Performance

Report

**1800 951 822**

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| Name: | Caroline Chisholm Nursing Home |
| Commission ID: | 2498 |
| Address: | 274 Burns Bay Road, LANE COVE, New South Wales, 2066 |
| Activity type: | Site Audit |
| Activity date: | 18 June 2024 to 21 June 2024 |
| Performance report date: | 25 July 2024 |
| Service included in this assessment: | Provider: 2819 Fresh Fields Aged Care (NSW) - No 1 Pty Ltd  Service: 877 Caroline Chisholm 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 Caroline Chisholm Nursing Home (**the service**) has been prepared by P. Wallner, 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 staff, consumers, representatives and others.
* other information held by the Commission.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treated them with dignity and respect and consumers’ identity, culture and diversity was valued. Staff demonstrated an understanding of consumers’ individuality, diversity and care preferences. Care planning documents reflected consumers’ identity, culture, and diversity. The service had written policies which recognised consumers’ right to express their ethnicity, sexuality, spirituality and culture.

Consumers and representatives described how their cultural needs and preferences were discussed and said the service provided care that met their cultural needs and preferences. Staff knew consumers’ culture and background and described how they provided culturally safe care. Care plans detailed consumer’s cultural backgrounds, and their cultural needs and preferences.

Consumers and representatives said they were supported to exercise choice about their care and services, and to maintain relationships with family and friends. Staff explained how they supported consumers to maintain their independence, make decisions about their care, and maintain relationships with the people important to them. Care planning documents clearly documented consumer’s care delivery choices, who else they wanted involved in their care decisions, and the relationships they wished to maintain. Consumers were observed socialising with other consumers, family and visitors.

Consumers and representatives said consumers were supported to take risks to live the best life they could. Staff were aware of consumers’ choices involving risks, and explained how they respected their choices and ensured appropriate risk mitigation measures were in place to support them. Care planning documents confirmed risks were identified, assessed, and managed. The service had policies supporting consumers’ right to maintain independence and make choices involving risks, to live the life they chose.

Consumers and representatives confirmed the service provided suitable information to make informed decisions about their care and service. Staff described different ways current and easy to understand information was made accessible to consumers, including those with sensory or cognitive deficits. Documents such as newsletters and meeting records confirmed information provided to consumers and representatives was timely, accurate and easy to understand.

Consumers and representatives said staff respected their privacy and maintain their confidentiality. Staff knew consumers’ privacy preferences and described ways they respected their privacy of consumers and protected their personal information. The service had policies and procedures to guide staff in maintaining privacy and confidentiality. Staff were observed knocking on consumers’ doors before entering, logging out of password protected computers after use, and conducting staff handover in a private area.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the assessment and care planning process, and said the care met consumers’ needs. Staff detailed the care planning process and how risks were considered to inform the delivery of safe and effective care. Care planning documents showed comprehensive risk assessment and care planning supported safe and effective care and services. The service had documented clinical policies, tools and procedures to guide assessment and care planning.

Consumers and representatives described how they had discussed consumers’ current needs, goals, and preferences and advance care and end of life plans. Clinical staff described how advance care and end-of-life plans were discussed with consumers and representatives on entry to the service, or when the consumer wished. Care planning documents recorded consumers’ current needs, goals, and preferences, and their advance care and end-of-life preferences. The service had documented policies and procedures to guide staff in the planning of advance care and end of life care.

Consumers and representatives described how they were actively involved in the assessment, planning and review of consumers’ care and services. Clinical staff described how they worked in partnership with consumers, representatives and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives and other multi-disciplinary health professionals were involved in the assessment and planning of consumers’ care and services.

Consumers and representatives described regular communication with staff and said they were aware they could have a copy of the consumer’s care plan if they chose. Clinical staff described the processes for documenting and communicating the outcomes of assessments to consumers and representatives. Care planning documents showed outcomes of assessment and care planning were regularly communicated to consumers and representatives, and a copy of the care plan was offered.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly, and reviewed when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers. Care plans showed regular 4-monthly evaluations and annual reviews, and reviews when circumstances changed, or incidents occurred. Management and staff were all aware of their responsibilities and the processes for reviewing consumers’ care and services to ensure they remained effective.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers received safe and effective personal and clinical care that was tailored to their needs and optimised their health and wellbeing. Care planning documents reflected safe and effective care tailored to the individual needs and preferences of the consumer. The service had policies, procedures, and tools to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with the personal and clinical care provided, and how the service managed risks associated with consumers’ care. Clinical staff described the high-impact and high-prevalence risks affecting consumers at the service, and the strategies in place to manage these risks. Care planning documents showed the risks related to individual consumers had been identified, and effective mitigation strategies put in place.

