Performance

Report

**1800 951 822**

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| Name: | Adventist Nursing Home |
| Commission ID: | 2562 |
| Address: | 56 Elsom Road KINGS LANGLEY NSW 2147 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 19 September 2023 |
| Performance report date: | 29 November 2023 |
| Service included in this assessment: | Provider: 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 M Wyborn, 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, and
* the provider’s response to the assessment team’s report received 17 October 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were 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 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 |
| 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 |

Findings

Consumers and representatives provided positive feedback to the Assessment Team relating to consumers receiving care that is safe for them, and the service demonstrated effective continuous improvement relating to management of high-impact and high-prevalence risks associated with falls, and diabetes. The Assessment Team reported, however, deficiencies in relation to timely identification and management of pressure injuries, choking risk, identification of restrictive practices, safe medication management and consumer behaviour management. The Assessment Team reviewed the service’s psychotropic medication and restrictive practices, consumer behaviour management, pressure injury management, medication management and management of dysphagia. The Assessment Team reported inconsistencies in the service’s records for consumers who require restrictive practices, wound progression management and reporting, and staff knowledge of individual consumer needs. In their response to the Assessment Contact Report, the Approved Provider supplied the service’s plan for continuous improvement and evidence their proportionate and timely review of the consumers noted in the Assessment Contact Report. The service clarified some individual consumer concerns reported and highlighted their focus on staff education to ensure that best practice care is delivered for all consumers. The service has provided education to staff on retrieving reports, psychotropic medication and chemical restraint, tool-talks on restrictive practices, education to registered nursing staff on consumer wound management, and staff education on the international dysphagia diet standardisation initiative (IDDSI). Further, the service has taken action to allocate a specific registered nurse to ensure the psychotropic register is routinely reviewed and updated, and the service’s assistant director of care is tasked to oversee the register. The service is introducing the Autumncare system to support handover meetings and education will be provided to registered nursing staff to ensure the correct procedures are implemented. After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling at this time in regard to effective management of high impact or high prevalence risks for consumers, and with these considerations, I find the service compliant in Requirement 3(3)(b).

The service demonstrated effective organisational policy and procedures for identifying deterioration in consumer health and demonstrated appropriate mechanisms to ensure that staff respond promptly to these changes. Consumers and representatives advised the Assessment Team of their satisfaction with the service's quick response to changes in their health, and highlighted that the service provides regular assessment(s) which are vital in identifying deterioration in health and functionality. Registered nursing staff and management demonstrated appropriate knowledge on recognising and reporting changes in the health of deteriorating consumers, and ensuring that appropriate actions were taken to address individual consumer evolving needs. The Assessment Team reported that the service implements a systematic approach to recognising and responding to consumers' deteriorating health, and that the service’s policy and procedural framework effectively guides staff to promptly address changes in consumer health. In order to remediate previous non-compliance, the service provided staff with training on recognising signs and symptoms of health deterioration and provided focus on responding promptly to such changes. In addition, education was provided to registered nurses on completing assessments and care plans and this education is ongoing. The education covers recognising non-verbal signs of pain, and provides review and focus on the service’s guidelines, policies and procedures for deterioration identification and management. The service also implemented regular clinical care meetings focused on identifying early changes in consumer health, and have implemented a consumer care plan review schedule with management reviewing consumer care plan progress notes daily to identify changes. With these considerations, I find the service compliant in Requirement 3(3)(d).

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