Performance

Report

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| Name of service: | St Elmo's Nursing Home |
| Service address: | 85-91 Commercial Road YARRAM VIC 3971 |
| Commission ID: | 4443 |
| Approved provider: | Yarram & District Health Service |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 29 May 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 St Elmo's Nursing Home (**the service**) has been prepared by S Byers, 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

# 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 were satisfied they are treated with dignity, respect and their individuality, identity, culture, and diversity is supported. Care planning documents detailed consumers’ life stories and preferences. Staff were observed treating consumers with respect and demonstrated a good understanding of individual consumers choices and preferences. Training records demonstrated staff have completed training in diversity, inclusion, and cultural sensitivity.

Consumers were satisfied they are supported to exercise choice, make decisions about their care and to maintain relationships that are important to them. Consumers provided examples of how they are supported to maintain relationships with family. Care planning documents detailed how consumers wish their care to be delivered. This aligned with staff knowledge and understanding of consumers preferences.

Consumers confirmed they felt supported by staff in their decisions to take risks. Care planning documents included risk assessments and waiver forms. Staff described risk assessment processes to identify the risks involved in the consumers activity of choice, and to support consumers to make informed decisions. The service demonstrated it has a choice and decision making policy in place to guide staff practice.

Consumers and representatives were satisfied that information is current, accurate, timely and communicated in a way that is clear and easy to understand. The service demonstrated it has effective systems and processes in place to effectively communicate information. Weekly activity schedules were observed on display throughout the service, in communal areas and in consumers rooms.

Consumers and representatives were satisfied their information is kept confidential. Staff described how they maintain the consumers privacy when providing care, and keep information confidential by keeping computers locked and using passwords to access consumers’ personal information. Observation of staff practice demonstrated consumer privacy is respected. For example, staff were observed knocking on consumer’s doors and waiting for a response 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

Consumers and representatives said they were confident the assessment and care planning process identified risks to the consumers’ health and well-being. Where risks were identified, risk assessments and individual strategies to minimise risks were documented in the consumer’s care plan. Staff demonstrated knowledge of individual consumers’ risks and described strategies to ensure the delivery of safe and effective care. The organisation has policies and procedures to guide staff in assessment, care planning and risk management.

Consumers and representatives were satisfied the service identifies what is important to the consumer. Care planning documents detailed consumers’ individual goals, needs, and preferences. Advanced care plans are developed in consultation with consumers and representatives. Staff demonstrated understanding of the services end of life care planning procedure, describing how they discussed advanced care planning upon entry to the service and routinely. Staff provided examples of what is important to consumers in their care delivery.

Consumers and representatives described how they participate in the planning and review of consumers’ care. Management and clinical staff described how they collaborate with consumers, representatives, and other health professionals to ensure an ongoing partnership to meet consumers’ needs and preferences. Care documentation reflected other services, individuals and specialists are involved in the care of consumers and recommendations are documented in care plans.

Most consumers and representatives were satisfied with communication about assessment and planning outcomes, and that care plans are available. Staff described how care plans are readily available to consumers and representatives and this was reflected in consumer care files. Care planning documents demonstrated outcomes of assessment and planning were documented and communicated to the consumer and representative in a timely manner.

Consumers said they are kept informed regarding changes to their health including when incidents occur. Management and staff described the monitoring and review process following incidents or changes in a consumers care. Care and services provided to consumers are reviewed regularly in line with the assessment and care plan schedule for 3 monthly evaluations. Consumer files demonstrated care plans are reviewed regularly for effectiveness when circumstances change and following incidents.

# 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

Overall consumers and representatives said they were satisfied with the personal and clinical care they receive. Clinical care documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in collaboration with specialist services, and reflect consumers’ clinical care is assessed, monitored and reviewed. Staff interviews reflected best practice principles are implemented and followed in relation to skin integrity, pain, restrictive practices, and complex care needs to optimise health and well-being. Consumers subject to restrictive practices had behaviour support plans in place, with evidence of informed consent and ongoing medical review.

Consumers were satisfied risks associated with their care are effectively managed. Care planning documents demonstrated risks are identified, assessed and include individualised strategies and care interventions with review and monitoring to minimise and manage the risks. Management and staff described the high-impact and high-prevalence risks to consumers at the service and how risk is minimised to ensure safe care. The service has a comprehensive range of clinical care policies and procedures to inform staff practice.

