Performance

Report

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| Name of service: | Caroline Chisholm Nursing Home |
| Service address: | 274 Burns Bay Road LANE COVE NSW 2066 |
| Commission ID: | 2498 |
| Approved provider: | Fresh Fields Aged Care (NSW) - NO 1 Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 July 2023 to 20 July 2023 |
| Performance report date: | 31 August 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 Caroline Chisholm Nursing Home (**the service**) has been prepared by G Jones, 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, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 14 August 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

# Requirement 1(3)(a)

Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued through staff practices including respectful interactions, the provision of timely personal care and a service environment that supports consumer dignity.

# Requirement 2(3)(e)

Ensure care and services are consistently reviewed for effectiveness when a consumer’s circumstances change or an incident occurs impacting on their needs.

**Requirement 3(3)(a)**

Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice and is tailored to their needs; and optimises their health and well-being, particularly in relation to behaviour support planning; use of restrictive practices; and wound, bowel, pain and falls management.

**Requirement 5(3)(b)**

Ensure the service environment is safe, clean, well maintained and comfortable and robust processes are in place for maintaining and cleaning the service environment to ensure it is safe and comfortable for consumers.

**Requirement 8(3)(d)**

Ensure effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and managing and preventing incidents, including the use of an incident management system.

**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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Requirement 1(3)(a) was found non-compliant following a Site Audit in June 2022 as some staff were not respectful and did not acknowledge a consumer’s cultural beliefs. Staff were observed not attending to consumers’ dignity, ignoring their question or disputing their version of identity. Some care documentation was not up to date regarding consumers identity. The service undertook improvement activities including staff education and auditing of consumer files to identify those requiring updating. The actions taken in response to the non-compliance have been ineffective.

Whilst most consumers and representatives answered positively when asked about whether consumer dignity and respect is provided, others indicated that on occasion, consumers did not have their personal care attended to which was undignified. Additionally, staff interactions and behaviours were not always respectful. Aspects of the service environment did not support consumer dignity as bathroom doors did not lock/could not be closed properly and the environment was not clean.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings. The provider submitted a plan for continuous improvement which showed a number of actions have been taken, since the assessment contact, which included activities to address the environmental issues. Staff training has been identified as an action and this has not yet been fully completed.

Requirement 1(3)(f) was found non-compliant following a Site Audit in June 2022 as staff practices did not align with the organisation’s policy or respectful practice in relation to consumer privacy. Since that time the service has undertaken improvement activities including staff education and relocating a medication trolley to ensure consumer’s information is kept confidential. The actions taken in response to the non-compliance have been effective.

Based on the majority of consumer and representative feedback and the Assessment Team’s observations, the service is able to demonstrate staff communications, staff behaviour and interactions do not compromise the consumer’s privacy.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings.

# 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. | Non-compliant |

Requirement 2(3)(e) was found non-compliant following a Site Audit in June 2022 as, when incidents occurred relating to consumer behavioural changes, behavioural support plans (BSPs) or care plans were not reviewed and updated in line with the organisation’s policy and procedure. Since that time the service has undertaken improvement activities including undertaking staff education and audit activity to identify care documentation that needed updating. The actions taken in response to the non-compliance have been ineffective.

Care and services are being reviewed regularly, although not always effectively. Care and services are sometimes reviewed for effectiveness when a consumer’s circumstances change or an incident occurs impacting on their needs. However, for some other consumers their care and services are not reviewed at all or are not reviewed comprehensively for effectiveness when the consumer’s condition changes or an incident occurs impacting on their needs leading to an inconsistent approach to reviewing the effectiveness of consumer care and services when their circumstances change or incidents impact on their needs.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings and submitted a continuous improvement plan detailing activities they have commenced to address the issues identified.

# 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. | Non-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)(a) was found non-compliant following a Site Audit in June 2022 as effective assessment of consumer behaviour and skin integrity was not demonstrated, and care plans did not always reflect individualised care specific to meet consumers’ personal and clinical care needs. Progress notes did not include sufficient information to ensure consumer clinical care needs regarding behaviour support and restrictive practice would align to best practice. Risk minimisation strategies failed to identify consumers subjected to mechanical restraint, and organisational restrictive practice policy and procedure was not being followed. Strategies to reduce risk of harm to consumers at risk of pressure injury failed to prevent pressure injury. Since that time the service has undertaken improvement activities including staff education, fortnightly clinical risk meetings, reviews of staffing levels and undertaking audit activity of care documentation. The actions taken in response to the non-compliance have been ineffective.