Consumers and representatives expressed confidence in the end-of-life care provided by the service. Care planning documents included advance care directives and other end of life care directions such as preferences for cardiopulmonary resuscitation. Clinical staff described the way care delivery changed for consumers nearing the end of life, and the practical ways they maximised the comfort and preserved the dignity of consumers and supported families. The service had policies and training to guide staff in the provision of palliative and end of life care.

Consumers and representatives expressed confidence in the service’s ability to recognise and respond promptly to deterioration, or changes in consumers’ condition. Clinical staff described how deterioration or change in consumers’ condition was identified and the actions taken in response. Care planning documents confirmed deterioration or change in consumers’ condition was identified and responded to appropriately. The service had policies and procedures to guide staff on recognising and responding to deterioration in consumers’ condition.

Consumers and representatives said current information about consumers’ condition, needs and preferences was communicated effectively between staff, and others involved in providing care. Staff described how updated information about consumers’ condition, needs and preferences was documented electronically and shared within the organisation and with other health professionals involved. Staff were observed at shift handover being updated on any changes to consumers’ condition, needs, or preferences.

Consumers and representatives said consumers had access to other relevant health professions, and referrals were timely and appropriate. Management said the service documents and follows up each referral to ensure it is responded to in a timely manner. Care planning documents confirmed the input of other health professionals. The service had documented procedures for making referrals to health professionals outside of the service.

Consumers and representatives expressed confidence in the infection prevention and control measures at the service and the management of COVID-19. Management and staff described how the service applied infection prevention and control measures and promoted vaccinations and antimicrobial stewardship. The service had 2 infection prevention and control leads and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said the services and supports for daily living met their needs, goals, and preferences, and optimised their independence and quality of life. Staff described how they assessed consumers’ lifestyle needs, goals, and preferences and ensured they catered for consumers’ physical and cognitive abilities. Care planning documents captured consumers’ needs, goals, and preferences for daily living, and detailed the services and supports they required to optimise their independence, quality of life, and well-being.

Consumers described how the service promoted their emotional, spiritual and psychological well-being. Staff gave examples of how they supported consumers’ emotional, psychological, and spiritual well-being such as by providing religious services, spending one on one time with consumers and talking about their interests. Care planning documents included information on supporting consumers' emotional, psychological, and spiritual well-being. Staff were observed providing emotional and spiritual support to consumers.

Consumers said they were supported to participate in their community, within and outside the service, do things of interest, and keep in touch with family and friends. Staff provided examples of how they supported consumers to participate in their community, do things of interest, and maintain relationships with family and friends. Care planning documents detailed the support consumers needed to maintain their interests, participate in their community, and maintain important relationships. Consumers were observed socialising with family and other visitors in different areas of the service.

Consumers said current information about their daily living needs and preferences was communicated effectively between the staff who supported them. Staff described how they communicated current information about consumers’ condition, needs, and preferences for daily living through the electronic care management system and shift handover meetings. Care planning documents detailed current information to inform the provision of services and supports for daily living.

Consumers said they received support from outside individuals and organisations such as volunteers, pastoral carers and pet therapists. Staff explained how they worked with outside groups and individuals to enhance consumers’ quality of life. Care planning documents and observations demonstrated consumers were referred to appropriate external services and supports for daily living.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided. Staff explained the processes in place to ensure dietary needs and preferences were met. Care planning documents captured consumers’ dietary needs and preferences and any allergies or special requirements. Meeting and feedback records showed consumers could provide feedback about the food and dining experience. The meal service appeared relaxed, and the food served looked and smelled appetising.

Consumers said the equipment provided was safe, suitable, clean, and well maintained. Staff described the processes in place for keeping the equipment safe, clean, and well maintained. The equipment was observed to be safe, suitable, clean, and well-maintained.

# 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said the service was safe, clean, welcoming, easy to navigate, and they felt at home. Staff described how they assisted consumers to personalise their rooms and made consumers and visitors feel at home. The service had various features which helped optimise consumers’ sense of belonging, independence, interaction, and function. Management explained features of the service environment that supported consumers with functional impairment such as handrails, lifts, wide corridors, signage, good lighting and closed-circuit television. Consumers were observed participating in various activities and socialising with visitors and staff.

