Performance

Report

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| Name of service: | Yeltana Nursing Home |
| Service address: | 25 Newton Street WHYALLA SA 5600 |
| Commission ID: | 6971 |
| Approved provider: | Helping Hand Aged Care Inc |
| Activity type: | Site Audit |
| Activity date: | 23 November 2022 to 25 November 2022 |
| Performance report date: | 18 January 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 Yeltana Nursing Home (**the service**) has been prepared by K Richards, 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.

# 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 site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff and management; and
* the Performance Report dated 14 January 2022 for an Assessment Contact – Site undertaken from 23 to 24 November 2022.

The provider did not submit a response to the Assessment Team’s report for the Site Audit.

# 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 confirmed consumers are treated kindly and with respect, and staff could describe organisational expectations on their behaviours and interactions with consumers. Information on consumers, including their life story and cultural background, are captured within care plans. This information was used to inform development and delivery of activities reflective of cultural connections for consumers, and to guide staff in connecting with consumers with changed behaviours.

Consumers said they have choice within their daily routine, such as who provides their care, where to eat meals, who they socialise with and what activities they want to attend, and were observed enjoying friendships and participating in social events. Personal preferences for care were captured in care plans.

The service has policies, procedures, and processes to support consumers to take risk, and sampled assessments included potential for harm, identified mitigating strategies, and evidence of consultation with consumers to ensure there is a common understanding and agreed actions to support their decision. Consumers could identify the risks and strategies in alignment with information in their care files.

Information provided to consumers is communicated through a variety of methods, including emails, newsletters, Resident Meetings, publications on noticeboards, published activities schedules and menus, and formal and informal discussions with staff and management. Language cards were available for consumers if needed, with staff saying whilst consumers may speak English, at times accents had been misunderstood and use of cards ensured shared understanding when required. Admission packs have extensive information on care and services on offer and how these can be tailored to individual needs and preferences.

Consumers’ privacy and confidentiality needs are met. Consumers sharing rooms have privacy screens. Information about consumers is stored within an electronic system with staff allocated access on a need-to-know basis. Consumers make decisions on how much personal information is shared with others within information on display.

For the reasons detailed above, I find all requirements in Standard 1 Consumer dignity and choice Compliant.

# 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 undergo comprehensive assessments on entry to the service, and this information is used to create a personalised care plan identifying and addressing risks, needs and preferences as well as risk mitigating strategies.

Consumers said they were consulted on needs and preferences, and were aware they could provide advance care directives if they wished. A palliative care assessment is completed for consumers nearing end of life, capturing record of any specific wishes.

Consumers and representatives were aware of consumer care plans and reported being involved in assessment and planning on admission and for ongoing reviews, and they could request copies at any time. Sampled care plans included information from specialised services to inform strategies of care. Consumers and representatives said care planning information was explained clearly and in a way they could understand.

The service’s policy is to review care plans every 6 months, those that were overdue routine review at time of the visit were awaiting further contribution from external services for completion. The Assessment Team viewed evidence confirming additional reviews are completed when a change, deterioration or incident occurs.

For the reasons detailed above, I find all requirements in Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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

Requirements (3)(b) and (3)(d) were found non-compliant following an Assessment Contact undertaken from 23 to 24 November 2021.

* Under requirement (3)(b) the service was unable to demonstrate effective management of high impact or high prevalence risks, specifically in relation to skin integrity and the prevention of development of pressure injuries.
* Under requirement (3)(d) the service did not demonstrate deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner, particularly in relation to a consumer with ongoing pain and abnormal blood pressure readings.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Appointment of new clinical nurse to oversee clinical care, undertake complex wound care and liaise with wound specialists to optimise wound healing.
* Undertake education sessions on wound care, pain management, clinical deterioration, and other issues arising with care.
* Recruited and trained ‘care champions’ for skin and wound care and other portfolios.
* Commenced regular audits to identify areas for improvement, including implementing systems of accountability and monitoring.
* Implemented a high risk register and monthly meetings to monitor and report on issues including wounds and pressure injuries.
* Introduction of daily ‘huddles’ for staff to share key information, including potential and actual changes of consumer condition.
* Review of procedures to guide staff, including development of a flow chart for staff to follow when clinical deterioration is identified.

At the Site Audit, the Assessment Team recommended all requirements in Standard 3 Personal care and clinical care met.

In relation to requirement (3)(b), the Assessment Team confirmed use of strategies to optimise wound healing and prevent progression, however, one consumer did not have effective management strategies in place to prevent deterioration of the wound. Consumer A returned from hospital admission with a stage 2 pressure injury, however, there was no hospital discharge letter and a skin assessment was not completed when they returned to the service. The service then went into lockdown due to an outbreak of COVID-19, and during this period the service relied heavily on surge workforce, including agency staff, to fill rostering shortages, and during this period the wound deteriorated to a ‘stage 3 to 4’ wound, requiring eventual admission to hospital for debriding and management of infection.

