ECMS. Care documents provided adequate information to support the delivery of effective services and safe care.

Staff described how the service worked with external providers of care and services to meet the various needs of consumers. Care documents identified the involvement of other organisations and providers of care and services. Consumers confirmed they were supported by referrals to individuals and providers of other care and services.

Consumers and representatives said the service provided meals which were varied and of suitable quality and quantity. Staff demonstrated a shared understanding of consumers’ dietary requirements and preferences. The meal service was observed to be timely and organised, with staff assisting consumers with their meals when required.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for their use. Staff advised they completed regular inventory checks of the service’s equipment to ensure it was safe and suitable for use. Equipment was observed to be clean, safe, and suitable for use.

# 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

Consumers and representatives advised the service environment was welcoming and easy to understand. Management and staff described the various aspects of the service environment which made consumers feel welcome and optimised their sense of independence, interaction, and function. Consumers’ rooms were personalised with their own belongings.

Consumers and representatives advised the service environment was safe, clean, and well maintained, and allowed consumers to move freely, both indoors and outdoors. Staff were observed cleaning consumers’ rooms and communal areas. A review of the service’s cleaning schedule checklist evidenced the regular cleaning of the service, in alignment with the cleaning schedule.

The Assessment Team observed furniture, fittings and equipment were safe, clean, well maintained, and suitable for consumer use. Staff described how equipment was kept safe, clean and well maintained through the service’s preventative maintenance schedule. Maintenance staff provided the preventative maintenance schedule and described the process for arranging any repairs to the building or equipment.

# 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

Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and complaints. Consumers and representatives said they felt comfortable providing feedback or making complaints. The Assessment Team observed feedback forms alongside a locked box to be accessible within the service.

Most consumers and representatives were aware of advocacy services and external organisations for raising complaints. Management advised information regarding advocacy and interpreter services were available around the service and within the consumer handbook. Staff described how they would access translation services on behalf of consumers if required. The Assessment Team observed information regarding advocacy and language services displayed throughout the service.

Consumers and representatives said the service took appropriate action in response to complaints. Staff demonstrated an understanding of open disclosure and complaint management processes. Feedback records demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said they felt changes within the service were made in response to complaints and feedback. A review of the service’s PCI evidenced the service reviewed feedback to improve the quality of care and services. Staff said the service valued and welcomed the feedback provided from consumers, representatives, and other stakeholders.

# 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

Consumers and representatives confirmed there was a sufficient number of staff to provide care and services. Management outlined the service’s rostering system and explained how they ensured there were enough staff to provide safe and quality care. The Assessment Team reviewed the service’s fortnightly staffing roster and noted all shifts were filled by regular staff or casual staff when unexpected absences had occurred.

Consumers and representatives felt staff were kind and caring and knew consumers well. Staff described how they treated consumers with respect by following their preferences and communicating clearly when providing care and services. Staff were observed interacting with consumers in a kind and respectful manner.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. The Assessment Team advised the service had documented policies in relation to the key qualifications and knowledge requirements for each role. Staff advised they had the necessary skills to perform their roles and meet the consumer’s needs.

Management described how they supported their staff to ensure they received the training they needed to perform their roles in relation to the Quality Standards. Consumers and representatives confirmed staff were skilled to meet the clinical and personal care needs of consumers. A review of training records by the Assessment team mostly evidenced staff were up to date with their mandatory training and received a range of training which was relevant to their roles.

Management outlined how the performance of staff was monitored through an annual performance appraisal process. Staff demonstrated an understanding of the performance review process which included discussions with management regarding their performance, strengths, weaknesses, and future goals. All performance appraisals for staff were up to date.

# 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

Management described a variety of mechanisms in place to ensure consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services. Consumers and representatives said they were engaged in the development, delivery, and evaluation of care and services. The service provided documentation which showed consumers were supported to engage and provide input into care and service delivery.

Management outlined the service’s organisational chart which provided an overview of the service’s structure and executive committees, with clear lines of reporting to the governing body. The Board evidenced ongoing monitoring and oversight of care and services through various meeting minutes and reports.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff described how they utilised the service’s policies and procedures to minimise risks to consumers using an incident management system. Management confirmed incidents and trends were identified, analysed and reported to the clinical governance committee and the Board. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained a register for incident data.

The service had policies and procedures in place to ensure appropriate practice in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff described their roles and reporting requirements under the clinical governance framework. Care documents complied with the service’s policies for antimicrobial stewardship, minimisation of restraint, and open disclosure.

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)