Performance

Report

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| Name: | Adventist Nursing Home |
| Commission ID: | 2562 |
| Address: | 56 Elsom Road, KINGS LANGLEY, New South Wales, 2147 |
| Activity type: | Site Audit |
| Activity date: | 12 June 2024 to 14 June 2024 |
| Performance report date: | 17 July 2024 |
| Service included in this assessment: | Provider: 2841 Seventh-day Adventist Aged Care (Greater Sydney) Ltd  Service: 933 Adventist 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 Adventist Nursing Home (**the service**) has been prepared by Katherine 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.

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

The provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect. Staff explained treating consumers with dignity and respect, recognising individual and cultural needs and preferences. Care planning documentation included consumer’s personal history and backgrounds, identifying matters of importance for staff to understand and support.

Staff explained how they ensured care and services were culturally safe, adapted to suit consumers’ needs, preferences, and celebrations. Consumers described supports for daily living respectful of their cultural needs, including recognising spiritual practices and dietary needs. Care planning documentation included assessment of cultural needs and supports, and staff received training on cultural and person-centred care. The consumer handbook provided explanation of the service being run by a Seventh Day Adventist organisation observing the sabbath from sunset Friday to sunset Saturday.

Consumers said staff supported their independence and decision-making, and they made choices about their care, who was involved, and maintaining relationships. Staff explained how they supported decision making, communicating options, and gave examples of how they helped consumers maintain relationships. Relevant policies, including those on consumer decision making and dignity and choice, informed staff practice in supporting consumer decision making.

Staff described supporting consumer choice to participate in activities with risk, demonstrating awareness of risks taken by consumers and supporting safety strategies. Consumer feedback reflected being supported to take informed risks with awareness of agreed mitigating strategies. Care planning documentation included risk assessments undertaken with consumers and representatives, outlining risks and contributing factors with consultation on minimising the risk or potential harm.

Consumers verified they received accurate and up-to-date information to support informed decision making. Staff explained how they adapted communication method to meet specific needs of consumers, and ensured needs for communication such as hearing aids or glasses were used. Available written information included newsletters, meeting minutes, menus, and the activity calendar.

The privacy of consumers was observed to be preserved, with staff knocking on doors before entering rooms and security personal information. Consumers said staff were always respectful of privacy, seeking permission before entering rooms. Staff explained the importance of maintaining confidentiality, securing written documentation, and logging off computers not in use. Care planning documentation outlined authorised representatives and/or next-of-kin for information sharing purposes.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff outlined the assessment and planning process, used to develop the care and services plan, and how it considered consumer risks. Care and services plans were tailored to the consumer and reflected use of validated assessment tools to identify risks and management strategies. Representative feedback reflected awareness of how assessment and planning processes were used to understand consumer risks and develop care strategies.

Consumers and representatives verified their current needs, goals, and preferences were captured within the care planning processes, and they had opportunity to discuss end of life wishes. Staff explained ongoing consultation to understand consumer preferences and goals for care, and advance care planning conversations commence upon entry with regular review. Care planning documentation reflected consumer’s personalised care needs and preferences and identified advance care planning outcomes.

Consumers and representatives said they were engaged in assessment and planning processes and were aware of other health professionals involved. Staff explained how assessment and planning was undertaken in partnership with consumers, representatives, and other providers. Care planning documentation included input from consumers, representatives, and a range of providers.

Staff detailed communication of assessment and planning outcomes with consumers and representatives through care plan reviews, family case conferences, and explaining changes of needs or condition. Consumers and representative confirmed they were offered or provided a copy of the care and services plans. Care planning documentation included summary of conversations with consumers and representatives. The consumer handbook explained formal communication and opportunity to be provided a copy of the care and services plan.

Care planning documentation contained evidence of regular review and following incident or change of consumer need. Staff explained how care plan reviews were undertaken, and changes made where necessary. Representatives were aware of the regular reviews to determine required changes to care.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers gave examples of how care was tailored to their needs to optimise health and wellbeing. Staff explained available supports to ensure delivery of best practice care, including training and available personnel such as senior staff and educators. Care planning documentation included person-centred needs and management plans, with monitoring for effectiveness recorded in charting.

