Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Meredith House Nursing Home |
| **RACS ID:** | 2228 |
| **Name of approved provider:** | Paston Pty Ltd |
| **Address details:** | 30-32 Meredith Street STRATHFIELD NSW 2135 |
| **Date of site audit:** | 26 November 2019 to 28 November 2019 |

**Summary of decision**

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| **Decision made on:** | 24 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 20 February 2020 to 20 February 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Not Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 02 March 2020 | |
| **Revised plan for continuous improvement due:** | By 08 January 2020 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Meredith House Nursing Home (the Service) conducted from 26 November 2019 to 28 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 17 |
| Consumer representatives | 7 |
| Management including nurse advisor | 5 |
| Registered nurses | 3 |
| Care staff including endorsed enrolled nurse | 9 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 3 |
| External contractors | 1 |
| Visiting service providers such as allied health professionals | 2 |
| Other | 0 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team recommend six of the requirements under Standard 1 were met.

All consumers interviewed said they feel they are treated with dignity and respect and they are supported to make decisions about care and services and exercise independence. Service staff demonstrated awareness of practices to ensure each consumer is treated with dignity and respect and their cultural needs and preferences are considered.

The organisation demonstrates they provide consumers with information that is accurate and enables consumers to exercise choice and decision making. The organisation demonstrated a commitment to respecting consumers privacy and personal information.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team recommend five of the requirements under Standard 2 were met.

Of consumers, randomly sampled, 100% agreed staff meet their healthcare needs always or most of the time, and that their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers reported feeling safe and confident that staff listen to their goals and preference, and the organisation gets input from other professionals to ensure consumers get the right care and services to meet their needs including end of life care.

The completion of advanced care plans is offered at entry to the service and those consumers and families who chose not to complete one at entry to the service are followed up to discuss and advise their end of life and palliative care wishes.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to deliver a tailored care and service plan and monitor and review the plan as needed.

Consumers reported their care and services are regularly reviewed and when something goes wrong, or their needs or preferences change, the organisation is quick to communicate with them and seek their input to update the care and services they are getting. Each of the care and service plans reviewed by the Assessment Team evidenced the plans had been regularly reviewed (with changes made) and include a date by which the next review of care and services must be undertaken. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Met**

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.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team recommend five of the seven requirements under Standard 3 were met.

Of consumers randomly sampled, 100% agreed that staff meet their healthcare needs always or most of the time. Consumers reported feeling safe and confident they are receiving quality care. Consumers gave various examples of how staff ensured the care provided was right for them including by regularly asking them about their care and the way it is delivered.

Staff could describe how they ensure care is tailored to meet consumer’s needs, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Care staff demonstrated a good working understanding of precautions to prevent and control infection. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were managed and informed changes in care planning for consumers care requirements.

However, the organisation did not demonstrate they understand, apply, monitor, review and evaluate minimisation of restrictive practices or minimisation of infection related risks through implementation of antimicrobial stewardship. On one occasion staff were observed by the Assessment Team not to understand the impact of physical restraint on one consumer and not report the consumer’s adverse behaviours resulting from the applied physical restraint.

The Assessment Team identified the service had not conducted a risk safety assessment for the physical restraints applied to consumers at the service. The restraint assessment forms did not record other strategies trialled or used as an alternative to physical restraint. The restraint assessment forms did not demonstrate that those providing authority and consent had held a discussion with the clinical manager prior to the authority and consent to apply the physical restraint. Quality indicators for physical restraint usage was not recorded for clinical governance oversight on the monthly clinical indicator reports.

The infection surveillance data report did not indicate whether antibiotic medication was used in a timely manner and/or were effective. The monthly clinical indicator report which is forwarded to the organisation’s governance meetings does not include data on consumer infections.

#### Requirements:

##### **Standard 3 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Not Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Not Met**

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team recommend all of the seven requirements in Standard 4 as met.

The organisation provides services to manage consumers health and wellbeing and enables them to do the things they want to do. The organisation optimises consumers’ health and well-being by respecting their spirituality, providing emotional support when needed, being involved in the community and living the life they choose.

The organisation demonstrated that information about consumers current conditions and needs is communicated within the organisation so that relevant clinical and emotional care is made available and can be provided. The organisation provides consumers with meals and the equipment they require to maintain independence and consumers are satisfied with the manner in which these are provided.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team recommend three of the requirements in Standard 5 as met.