Consumers and their representatives said end of life wishes had been discussed and documented. The service has policies and procedures in place to inform the delivery of palliative, or for consumers on a palliative care pathway. Consumers’ advance care directives and palliative care plan’s reflected the goals, needs and preferences for consumers when nearing the end of life. Staff described the end-of-life pathway to maximise consumer comfort and the resources available to support consumers nearing their end of life.

Consumers expressed satisfaction with the services timely response to deterioration. Clinical staff described how deterioration or changes are identified, actioned, and communicated. Care planning documents recorded the identification of, and response to, deterioration or changes in the consumer’s condition.

The service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Progress notes, care planning documents and handover sheets reflect current information regarding the consumer’s health status and how information has been shared. Staff described how they receive updated information at handover and demonstrated how information is shared with external services involved in care as required.

Consumers and representatives expressed satisfaction with access to medical officers, allied health professionals and specialists, when required. Care planning documents demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services. Management and clinical staff described the service’s referral processes and provided examples of referrals actioned.

Consumers and representatives said they were satisfied that consumer infections are managed effectively. The service has appointed an Infection Prevention and Control Lead. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service has access to an COVID-19 outbreak management plan, infection control and minimising the use of antibiotics policies and procedures to guide staff practice. Staff were observed throughout the Site Audit complying with personal protective equipment requirements.

# 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 were satisfied with the supports of daily living the consumer receives to meet their individualised care needs, goals, and preferences. Staff demonstrated knowledge of individual consumers’ backgrounds, supports and interests to deliver personalised preferred activities. Care planning documents identified consumers’ choices and provided information about the services and supports to optimise their independence, health, well-being and quality of life.

Consumers and representatives were satisfied the services and supports provided by the service promote their emotional, spiritual and psychological well-being. Care planning documents reflected consumers’ spiritual beliefs and practices, and strategies for emotional support. Staff were able to outline consumers’ spiritual needs, and how they identify a change in a consumer’s mood that may affect their psychological well-being.

Consumers and representatives were satisfied they are supported to participate in the community, have relationships and do the things of interest to them. Staff demonstrated an understanding of person-centred care, including respecting consumer’s background and choices. Staff described how they support consumers to do the things that are important to them, participate within and outside the service environment and have social relationships. Care planning documents contained information on individual consumers’ interests and identified the people important to them. Consumers were observed engaging in activities and socialising with other consumers and friends during the Site Audit.

Consumers and representatives said they felt confident that information regarding their health, services and supports were communicated effectively and they do not have to repeatedly explain their preferences to multiple staff. The service demonstrated it has effective communication processes in place with other organisations who share responsibility for consumers.

The service demonstrated timely and appropriate consumer referrals to individuals and providers of other care and services. Consumers and representatives described how they can access other organisations and services. Care planning documents details how the service collaborates with external providers to support the diverse needs of consumers. Lifestyle staff provided examples of the service engaging with volunteers to assist with the lifestyle program and meals.

Consumers expressed satisfaction with the choice and quality of meals at the service. The service is implementing a new electronic system to best manage consumers’ dietary needs. Care planning documents detailed consumers’ dietary needs, dislikes, allergies, and preferences. Staff were knowledgeable about individual consumers’ preferences and dietary requirements. Management described how consumers have input into menu planning and food choices through the monthly residents meeting and the food focus survey. This was supported by meeting minutes view by the Assessment Team. During the Site Audit, meals were observed to be visually appealing with good sized portions and were served in a timely manner. Meal-buddies were seated next to consumers to assist them with their meals, and engaging in conversation.