Staff detailed high impact high prevalence risks for consumers and how these were prevented, managed, or monitored. Representatives said risk management strategies were known and implemented by staff. Care planning documentation detailed risks and strategies identified through assessment and planning, with monitoring and incident management strategies deployed.

Staff described how they adjusted care for consumers nearing end of life, commencing an end-of-life pathway to focus on hygiene and comfort, minimise pain, and meet emotional and spiritual needs. Care planning documentation for a consumer receiving end-of-life care demonstrated regular monitoring for symptoms and comfort, and the representative said preferences were discussed and reflected within care.

Representatives verified deterioration or change of consumer health was recognised and appropriately managed. Staff explained how changes were communicated, assessed, and monitored. Policies and procedures were available to guide staff on early recognition of deterioration and appropriate response and management pathways.

Consumers and representatives said staff know consumers and communicate changes effectively. Staff explained how information about consumers was shared within verbal and written handover procedures, and within the electronic care management system. The care management system also enabled alerts for ongoing tasks, charting, and appointments, which were printed daily and displayed in the nurse’s station for staff reference.

Staff said referrals were generally made by senior clinical staff, describing a range of allied health and specialist providers involved in consumer care. Care planning documentation demonstrated referrals were timely and appropriate to consumer needs. Representatives gave examples of referrals made to providers relevant to consumer changes or needs.

Consumers and representatives described infection control practices, including isolating consumers with symptoms of infection, and staff using precautions such as handwashing and protective equipment to prevent transmission. Staff detailed actions to ensure appropriate antibiotic use, including identifying symptoms of infection, undertaking pathology, and working with medical officers for prescribing practices. The Infection prevention and control leads supported infection prevention and control practices through staff education and monitoring and ensuring compliance with the outbreak management plan during infections.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff explained how services and supports enhanced consumer’s quality of life and met needs and preferences. Consumers gave examples of how services and supports were implemented to support independence. Care planning documentation outlined services and supports for participation and enablement.

Consumers said staff provide emotional support where needed, and the service coordinates religious services and visits to meet spiritual needs. Staff said they spend time with consumers needing extra support, listening, talking, and consoling where needed. Religious services were held regularly, communicated in the activity schedule, and pastoral care visits coordinated from local churches to meet consumer needs.

Consumers felt able to participate in activities of interest within the service and external community. Staff were aware of relationships of importance to consumers, and explained how consumer interests were used to develop the activity schedule. Consumers were observed mixing with other consumers, participating in group activities, and entertaining visitors.

Staff from various roles explained how they were informed of changes to consumer condition, needs, or preferences. For example, lifestyle staff said they accessed the electronic system and kitchen staff said they received paper forms requesting dietary changes. Consumers said staff were aware of their needs and preferences.

Staff gave examples of referrals made to meet consumer needs, such as for volunteers. Care planning documentation included record of referrals to meet specific needs of consumers, and consumers and representatives verified suitability of the provider or individual.

Consumers and representatives gave positive feedback on the quality, quantity, and variety of provided meals. Staff explained consumers were informed on entry that the menu is entirely vegetarian, although on occasion the kitchen may support a request for meat, and the menu was designed in consultation with consumers. Feedback on meals is collected and reviewed weekly. A snack menu is available during the day with a range of items available upon request.

Consumers and representatives verified the provided equipment was clean, well-maintained, and suitable for use. Staff stated there was sufficient equipment, which they cleaned between use, and were aware of the process to lodge maintenance requests. Equipment for activities of daily living and lifestyle activities was readily available, in good condition, and suitable for use.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers described the service as their home, with the environment considered welcoming. Staff explained supporting consumers to feel at home through personalising their rooms and welcoming visitors. Communal areas were available to facilitate interaction with others, and wayfinding and independent movement supported through signage, handrails, wide pathways, and automatic doors.

Consumers said their rooms were cleaned daily, the communal areas kept spotlessly clean, and they could access the external environment when they wished. Staff described the schedule of cleaning and maintenance tasks, with processes to communicate additional cleaning needs. Preventative and reactive maintenance processes were recorded within the electronic system, with after hours support for urgent matters. Quality of cleaning and safety processes was monitored through internal audit programs. Consumers were observed moving freely through indoor and outdoor areas.

