Performance

Report

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| Name of service: | Swan Hill District Nursing Home |
| Service address: | 29 High Street SWAN HILL VIC 3585 |
| Commission ID: | 3483 |
| Approved provider: | Swan Hill District Health |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 10 February 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 Swan Hill District 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 10 January 2023 to 12 January 2023. 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 Aged Care Quality and Safety 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers said staff treated them with dignity, respect and valued their identities, cultures and diverseness. Staff understood consumers’ care preferences and were observed treating consumers with respect. Consumers said staff supported them to practice their cultural values and beliefs. Consumers’ care plans detailed their personal preferences, cultural practices and their religious and spiritual needs. Consumers said they were supported to make decisions about their care, and these could be changed by the consumer at any time. Consumers nominated others to be involved in their care, communicated their decisions and were supported by the service to maintain relationships of choice.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, staff completed and documented a risk assessment in their care plans. A medical officer reviewed consumers’ risk assessments in line with the service’s risk management policy and procedures. Consumers received information in easy to understand formats, such as via the service’s information pack, activities calendar, resident meetings and discussions with staff. Staff respected consumers’ privacy, such as by seeking permission prior to entering their rooms.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. The consumer care planning process included assessment of their nutrition and hydration, lifestyle needs, risk of falls and pain management. A review of consumers’ care plans confirmed staff conducted effective, comprehensive assessments and care planning which identified consumers’ needs, goals, preferences, and also included end-of-life planning where consumers wished.

The service partnered with consumers, their representatives, relevant organisations and other service providers when assessing, planning and reviewing consumers’ care needs. Clinical and care staff understood their roles and responsibilities in the assessment and planning process. A review of consumers’ care plans confirmed staff assessed consumers’ needs on entry to the service, at regular intervals or when needs changed. With respect to care plans, most consumers and representatives were unaware the service should provide them with a copy of their care plan. However, consumers and representatives said staff regularly spoke with them about care plans and explained the content.

# 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 Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers received care that was safe, effective, consistent with their needs and which supported their health and wellbeing. Staff understood consumers’ individual needs and preferences, which were recorded in their care plans. Staff were guided by policies and procedures which addressed high-impact risks to consumers such as falls, pressure area injuries, weight loss and infection.

Consumers confirmed they were assessed by medical and allied health professionals regarding falls management, mobility and pain management. Consumers were confident in the service’s ability to support them during end-of-life care and meet their social, cultural, religious and medical needs. Clinical management staff said consumers’ loved ones were encouraged and welcomed to be present throughout the palliative care process.

Staff responded to changes in consumers’ conditions and care needs in a timely manner, which was confirmed by consumers a review of their care plans. Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions was communicated during shift handovers, meetings, accessing care plans and electronic notifications. The service made timely and appropriate referrals to other care providers, which was confirmed by consumers and evident in their care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that maintained their independence, well-being and quality of life. Consumers’ wellbeing care plans included their life stories, lifestyle likes and dislikes, social affiliations, activities of interest and spiritual and religious needs. Consumers were satisfied with the supports they received for daily living and staff understood their activity preferences. Consumers were engaged in meaningful activities which supported their emotional and psychological well-being, such as attending religious services and spending one-on-one time with lifestyle staff. Consumers participated in the community and maintained personal relationships. For example, consumers were supported to enjoy social outings, participate in community-based clubs and visit family for meals.

Consumers were happy with the quality, quantity and variety of food provided by the service. The service included consumers in menu development and encouraged feedback on the quality of food provided. Consumers were offered a range of meal options if the daily menu was not to their liking. A review of consumers’ care plans included information about their dietary needs and preferences. Where equipment was provided, it was safe, clean, suitable for consumers’ needs and well maintained. Maintenance records showed equipment was regularly 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 Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

Consumers and representatives said the service welcomed them and was easy to navigate. The service was well-signed, with wide corridors and handrails. Consumers felt at home within the service, particularly as they personalised their rooms with furniture and possessions of choice. The service environment was clean, well maintained and consumers moved freely around the building, both indoors and outdoors. Consumers enjoyed using sitting areas, lounge rooms, dining rooms, communal areas and gardens. Maintenance was promptly attended to so consumers were safe and comfortable in their environment.

The Assessment Team noted furniture, fittings and equipment were safe, clean, well maintained and suitable for use by consumers. Furniture and equipment was maintained under a scheduled maintenance plan, with specialist contractors in place when required. Shared equipment such as mobility aids were clean, in good condition and safely stored within the service. Staff were observed cleaning shared equipment between each use.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers said they were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint was displayed in communal areas and within the consumer handbook. Consumers were aware of how to access internal and external complaints mechanisms, access advocacy services and find support through interpreting services. Staff understood the complaints process and a review of consumer meeting minutes confirmed consumers were encouraged to raise concerns and provide feedback.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong. Consumers confirmed the service’s responsiveness and said managers were responsive to matters they raised. The service had a feedback and complaints policy which contributed to its continuous improvement process, whereby data was trended and consumers’ experiences enhanced. For example, consumers gave feedback about lack of access to Wi-Fi and the inability to watch some television channels. In February 2022, the service intended to introduce a new Wi-Fi system for the use of consumers and visitors.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers and representatives were satisfied with the quality of care provided by staff, who met consumers’ needs whilst making them feel safe. Staff reported a staff shortage, though consumers said their care needs were not negatively impacted, due to efforts made by staff. Management said vacant shifts were filled by offering service staff additional hours or by using agency staff. A review of the roster in weeks prior to the site audit confirmed no unfilled shifts. Consumers and representatives said staff were kind, caring, gentle and respectful of cultural preferences when providing care and services. The Assessment Team noted staff interactions with consumers were kind and caring.

The service’s workforce was competent and had the qualifications to effectively perform their roles, which was reflected in positive consumer feedback. The service required staff to hold qualifications and knowledge essential to their roles. Management advised staff attended mandatory training in the Quality Standards, the Serious Incident Response Scheme (SIRS), elder abuse and reporting, manual handling, infection control and medication management. Staff correctly described reporting requirements for the SIRS and how to apply open disclosure to a complaints process.

The service’s workforce was regularly assessed, monitored and reviewed through formal performance appraisals. A review of staff files confirmed the service completed appraisals in a timely manner.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers assisted the organisation in the development, delivery and evaluation of care and services provided to them. Input was provided through consumer experience surveys, feedback mechanisms, consumer working groups and consumer forums. Consumer and representative suggestions were included in the service’s plan for continuous improvement. The Assessment Team viewed the organisation’s clinical governance framework, which required partnering with consumers to understand their needs, perspectives and preferences, and designing systems to enhance consumer participation, experience and health outcomes.

The organisation’s governing body (the committee) promoted a culture of safe and inclusive care which consumers confirmed and the Assessment Team noted during documentation reviews. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures which monitored, assessed and managed high-impact or high-prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed by service management, executive management and the committee. Staff understood the service’s risk management process, which included risk identification and mitigation. The organisation’s risk management and clinical governance frameworks included consumer safety, clinical safety, providing person-centred care, escalation of critical incidents and supporting consumers to live their best lives.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)