For consumers sampled some aspects of their clinical care are not safe and effective. There was a lack of comprehensive behaviour support planning and behaviour support with chemical restraint not consistently used as a last resort. Clinical documentation is not sufficiently detailed in relation to behaviour support or wound management. Behaviour Support Plans sampled did not contain the information required under the *Quality of Care Principles 2014* (Cth) when a chemical restraint is ordered or in use. Furthermore, there was a lack of a consistent approach to pain identification and management as well as ineffective falls prevention. Staff failed to escalate allegations of abuse made by consumer and bowel management practices were not consumer focussed.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings and submitted a continuous improvement plan detailing activities they have commenced to address the issues identified.

Requirement 3(3)(d) was found non-compliant following a Site Audit in June 2022 as the organisation’s policy and procedure for recognising and responding to clinical deterioration or change was not being followed. Plans were not developed and documented to show clinical deterioration or change was being addressed. Since that time the service has undertaken improvement activities including staff education and the introduction of a range of mechanisms to increase clinical oversight and alert staff to changes or deterioration in the consumer’s health.

The actions taken in response to the non-compliance have been effective. Deterioration or change in the condition of sampled consumers has been recognised and responded to in a timely manner and there is corresponding positive feedback about this from their representatives.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings.

# 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)(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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Requirement 4(3)(a) was found non-compliant following a Site Audit in June 2022 as consumers and representatives provided negative feedback about the supports they receive to engage in daily activities of living. Consumer participation schedules found low participation in group activities and generic or infrequent entries related to individual social care provided. Consumers in upstairs areas were observed to be seated at tables in the activity area and not engaging in activities elsewhere within the service. Since that time the service has undertaken improvement activities including seeking feedback from consumers and representatives to inform of activities provided, supported the movement of consumers in the upstairs area to other parts of the service to enjoy the outdoors area and reviewed staffing levels to ensure appropriate staff skill mix to provide safe, effective services and supports for daily living. The actions taken in response to the non-compliance have been effective.

Consumers and representatives overall were satisfied with the support and services they receive. Some care planning documentation reflected a lifestyle profile which includes individual preferences, past and current interests, and social, cultural and spiritual needs that are important to the consumer. However, other care plans did not and some consumers did not have a plan leaving room for improvement by the service. Staff, however, demonstrated a sound knowledge of individual consumers’ needs and preferred activities and how they support consumers to meet their needs, goals and preferences. Having given consideration to the positive feedback from consumers and representatives and that the majority of care plan documentation detailing consumer needs and preferences was adequate, I find this requirement complaint.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings.

Requirement 4(3)(c) was found non-compliant following a Site Audit in June 2022 as consumers were dissatisfied with the level of participation in the service’s outdoor environment and in the community. Care planning documents had limited information on how the service supports community access and consumers were not being supported to access the outside service areas and gardens. Since that time the service has undertaken improvement activities including reviewing activities offered to consumers and, in consultation with consumers and their representatives, incorporating activities of their interest into the current activity/lifestyle calendar. Additionally, individualised lifestyle care plans were reviewed to ensure the current activities offered to each consumer are meaningful to them, meet their needs, goals and preferences and provide support for their daily living. Bus trips were also recommenced, and lifestyle activities incorporated activities in the outdoors to facilitate consumer time outdoors and within the community. The actions taken in response to the non-compliance have been effective.

Consumers who participated in the group activities provided by the service generally expressed satisfaction with the lifestyle program and others who are able to pursue interests independently said they are satisfied with those arrangements. As in Requirement 4(3)(a) some consumers did not have a lifestyle plan or there was limited evidence they were involved in activities they had declared an interest leaving room for improvement by the service. in the service has demonstrated they are supporting consumers to engage in activities of interest to them and facilitating social connections with others. Having given consideration to the positive feedback from consumers and representatives and that the service has demonstrated they are supporting consumers to engage in activities of interest to them and facilitating social connections with others, I find this requirement complaint.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings.

Requirement 4(3)(f)

Consumers provided positive feedback about the food and meal service, noting nutrition has improved as more variety served. Food is cooked fresh on site and specific dietary needs and preferences of consumers are accommodated into the menu or individualised meals. The service provides opportunities for consumers to give feedback about the food, and the feedback is used to adjust the meals to reflect the consumers’ needs and preferences. Care plan documentation is consistent with consumer preferences and dietary needs.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings.