In response, management have undertaken reviews of the period impacted by COVID-19 and put strategies in place to reduce impact of a future outbreak on site. Wound processes have been reviewed to increase the involvement of the clinical nurse and wound specialists in management of complex wounds, additional training has been provided to all staff on skin integrity, and all consumers assessed as being at risk of pressure injury are placed on an air mattress and commenced a regular repositioning regime. The Assessment Team reviewed repositioning charts noting these were completed on most occasions.

Pain charting was undertaken regularly for consumers with wounds, and strategies deployed to manage identified pain. The service demonstrated actions taken to minimise the use of chemical restraint through effective strategies captured within behaviour support plans, and staff had access to summarised behaviour support plans with consumer interests and strategies for quick reference when intervention is required.

In relation to requirement (3)(d), consumers and representatives said they were confident service could effectively identify deterioration and staff confirmed they received additional training on clinical deterioration to ensure changes are recognised, escalated, and responded to in a timely manner. Management described improved communication channels to ensure there was early identification of changes, used to trigger increased monitoring or further escalation.

In relation to all other requirements in this Standard, overall consumers were satisfied they receive safe and effective care that is safe and right for them.

Processes are in place to ensure best practice and tailored care is provided to consumers, including multidisciplinary meetings, referrals to specialists and internal audits. Where issues are identified through the service’s internal audit process, improvements are implemented to ensure deficiencies are resolved. The service has access to best practice resources as required.

Two consumers said they were confident their advance care directives would be followed when they reach that stage. Three staff confirmed they have attended training in relation to clinical deterioration and end of life care. The service works collaboratively with the local hospital to ensure end of life care needs are addressed effectively, and care files captured preferences through advance care directives and pathways with file reviews demonstrating effective management of end of life needs.

Needs and preferences for consumers were known by staff, confirmed through interviews with consumers. Staff explained methods of communicating incidents and changes, including through verbal handovers and handover sheets, clinical meetings and via consumer files.

For sampled consumers, referrals to individuals and external organisations, including for specialised clinical care needs, were undertaken in a timely manner. Representatives and consumers confirmed they see the Medical officer regularly, and staff were knowledgeable about the referral process. A Physiotherapist is on site on weekdays to review consumers following changes in mobility or after an incident.

Consumers said if they have an infection, the service provides clear information about their condition and treatment in a form that is easily understood, the service has guidance and provides education on antimicrobial stewardship, and staff were observed using standard precautions, including handwashing, and wearing of masks, to prevent spread of infection. Precautions to reduce the risk of COVID-19 infections included sign in and screening processes, undertaking vaccination clinics, and have undertaken review of the outbreak management planning following recent outbreak.

For the reasons detailed above, I find all requirements in Standard 3 Personal care and clinical care Compliant.

# 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 said staff will discuss activities and meals with them daily and they have schedules for these activities in their rooms. Staff were able to describe consumer interests and preferences in line with consumer care and lifestyle care plans, and describe actions taken to support consumers maintain their interests and meaningful connections.

Staff were observed providing consumers with emotional support and were able to describe examples of how they have supported consumers who require additional support. Documentation viewed showed consumers are engaging in the lifestyle program and there are activities available to meet their individual spiritual needs including the celebration of significant holidays and events and multi-denominational church services are held on-site.

The service monitors consumers for engagement with activities and social circles, and uses this to identify and monitor change in engagement on an individual basis so they may assess impact on wellbeing. Staff were able to identify activity preferences and how they support consumers to maintain social and personal relationships, although consumers who had been members of community organisations were not always consulted on ongoing interest to continue to participate.

Consumers and representatives said consumers condition, needs and preferences had been identified by the service and were known by staff. This included their religious affiliations, personal/family relationships, and emotional needs. Staff could describe systems and processes to ensure up to date information is communicated effectively where responsibility of care is shared.

Care planning documentation demonstrated referrals to and collaboration with external service providers to meet consumer needs including volunteers, transport providers, and entertainers.

Most consumers and representatives were satisfied with the meals provided, with a selection of options available from a Dietitian endorsed menu. Whilst meal temperature consistency was an issue for some consumers, management provided evidence of investigation of the issue, and proposed actions to remedy, including quotes for replacement equipment which have been passed on to the new organisational ownership to act upon.

Consumers and representatives sampled said consumers felt safe when using equipment and maintenance were responsive in managing repairs. Equipment for activities of daily living and leisure options is readily available to staff, and is regularly cleaned and well maintained.

For the reasons detailed above, I find all requirements in Standard 4 Services and supports for daily living Compliant.