Of consumers and/or representatives interviewed 93% said it feels like home most of the time or always. Consumers and/or representatives confirmed they can bring in items of furniture, memorabilia, and photographs to decorate and personalise their room making it as homelike as possible. They also commented on their happiness with the cleanliness of the service and confirmed everything is well maintained.

The Assessment Team observed the layout of the service to enable consumers free movement, with suitable furniture, fittings and signage to help navigate the service. Consumers had access to tidy outdoor areas with gardens, benches, communal tables, paths and handrails.

The organisation has systems for the purchase, service and maintenance of furnishings and equipment. Routine preventative maintenance of equipment provides a safe and comfortable environment for consumers. As part of this program the organisation conducts routine environmental checks to ensure the building and equipment are well maintained. Where environmental risks to consumers were identified were observed to be managed.

Staff interviewed confirmed their understanding of the systems and maintenance arrangements and maintained records to monitor and review the living environment at the service.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team recommend all four requirements under Standard 6 were met.

Consumer experience interviews show that 67% of consumers said staff follow up when you raise things with them always or most of the time. Consumers confirmed they can provide feedback and make complaints and have confidence that appropriate action will be taken.

There are mechanisms to facilitate consumers and interested persons to provide feedback or make a complaint. The organisation has feedback forms which are readily available throughout the service. Secure confidential suggestions boxes are also available at the service.

Brochures, posters and booklets are available promoting and explaining the internal and external complaint mechanisms available to them.

Consumers have access to advocates, language services if required and other methods for raising and resolving complaints. Staff have received recent training which included supporting consumers to provide feedback and make complaints.

The organisation demonstrated that appropriate action is undertaken in response to a complaint and this is carried out in a timely manner.

Feedback and complaints are reviewed and investigated and used to improve the quality of care. Meeting minutes demonstrate that feedback and complaints are a standard agenda item for management. The organisation has a feedback and complaints register and can demonstrate how suggestions and complaints are used to improve services within its continuous improvement plan.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team recommend five requirements of Standard 7 to be met.

Consumer and/or representative interviews show that 100% of consumers said staff treat them with respect and are kind and caring always or most of the time. Consumers and/or representatives reported the staff work hard and are always smiling, with two consumers saying staff are the best part of the service. Most consumer and/or representatives said staff know what they are doing and follow up on information for them.

The service has a master roster in place which includes a registered nurse 24-hours, seven days a week. The service has access to a large casual pool and does not have the current need to utilise agency staff. The service was able to provide examples of where they have extra shifts to the roster including one administration staff member and an extra medication competent staff member. Staff recruitment processes are comprehensive and education competencies are confirmed. The service has a structured orientation program in place which includes a two-stage process of orientation and the induction.

The service has regular training and education including annual mandatory training topics. Staff performance appraisals are completed annually. The workforce confirmed they have access to position descriptions, extra training and education and a performance appraisal process.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Met**

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team recommend two of the five requirements relating to Standard 8 are not met.

All consumers interviewed through the consumer experience interviews said the service is well run most of the time or always. Consumers confirmed and provided examples of when and how they are engaged in the development, delivery and evaluation of care and services.

The organisation demonstrates they have an active governing body in place who meet regularly and includes two voluntary consumer representatives. The organisations governance systems support regulatory compliance, clinical care and consumer feedback. However, in relation to managing high impact or high prevalence risks associated with physical restraint risk assessment processes and clinical governance the following was identified:

* While the organisation has a risk management policy in place it was not evident that risk assessments relating to bed rails and the clip tray table have been conducted consistently and within reassessment timeframes. Alternative strategies to minimise the restrictive practices were also not evident in risk assessment processes.
* The organisations clinical governance framework document is not current and up to date. Review of the clinical indicators provided to the Assessment Team did not match those outlined within the clinical framework document. Physical restraint, infection rates and pressure injury data were not evident on documentation provided to the Assessment Team.
* The organisation did not provide evidence there is an overarching governance system in place to analyse and monitor antibiotic use, pathology outcomes and correct antibiotic use.
* While the organisation has a suite of policies and procedures underpinning the delivery of care, how they review practice and how they remain fit-for-purpose. Information within the restraint management and responsive behaviour management required further review. The clinical management team agreed there was a gap in the service’s processes for physical restraint management and monitoring and the organisation’s policy and procedures.
* The organisation does not have an active open disclosure policy as the current version remains in draft form.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Not Met**

The organisation demonstrates that 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.