Consumers said they were satisfied that the equipment provided is suitable, clean, and well maintained. Staff demonstrated understanding of cleaning and maintenance processes, and said they have appropriate and sufficient equipment to enable them to do their job effectively. Equipment was observed to be 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

Consumers said they feel at home and comfortable and provided positive feedback about the safety and cleanliness of the service environment and ability to move freely indoors and outside. The service was observed to be welcoming and offered communal and quiet spaces both indoors and outside, that optimise consumers’ enjoyment and engagement. Photographs were observed on consumers doors, with their name and room number to assist with navigation. Outdoor areas appeared to be safe and tidy with well-maintained walking paths. Maintenance and cleaning schedules demonstrated both preventative and reactive maintenance and cleaning is completed. Consumers were observed socialising in communal spaces, and moving through the service accessing the internal and external areas

Consumers and representatives were satisfied the furniture, fittings and equipment was safe and well maintained. The Assessment Team observed a range of equipment available to meet the clinical and care needs of consumers. Furniture, fittings and equipment were observed to be in good working order. Staff demonstrated an understanding of maintenance request processes and procedures. Maintenance records demonstrated ongoing monitoring and timely response to maintenance requests.

# 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 said they feel encouraged and supported to provide feedback and make complaints, and provided positive feedback about the responsiveness of the service. Consumers provided examples advocacy services accessed. Staff described the internal and external resources available to support consumers, such as advocacy services. Management described the various mechanisms for feedback and complaints including direct feedback to staff and management, meetings and a web based application. Feedback and complaint information including advocacy and external complaint services is readily accessible at the service.

Consumers and representatives were satisfied that appropriate and timely action is taken in response to complaints. While not all staff were familiar with the term open disclosure, they demonstrated understanding of open disclosure principles in practice. Complaints documents demonstrated that complaints and feedback are addressed in a timely manner, with outcomes discussed with consumers individually or through the resident meetings. Open disclosure is embedded in the service’s risk management system.

The service has clear processes for managing feedback and complaints and to inform continuous improvement. Consumers and representatives were satisfied the service reviews their feedback and complaints to improve the quality of care and services. Complaints documentation, meeting minutes and the services Plan for Continuous Improvement demonstrated that feedback and complaints are addressed and used to inform continuous improvement.

# 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 expressed satisfaction with the staffing levels and call bell response times. Staff from various roles were satisfied there is sufficient numbers of staff to enable them to perform their duties. Roster documentation demonstrated that registered nurses are scheduled 24 hours a day, and that most shifts are filled, including unplanned leave. Management described strategies to ensure the registered nurse allocation is filled, through sharing workforce with the collocated service or onsite acute or urgent care departments. Call bell reports demonstrated call bells are responded to in a timely manner.

Consumers and representatives expressed satisfaction that staff interact in a kind and caring manner. Consumer feedback aligned with the Assessment Team’s observations of positive and respectful interactions between staff and consumers during the Site Audit. The service has policies and procedures in place to promote and support consumers’ individual cultural and diverse aspects of their lives.

Consumers and representatives were satisfied that staff are competent, and suitably recruited, trained and equipped to support their care needs. Staff expressed satisfaction with training opportunities and confirmed completing in mandatory training. Documentation demonstrated staff have relevant qualifications for their role, and that competencies are monitored. Human resource management policies and procedures support recruitment and training to enable the workforce to deliver safe and quality outcomes to consumers.

The service demonstrated it has policies and procedures in place to monitor and review staff performance. Management demonstrated how staff performance is assessed, monitored, and reviewed. Staff explained how they actively engage with the organisation’s annual performance appraisal process, and how they use this process to identify training needs or professional development opportunities.

# 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 were satisfied they are engaged in the development, delivery and evaluation of care and services. Representatives provided examples of attending resident meetings. Meeting minutes demonstrated that meetings are well-attended by consumers and representatives, who are encouraged to actively engage in discussions about feedback, complaints and continuous improvement activities.

The organisation has in place overarching systems, policies and procedures that promote a positive culture of safe, inclusive care and quality services. The governing body is accountable for the delivery of safe, inclusive and quality care and services through established committees and reporting structures.

The service demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. Staff demonstrated understanding of the policies and processes that supported each of the governance systems. The service demonstrated clear and centrally managed processes to ensure that legislative changes are monitored, policies are updated or changed, and there are effective communications with staff and consumers as necessary.

The organisation demonstrated it has a risk management framework in place that includes policies in relation to risks, abuse and neglect of consumers, incident management, and supporting consumers to live their best lives. Staff confirmed they have received education in relation to abuse and incident reporting, and demonstrated knowledge of their responsibilities in line with their position. Management and staff provided examples of risks identified and strategies implemented to ensure risks to consumers are minimised, while still allowing consumers to live their best lives.

The organisation provided a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)