# 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 service provides a displays artworks done by a consumer and features a large display of this art in the area they reside in, and consumer rooms were personalised. Consumers were observed meeting their friends from differing areas of the service, and areas of the service were observed to be dedicated to individual consumers for activities they enjoy. Management explained the plan to convert shared rooms to single rooms with en-suite bathrooms for privacy and infection control measures.

The environment was observed to be clean with cleaning staff regularly cleaning common areas, and consumers and representatives confirmed it was well maintained, comfortable and safe. Consumers were observed to move freely throughout the service, indoors and outside, and some consumers had access to codes to exit the service independently.

The service has a system for maintenance of furniture, fittings, and equipment, and included testing and audits of call bells. Staff were aware of the process to report identified issues and remove hazardous items from use until assessed as safe.

For the reasons detailed above, I find all requirements in Standard 5 Organisation’s service environment Compliant.

# 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 were aware of how to make a complaint or provide feedback, and felt supported by staff and management to do so, and could describe efforts made to resolve raised issues. Feedback boxes were available throughout the service environment, with information and corrective actions captured in registers. Feedback is also sought through forums, surveys, and meetings.

Consumers and representatives confirmed they received information regarding advocacy services in entry information, and there is further information available at the service, including brochures in other languages. Management advised they include reminders of language and external complaint avenues in newsletters and meetings, and advocacy bodies attend the service to provide information sessions.

The service has feedback, complaints, and open disclosure policies and procedures in place which guides management and staff in how to identify, manage, escalate, document, and resolve complaints. Consumers confirmed issues are worked through with management or staff until their concerns are satisfied, and management provided examples of use of open disclosure in response to complaints and incidents.

Consumers sampled could describe how the service finds ways to make improvements from feedback, surveys, and care plan reviews. The service used surveys and feedbacks to identify concerns regarding food, and formed a food forum with collective feedback identifying issues with food temperature, with resulting investigation and sourcing of new equipment to resolve the cause.

For the reasons detailed above, I find all requirements in Standard 6 Feedback and complaints Compliant.

# 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 were satisfied with staffing levels and said the service provided quality care and services to competently meet consumers’ needs. Feedback from staff, consumers and representatives indicated overall there are sufficient staff numbers to tend to consumer care needs with monitoring of call bells used to identify delays in response times for investigation. Processes are in place to ensure the skill mix of employees is considered in addition to staffing levels based on occupancy rates and acuity of consumers.

Staff training and onboarding processes provide value-based requirements such as respect, privacy, culture, identity and diversity, and consumers and representatives confirmed they found staff to be respectful, kind and considerate.

Consumers and representatives described staff as knowledgeable. Staff confirmed they receive ongoing training through a variety learning avenues of to extend their knowledge, and allowing them to competently care for consumers with complex care needs. Staff said they can request additional training and support if required, and management could describe mechanisms through which they identify further training needs for staff.

Management described formal and informal processes to undertake assessment, monitoring and review of the performance of each member of the workforce, including undertaking performance management where poor performance, behaviour or attitude is identified.

For the reasons detailed above, I find all requirements in Standard 7 Human resources Compliant.

# 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 were activity involved in the development and delivery of their care and services, including the interview process for care staff. The service communicates with consumers and representatives regularly through newsletters and emails, and menus and activity schedules are displayed on notice boards throughout the service. Changes in relation to recent transition of organisational management were communicated with consumers and representatives through special events and formal correspondence processes.

The organisation’s clinical governance framework is governed by a Board which is responsible for defining the strategic direction for clinical quality and safety and monitoring the performance of clinical and care systems and processes. The framework is used by the workforce to improve the safety and quality of care provided to consumers and is supported by policies, position statements, procedures, work instructions, and guidelines.

Information management systems and processes are in place to ensure staff and management have ready access to relevant and up-to-date information to perform their role. Consumers and representatives confirmed they are encouraged to participate in continuous improvement initiatives through feedback, surveys, and meetings. Management is required to demonstrate financial accountability, and external financial auditing is completed as required.

The service’s Risk Management Framework incorporates High-Risk meetings, Safety, Quality and Risk Meetings, clinical high-risk register, monitoring clinical indicators, clinical audits, incident reporting processes, risk policies, and supporting procedures. Incidents of abuse and neglect are managed and documented through the services incident management system. The service has clinical incident management policies, procedures, risk registers and escalation requirements in place to guide staff practice.

Clinical governance arrangements are implemented across the organisation to effectively support and empower the workforce and visiting health practitioners to provide safe, quality clinical care. The framework includes the management of antimicrobial stewardship, minimising the use of restraint and open disclosure policies, procedures and guidelines to guide staff practice. Processes are in place to provide staff with information and training in relation to clinical incidents, trends and legislative changes.

For the reasons detailed above, I find all requirements in Standard 8 Organisation governance Compliant.

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)