Consumers said the service environment was safe, clean, well-maintained, and enabled them to move around freely, both indoors and outdoors. Cleaning and maintenance staff described how they kept the service safe, clean, and well maintained. The service was observed to be clean, free of odours, and consumers were freely accessing all areas of the service, both indoors and outdoors.

Consumers said the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining, the furniture, fittings, and equipment at the service. Maintenance and cleaning schedules and observations confirmed the furniture, equipment and fittings were safe, clean, and well maintained.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged and felt comfortable, to provide feedback and make complaints. Management and staff described how they encouraged consumers to provide feedback and make complaints, and the various ways available. Feedback forms, secure lodgement boxes, and information about making complaints, were observed throughout the service. The consumer handbook and information pack provided details about providing feedback and making complaints, either internally or externally.

Consumers and representatives were aware they could complain externally and access advocacy services such as the Commission. Management and staff described how they informed consumers of advocacy, language and external complaint services and supported them to access these services, if needed. Information relating to advocacy, external complaint and interpreter services was observed throughout the service.

Consumers and representatives said the service acknowledged their feedback and complaints and took appropriate action in response. Management and staff explained how they resolved complaints following an open disclosure process. Feedback and complaints documentation confirmed the service responded appropriately to complaints using open disclosure. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives confirmed their feedback and complaints were used to improve the quality of care and services. Management described how feedback and complaints were used to inform improvements at the service. Documentation confirmed feedback and complaints were regularly reviewed and improvements made as a result. The plan for continuous improvement showed feedback and complaints were recorded and used to improve the quality of care and services.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service had enough staff to deliver safe and effective care and services in a timely manner. Staff felt there were sufficient staff and said they had enough time to provide safe and quality care and services to consumers. Management described how they planned and rostered the workforce and filled vacant shifts. Documentation confirmed vacant shifts were all filled, average call bell response times met the benchmark, and the service met the regulations for care minutes and registered nurse coverage. Observations showed staff were visible and responded to call bells promptly, rooms were clean and odour free, and consumers were well-groomed, comfortable and well supported with their activities.

Consumers and representatives said staff were kind, caring, and respectful and knew their individual needs. Management and staff were familiar with each consumer’s identity, culture, and diversity and explained how they respected it. Staff were observed interacting with consumers in a kind, caring, and respectful manner.

Consumers and representatives said staff were sufficiently skilled and knowledgeable to meet consumers’ care needs. Staff were aware of their position requirements and felt knowledgeable and qualified to perform their roles. Management described how the recruitment processes ensured staff were competent and met the qualification, registration, and security requirements before they commenced. Workforce records confirmed qualifications, professional registrations and security checks were checked.

Consumers felt staff had the appropriate training and support to deliver safe and quality care and services. Staff explained the various ongoing training and support they received to perform their roles effectively. Management described the initial and ongoing training and support staff received to deliver care in line with the Quality Standards. Records confirmed mandatory training completion was up to date for all active staff.

Management described how the performance of staff was continually monitored, assessed, and reviewed through competencies, consumer and representative feedback, and probationary and annual performance appraisals. Staff confirmed their performance was monitored and assessed and they had annual performance reviews. Records showed the service had effective systems in place to regularly assess, monitor, and review the performance of the workforce.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the service was well-run and they were engaged in the development, delivery and evaluation of the care and services. Management and staff described the ways consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through various meetings, feedback mechanisms, satisfaction surveys, and care reviews. The service had a consumer representative on the Consumer Advisory Body (CAB) and the Quality Care Advisory Board (QCAB).

Consumers and representatives said the service provided a safe and inclusive environment with access to quality care and services. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. The Board received monthly performance reports and oversighted the performance of the service through meetings and regular communications with the service management team.

Management described effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. The Board ensured the governance systems and processes were effective in delivering care and services in accordance with the Quality Standards. Management and staff confirmed the governance arrangements and policies were accessible and were implemented.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing, management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and managing and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. The service had 2 full-time infection prevention and control leads who were responsible for overseeing infection prevention and antimicrobial stewardship practices. Management and staff explained how they received training and applied these policies and procedures in the delivery of care and services.

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