Performance

Report

**1800 951 822**

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| Name of service: | Ainslie House |
| Service address: | 30 Iverison Road SUSSEX INLET NSW 2540 |
| Commission ID: | 0768 |
| Approved provider: | Inasmuch Community Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 30 March 2023 |
| Performance report date: | 2 May 2023 |

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 Ainslie House (**the service**) has been prepared by Melissa Buhagiar, 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 - Site; the Assessment Contact - Site report was informed by a site assessment conducted on 30 March 2023, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Directions Notice dated 24 June 2021 following Site Audit conducted 4 May to 6 May 2021; Performance Report dated 3 June 2021 following Site Audit conducted 4 May to 6 May 2021.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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 3

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| Personal care and clinical care | |  |
| 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)(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

The requirements 3(3)(d) and 3(3)(g) were found non-compliant following a Site Audit from 4 May 2021 to 6 May 2021. On that occasion the service was not able to demonstrate that deterioration in consumers’ physical and mental health, and cognitive function was attended to in a timely manner, and the service was unable to demonstrate that there are practices to promote appropriate antimicrobial stewardship practices.

The Assessment Team identified changes that had occurred as a result of the non-compliance which includes Registered Nurses reporting changes to the clinical management staff daily, clinical management conduct a high-risk high prevalence round every morning and ensure that family are aware of any changes in a consumer’s condition and needs, improved communication between night staff to the morning shift Registered Nurse, together with a verbal handover from care staff. Staff create a work log in the electronic documentation system to follow up practical consumer needs so that upcoming daily tasks are attended, and specialist referrals occur regularly with monthly dietitian, fortnightly nurse practitioner, palliative care clinical nurse consultant, wound specialist, and physiotherapist working 5 days per week.

The Assessment Team reviewed documentation and found for the consumers sampled there was timely response to clinical deterioration.

The Assessment Team identified improvements to practices promoting antimicrobial stewardship including ongoing mandatory education for Registered Nurses, this was demonstrated in a practical way with Registered Nurses explaining how they practice antimicrobial stewardship when caring for consumers. Infection control, handwashing and donning and doffing are part of the annual mandatory education program.

The service has two infection prevention and control leaders in place with the appropriate training. Medication advisory meeting minutes were reviewed. All representatives interviewed said they were satisfied with how the service had managed the minimisation of infection related risks including during outbreaks. Staff demonstrated an understanding of how they minimise the spread of infection, including hand hygiene principles.

I have found that the approved provider is Compliant with these requirements.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

# This requirement 4(3)(d) was found non-compliant following a Site Audit from 4 May 2021 to 6 May 2021. On that occasion the Assessment Team found that care files did not consistently include information to support the communication of consumers’ needs and preferences relating to services and supports for their daily life.

# The Assessment Team interviewed consumers and representatives for this requirement during the Assessment Contact on 30 March 2023, who expressed satisfaction that staff are aware of their needs and preferences, and that they are responsive to any changes to consumers’ circumstances. All staff interviewed said they are informed of changes to consumer needs through progress notes, email, diaries, handovers and meetings. Lifestyle staff said the lifestyle care planning process captures all aspects of the consumer’s life history and this provides information to plan activities and events.

# The Assessment Team reviewed documentation which reflected individual preferences and the involvement of other service providers in consumers’ care, including a physiotherapist to support safe use of mobility aids and a dietitian to support consumers’ enjoyment of meals.

# The Assessment Team’s document review confirmed that a risk assessment and a dignity of risk form were completed for sampled consumers. The service has a current leisure and lifestyle policy which stipulates the requirement for staff to document consumers’ needs and preferences, while promoting their rights and managing risk.

# The Assessment Team observed care staff politely explaining the choice of lunchtime meals to consumers and asking them their individual meal preferences.

# I have found that the approved provider is Compliant with this requirement.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

This requirement 7(3)(d) was found non-compliant following a Site Audit from 4 May 2021 to 6 May 2021. On that occasion the Assessment Team found that management was not able to provide adequate evidence that staff were recruited, trained and supported to deliver the expected outcomes of this requirement.

The Assessment Team interviewed consumers and representatives during the Assessment Contact on 30 March 2023 who indicated they are satisfied that the service is adequately staffed by employees with skills and qualifications commensurate with their roles. Management confirmed that staff are provided with ongoing mandatory and skills-based training to ensure the safe provision of care and services. Training attendance records confirmed staff completion of training, including SIRS, restrictive practices, infection control, manual handling, dementia care, and other specialised care topics. The induction education modules include training on Aged Care Quality Standards. Clinical and care staff demonstrated a good understanding of the current indicators of restrictive practices and SIRS reporting procedures.

The Assessment Team received feedback from representatives who expressed satisfaction about staff practices, skills and competencies and indicated that staff consistently deliver safe and individualised care and services.

The Assessment Team interviewed staff who advised that they receive ongoing role specific training on topics such as dementia care, assessments and care planning.

Management explained how knowledge or training gaps are identified by the regular review of progress notes, trending complaints and feedback, and internal audit results, to allow for additional targeted education when needed. Any changes to internal policies and procedures, legislation, including the Aged Care Quality Standards, are communicated to staff via emails, additional training and staff meetings.

Management stated that staff training records are audited regularly and that any overdue training commitments are followed up immediately with staff to ensure they meet their recruitment and legislative obligations to maintain their occupational skills and competencies.

A review of the service’s training program confirmed that it is regularly updated and monitored by management, and that all staff are up to date with their mandatory training requirements. The service has a comprehensive induction training program for all staff, which includes training on relevant legislation and regulatory obligations, infection prevention and the service’s code of conduct. The service has an active performance review process to assess all staff members’ role-based competencies, skills and capability levels.

I have found that the approved provider is Compliant with this requirement.

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