Seven Hills Nursing Home

Performance Report

1 Crews Road
SEVEN HILLS NSW 2147
Phone number: 02 9624 1088

**Commission ID:** 2770

**Provider name:** Seven Hills Nursing Home Pty Ltd

**Assessment Contact - Site date:** 22 September 2020

**Date of Performance Report:** 2 October 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 3 Personal care and clinical care

### 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.

## Assessment of Standard 3

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

Although the assessment team did not seek consumer feedback for the one requirement of this standard that was assessed, the requirement was found to be met.

The one of seven specific requirements which has been assessed is found Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team found that the service demonstrates effective minimisation of infection related risks. Staff were observed to practice appropriate use of PPE and were seen to sanitise appropriately. Staff could describe appropriate processes to minimise infection related risks. The Assessment Team reviewed the policy on Antimicrobial Stewardship and the Antimicrobial Stewardship Facility Resource and discussed the procedures at the service in relation to the use of antibiotics. The service has commenced using an Antimicrobial Stewardship Tool audit and has reduced the number of antibiotics it keeps on site. Staff are quite confident overall that they are ready. There is a sense that everyone is part of the service’s commitment to infection control and prevention. There is also a confidence that infection control overall has gained from the huge focus on COVID-19. The Outbreak Management Plan (OMP) is kept in the reception area and in all the nursing stations. A review of ‘AIN, RN and non-nursing training’ records up to August 2020 shows all staff have completed COVID-19 NSW Health online training for: PPE competency, infection control, hand washing competency and safe food handling.

I am of the view that the approved provider complies with this requirement as they demonstrate appropriate processes to minimise infection related risks.

# STANDARD 8 Organisational governance

### 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.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

The Assessment Team found that one of five specific requirements was met.

The one of five specific requirements which was assessed is assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team found that the organisation has a documented risk management framework, including policies/documents describing how high impact or high prevalence risks associated with the care of consumers is managed; the abuse and neglect of consumers is identified and responded to and consumers are supported to live the best life they can. Staff described examples of how these policies had been discussed with them and what they meant for them in a practical way. Management monitors risk at the service through the collection and analysis of adverse events such as pressure areas, skin tears, dangers to self and others, infections, unintentional weight loss, complaints, falls, infection and antibiotic use,
incidents, mandatory reporting and complaints. These are reviewed by management and discussed at RN meetings and general staff meetings. The service also monitors risks through regular audits. The results of these are reported to the management of the organisation and are benchmarked internally and externally. If an incident occurs an investigation brief is undertaken, and a risk assessment carried out. Staff involved are educated as needed. The Assessment Team reviewed mandatory reporting documentation which shows the service is fulfilling its obligations regarding mandatory reporting requirements. Staff have undertaken mandatory training in elder abuse and mandatory reporting. The Assessment Team reviewed the psychotropic medicine review report from July 2020 which includes consents and diagnosis. The form is reviewed thrice- monthly but updated as doctors’ orders change. The pharmacy provides a monthly Psychotropic Drug Usage summary. The service has introduced as range of measures to assist consumers live the best life they can during the COVID-19 pandemic. There has been regular ongoing contact between the service and relatives/representatives. Management explained that consumer’s choices to live the best life they can are identified through assessments, case conferences, and discussion with the consumer when they come to the service. Where a consumer’s choices involve an element of risk a risk assessment is conducted, a risk and hazard assessment is undertaken and consumers/representatives are asked to sign to confirm they understand and accept the risk. Management provided examples of supporting consumers to live the best life they can.

I am of the view that the approved provider complies with this requirement as it demonstrated that it has appropriate risk management systems and practices.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.