Performance

Report

**1800 951 822**

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| Name: | Abernethy Nursing Home |
| Commission ID: | 2787 |
| Address: | 2 Mount View Road, CESSNOCK, New South Wales, 2325 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 29 May 2024 |
| Performance report date: | 24 June 2024 |
| Service included in this assessment: | Provider: 1385 Northern Coalfields Community Care Association Ltd  Service: 1142 Abernethy Nursing Home |

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 Abernethy Nursing Home (**the service**) has been prepared by E Woodley, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all Requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all Requirements have been assessed** |

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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

The service was previously found not compliant in Requirement 2(3)(b) following a Site Audit conducted 8 November 2022 to 10 November 2022.

At the Assessment Contact conducted 29 May 2024, consumer files reviewed by the Assessment Team demonstrated assessment and planning identified and addressed consumer’s current needs and preferences. The service demonstrated needs, goals and preferences are identified through case conferences with consumers and relevant representatives. Consumers and representatives interviewed confirmed they have been given the opportunity to discuss consumer’s current care needs and preferences, and most said the service has discussed advanced care or end of life planning with them. End of life care planning documents reviewed by the Assessment Team included what is important to individual consumers and how they want their care delivered at the end of their life. The service is working towards reviewing consumer goals to ensure they are personalised to individual consumer’s wishes.

Overall, the service demonstrated assessment and planning identifies and addresses consumer needs, goals, and preferences, including advanced care and end of life planning. I find Requirement 2(3)(b) is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific Requirements has been assessed and found compliant.

The service was previously found not compliant in Requirement 3(3)(b) following a Site Audit conducted 8 November 2022 to 10 November 2022.

At the Assessment Contact conducted 29 May 2024, the Assessment Team found the service has processes to manage high impact and high prevalence risks associated with the care of consumers such as choking, unplanned weight loss, skin integrity, behaviours, medications, and falls. The service identifies high impact and high prevalence risks across the service through analysis of clinical indicators, and monitors risks through risk registers. Care documentation reviewed by the Assessment Team for sampled consumers demonstrated effective clinical assessment, monitoring, and care delivery to manage high impact or high prevalence risks. Involvement of allied health and clinical professionals to assist in consumer’s clinical management was evident for sampled consumers.

The service demonstrated the high impact and high prevalence risks associated with consumer’s care are effectively managed. I find Requirement 3(3)(b) is 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

The service was previously found not compliant in Requirement 7(3)(a) following a Site Audit conducted 8 November 2022 to 10 November 2022.

At the Assessment Contact conducted 29 May 2024, consumers and representatives interviewed by the Assessment Team provided positive feedback about the workforce and the care and services consumers receive. This included that staff are on time for care delivery, consumer’s call bells are answered promptly, and staff are kind and attentive. The service demonstrated its workforce is planned to meet the needs of the consumers and provide safe and quality care.

I am satisfied that consumer and representative feedback demonstrated 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. I find Requirement 7(3)(a) is compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)