Performance

Report

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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: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 January 2024 |
| Performance report date: | 23 February 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 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable, as not all requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable, as not all requirements were assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable, as not all requirements were assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable, as not all requirements were assessed** |
| **Standard 8** Organisational governance | **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 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 |

Findings

Consumers and representatives advised that the service is providing respectful, individualised, and diverse care. Clinical and care staff, as well as hospitality and environmental staff were observed speaking respectfully to and of consumers, and staff could appropriately identify individual consumers’ life events, interests, values and different aspects of consumer identity which aligned with their preferences. The Assessment Team reported that staff interact with consumers in a kind and friendly manner and this is in line with the service’s dignity and respect policy.

The Assessment Team’s review of staff meeting minutes, monthly consumer and family meeting minutes and food focus meeting minutes highlighted regular discussions relating to consumer diversity and person-centred care, as well as focus on catering to individual consumer needs. The service demonstrated effective communication with consumers on changes to the Aged Care Act, the Aged Care Quality and Safety Standards and external support agencies including the older people advocacy network (OPAN).

With these considerations, I find the service compliant in Requirement 1(3)(a).

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The service demonstrated effective review of consumer care and services, including if a consumer’s circumstances change or an incident occurs. The service has provided relevant education for all clinical and management staff to improve knowledge of the service’s electronic care management system. In addition, clinical risk meetings are scheduled more regularly to discuss needs and changes of individual consumer health and care needs.

If a consumer experiences an incident, an audit of their clinical files is attended to and an appropriate clinical assessment is undertaken. Consumers and representatives advised that they are appropriately informed of changes to their care and are provided with updated care plans. Clinical and care staff demonstrated effective knowledge of how they personalise care for each consumer and identify the needs and risks of each consumer they care for.

Consumer clinical files reviewed by the Assessment Team highlighted that consumers are consistently assessed by clinical staff, that changes in consumer health are identified and relevant care is reviewed and altered when appropriate. The service also demonstrated that each review point for consumers effectively takes into consideration consumer’s preferences and goals.

With these considerations, I find the service compliant in Requirement 2(3)(e).

# 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 |

Findings

The service demonstrated that consumers receive safe and effective personal and clinical care tailored to their needs and preferences, which is best practice. Consumers and representatives provided positive feedback about the clinical care they receive, as well as staff interactions and communication relating to their care. The service demonstrated appropriate documentation relating to consumers with wounds or pressure injuries, restrictive practices, pain, and complex care needs and highlighted that this documentation appropriately aligns with each consumer's care plan and best practice. Consumers and representatives provided positive feedback when referring to the clinical care and staff knowledge of their care needs.

The service demonstrated effective remediation action to ensure that consumer care, including pain management, restrictive practices, pressure injuries and wound care, is best practice and tailored to individual consumer needs. The service undertook education with the clinical team and registered nursing staff on restrictive practices and related consumer care needs. The service implemented a weekly clinical risk meeting to review the clinical risk register and to undertake a clinical indicator review of relevant consumers. Further, the service undertook education for all staff to increase their knowledge of the incident management system, serious incident response scheme (SIRS) legislation, and provided a focus on the service’s investigating incidents and escalation policy and procedures.

The Assessment Team reported that the service is effectively managing consumer behaviours, diabetes, restrictive practices, consumer skin integrity, falls, weight loss and consumer complex health care needs.

With these considerations, I find the service compliant in Requirement 3(3)(a).

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service demonstrated a safe, clean and well maintained service environment that enables consumers to move freely. The outdoor paths were cleaned and sealed, and the gardens and grounds are well maintained. The internal service environment is clean, and any repair work is attended to promptly. Senior management advised that the service has received approval for capital works to be completed and the service will prioritise relevant improvement works. The service has shared bathrooms throughout the building and the Assessment Team reported that these bathrooms were clean and tidy.

Whilst the Assessment Team observed the internal service environment to be dated requiring ongoing maintenance to ensure that the service optimises consumer dignity and comfort, the service demonstrated they attend to maintenance and cleaning promptly and the organisation has allocated funding to improve the bathroom facilities. The outside environment is well maintained and easily accessed by consumers. Consumers and representatives provided positive feedback about the service environment.

With these considerations, I find the service compliant in Requirement 5(3)(b).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The organisation demonstrated effective risk management systems and practices. In response to previous non-compliance, the organisation has undertaken continuous improvement action to remediate this including reviewing the organisation’s risk management framework for effectiveness and to form part of a broader review of governance within the organisation in line with post royal commission regulatory reforms. The organisation has implemented a Quality of Care Advisory Board, and the organisation’s Board members have undertaken the Governing for Reform programme. The organisation has developed a new position of regional leader to increase oversight and support for consumers.

The Assessment Team reported that the organisation’s risk management framework appropriately highlights the organisation’s risk appetite and sets out roles, responsibilities and reporting lines for managing risk. It highlights how each division within the organisation manages risk to achieve organisational objectives and explains how this information flows through to an organisational risk register. The risk register is overseen by a risk management committee, the CEO and the governing body. The organisation administers relevant policies and procedures related to high impact and high prevalence risk management which provide information to inform and guide staff practice. The organisation manages a clinical risk register and associated documentation, that this is routinely reviewed by the management team and at regular clinical risk meetings. Senior management collate information from these meetings and provides relevant reporting to the governing body. The organisation demonstrated effective quality assurance and audit processes to monitor high impact or high prevalence risk, and the Assessment Team reported that relevant data and information is reported to the governing body.

The organisation demonstrated relevant policies and procedures relating to abuse and neglect of consumers. Further, the organisation demonstrated appropriate procedures in relation to their reporting obligations, including serious incident response scheme (SIRS). These policies and procedures appropriately guide management and staff in identifying and responding to consumer abuse and neglect.

The organisation highlighted their efforts to ensure efficient recruitment and retention of skilled and dedicated staff who understand the importance of knowing the consumers and are supportive of the consumers care goals is significant in reducing the possibility of risks and any associated negative impacts. The organisation administers and ensures staff education on relevant organisational policies and procedures to support consumer well-being.

The organisation also demonstrated appropriate policies and procedures to guide management and staff in relation to managing and preventing consumer incidents. The Assessment Team reported that consumer incident data is routinely provided to the Board, and staff and management have undertaken training of the organisational portal where information about incidents are reported and can be accessed by key personnel within the organisation. Regular data collection and reporting supports the organisation to identify and address systemic issues in the quality of care provided to consumers and the organisation uses this information to provide timely and relevant feedback and training to staff about preventing and managing consumer incidents.

With these considerations, I find the service compliant in Requirement 8(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)