Consumers and representatives said furniture, fittings, and equipment were clean and in good working order. Staff explained processes for cleaning and maintaining equipment and pathways to report maintenance needs. Safety equipment tags evidenced recent servicing, and furniture was clean and suitable for consumer 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives reported they were supported to provide feedback or make complaints. Staff described available feedback and complaint options and the importance of encouraging input. Meeting minutes evidenced discussion of feedback and complaints, and feedback forms and secure boxes were available in reception.

Information on advocacy, language, and complaint services was displayed on brochures and referenced in the consumer handbook. Meeting minutes reflected attendance by an advocacy group representative to speak with consumers and staff about their service. Whilst consumers reported they had found no need for assistance; they were aware of available supports for communicating concerns and raising complaints.

Consumers and representatives said complaints received appropriate response, communication, and resolution. Management said all complaints were followed up and investigated, with evaluation of outcomes for satisfaction. The steps of the organisation’s open disclosure process were followed and documented against the complaint in the feedback register.

Staff said feedback was taken seriously and actions were taken to inform improvements. Management explained how feedback was gathered, reviewed, and used to identify improvements, with those requiring longer term input recorded in the Continuous improvement plan. Documentation included improvement activities and actions from consumer and representative feedback, with evaluation of outcomes.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and staff feedback reflected adequate staffing to provide quality care and met consumer needs in a timely manner. Management explained workforce planning and monitoring to ensure consumer and legislative needs were met, with processes to fill vacant shifts or cover unplanned leave. Rostering documentation evidenced shifts were filled, and staffing levels adequate for consumer needs, and the care minute compliance reports demonstrated the service met legislated nursing and care staff requirements.

Consumers and representatives described staff as kind, caring, and respectful. Staff explained how they ensured their interactions were respectful and culturally appropriate. Management explained policies to guide staff interactions with consumers.

Management explained recruitment processes, overseen by the Human resources team, ensure staff have necessary qualifications and knowledge to competently perform their roles. Compliance with professional registration and security requirements was monitored electronically. Documented position descriptions outlined professional and personal attributes for staff along with responsibilities and accountabilities.

Staff said they had sufficient training to safely perform their assigned duties. Management explained training undertaken during orientation and on an ongoing basis, with additional topics added as needed. Training records were used to monitor compliance with mandatory training, with topics relevant to ensure provision of care considerate of the Quality Standards.

Management explained probationary and ongoing review of staff performance, with opportunity to identify areas for development. When mistakes were made, staff receive support and training to prevent recurrence. Staff could describe the performance review process, with opportunity for self-reflection and identification of training needs or interests to further their performance.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said they could provide feedback about care and services. Management described engaging consumers and representatives through feedback and complaints processes, meetings, surveys, care conferences, daily interactions, and the newly formed Consumer advisory body who will provide feedback to the Board. Minutes from the Quality care advisory body included discussion on how to improve the delivery of consumer care, with management explaining this information will be presented to the governing body.

Management outlined reporting and escalation processes to communicate with the Board, and the Board’s actions to identify and mitigate risks. The Clinical and Corporate governance frameworks define the responsibilities and accountabilities of the Board. Meeting minutes and agendas itemised areas of service performance for review, including consumer surveys, clinical indicators, audits, and incident reporting.

The organisations governance systems for key areas incorporated reporting structures, policies and procedures, with meeting minutes to inform the Board. Financial governance included provision of an operating budget with processes to escalate requests for changes or expenditure to meet consumer needs. Regulatory compliance was monitored by organisational management with changes communicated to service management and staff through emails, memos, meetings, noticeboards, and training, and updates in legislation was a fixed agenda item within the Clinical governance meetings.

The risk management system supported identification of current and emerging risks with understanding of consequences to support management. Staff described processes to identify high impact and high prevalence risks with monitoring undertaken within handover and by management and governance committees. Incidents were escalated and reported through the incident management system, and staff received training on processes and responsibilities. Consumers were supported to live their best lives by the organisation’s framework supporting choice, including to take risks.

Policies, procedures, practices, and training informed the clinical governance framework to guide staff in the provision of clinical care. Antimicrobial stewardship was supported through Infection prevention and control leads guiding staff practice, monitoring of infections and antibiotic use, and oversight within Medication administration committee and Aged care management committee meetings. The use of restrictive practices was managed through monitoring and reporting, staff training, policies and procedures, and staff demonstrated understanding of obligations for use.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)