# 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. | Non-compliant |

Requirement 5(3)(b) was found non-compliant following a Site Audit in June 2022 as whilst most consumers in the downstairs area of the service were able to move freely outside, the consumers upstairs were not able to move freely around the service and this had a negative impact on some consumers. Since that time the service has undertaken improvement activities including conducting an environmental audit and the creation of an upgrade project as well as ensuring consumers in the upstairs area of the service can access the outdoors. The actions taken in response to the non-compliance have been ineffective.

Whilst consumers were observed accessing the garden and grounds of the service freely and were enjoying the newly improved outside spaces the service environment needs improvement. Feedback from consumers is that whilst the service is cleaner than previously there is room for improving the homeliness. There were multiple issues observed by the Assessment Team with regard to the cleanliness and general maintenance and upkeep of the service causing both infection control and safety issues. The service did not demonstrated they have robust processes for maintaining and cleaning the service environment to ensure it is safe and comfortable for consumers. The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings and submitted a continuous improvement plan detailing activities they have commenced to address the issues identified.

# 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)(a)

Most consumers and representatives indicated there were sufficient staff available to meet the consumers’ care needs. Several representatives indicated that on isolated occasions there can be a shortage of staff and staff can appear a bit stretched. Some care staff raised concerns about staffing levels, particularly on the ground floor, however, staff indicated they generally are able to get through all their tasks by the end of their shift. Data reviewed by the Assessment Team did not show there were insufficient staffing levels to meet consumers’ care and service needs and showed call bells are promptly attended.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings.

# 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. | Non-compliant |

Requirement 8(3)(d) was found non-compliant following a Site Audit in June 2022 as negative feedback was received from consumers about their ability to engage in lifestyle activities to promote a sense of enjoyment and well-being. Consumers provided feedback they were often left in bed for long periods of time and were not supported to go outside or to attend activities in the community. For some consumers restrictive practice was being used, this had not been identified and was not a last resort. Since that time the service has undertaken improvement activities including staff education, increased clinical oversight and lifestyle activities reviewed in consultation with consumers and the program adjusted to incorporate their suggestions and to facilitate time outdoors.

The actions taken in response to the non-compliance have been ineffective.

In summary, effective risk management systems and practices have not been demonstrated for the organisation overall or in relation to 3 of the 4 sub-requirements.

Effective risk management systems and practices in relation to supporting consumers to live their best life has been demonstrated. The organisation has oversight of consumer complaints and there is organisational support for improvements to consumer quality of life. There is a currently major project underway to improve the consumer food, nutrition and dining experience, which is supported and overseen by the governing body.

It was not demonstrated that the organisation’s risk management framework is being implemented in relation to managing high-impact or high-prevalence risks associated with the care of consumers. Review of reports to and minutes of governing body meetings shows information about some high-impact and high-prevalence (HIHP) risks associated with the care of consumers is being provided to and considered by the governing body. However, reports provided did not include any information, analysis, trending and opportunities for improvement around restrictive practices and Board oversight of this issue was very limited. As a result, effective risk management systems and practices in relation to restrictive practice as a high-impact risk associated with the care of consumers was not demonstrated.

It was not demonstrated that the organisation’s risk management framework is being implemented in relation to identifying and responding to abuse and neglect of consumers. The organisation has policies and procedures to guide management and staff in relation to the identification and response to consumer abuse and neglect. Some information about consumer serious incidents is being provided to the governing body however, the reports tabled at, and minutes of governing body meetings, did not include a level of detail showing how these types of issues are being identified and addressed. As a result, the effectiveness of the risk management systems and practices for identifying and responding to abuse of consumers was not demonstrated.

It was not demonstrated that the organisation’s risk management framework is being implemented in relation to managing and preventing incidents, including the use of an incident management system. The organisation has policy and procedure to guide management and staff in relation to managing and preventing consumer incidents. As noted above, some information about consumer incidents and serious incidents is being provided to the governing body. However, the effectiveness of the risk management systems and practices for managing and preventing consumer incidents was not demonstrated, in particular, regarding incident prevention and reporting.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings and submitted a continuous improvement plan detailing activities they have commenced to address the issues identified.

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