Performance

Report

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| Name of service: | Castle Hill Aged Care Home |
| Service address: | 42-46 Darcey Road Castle Hill NSW 2154 |
| Commission ID: | 0456 |
| Approved provider: | Elderly Australian Chinese Homes (NSW) Co-operative Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 June 2023 |
| Performance report date: | 31 July 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 Castle Hill Aged Care 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 - 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.

# 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 5** Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | 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)(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. Consumers who experience behaviours of concern have appropriate behaviour support plans that provide individual strategies to minimise and reduce concerning behaviours. The service demonstrated that care is provided to relevant consumers in accordance with their behaviour support plan. The service demonstrated effective processes to ensure the use of restrictive practices are assessed, planned and reviewed. Consumers living within the memory support unit (MSU) who are subject to environmental restraints were observed to have appropriate and individualised reporting, including personalised behaviour support plans, consent forms and risk management assessments.

The Assessment Team’s review of consumer files highlighted that routine individual evaluation on the use of restrictive practices and minimisation techniques is undertaken. The service maintains appropriate pain evaluation processes to assess consumer pain, and non-pharmacological interventions such as massage and repositioning are utilised before analgesics are offered. Consumers provided positive feedback to the Assessment Team in response to the service managing their pain.

Consumer wound chart documentation highlighted that when an injury to skin integrity occurs, an incident form is completed, a wound assessment is completed, and a wound chart is commenced. All wound charts reviewed by the Assessment Team highlighted regular and consistent monitoring of wounds. Photographs are taken on a regular basis and consent is recorded within consumer documentation. Documentation is reflective of methods of prevention, such as regular repositioning and the use of pressure relieving devices.

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

# 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 |

Findings

The service demonstrated that consumers are provided with safe and effective services and supports for daily living to meet their needs, goals and preferences. Relevant information to support new consumer’s is gathered in consultation with both the consumer and their representative(s) upon entry to the service. New consumers are proactively invited to participate in lifestyle programs and helped to settle into their new environment. The lifestyle program is reviewed every 3 months and feedback is routinely considered.

The service ensures an array of group activities as well as supporting the needs of individual consumers, to optimise their independence, health, well-being and quality of life. Consumers can access external resources for special interests, there is an individual walking program for consumers with the occupational therapist, and the service arranges one-to-one visits by volunteer services to provide emotional support for consumers who choose not to participate in group activities. The service ensures that subtitles are in use when screening movies to assist consumers with hearing impairment.

The Assessment Team observed consumers participating in group activities in the general recreation areas of the service, and within the memory support unit. Staff demonstrated effective knowledge of individual consumer needs and preferences and consumers and representatives advised they are satisfied that they are receiving safe and effective services and support that optimises their health, wellbeing and quality of life.

With these considerations, I find the service compliant in Requirement 4(3)(a).

The service demonstrated that consumers are supported to participate in their community, engage in social and personal relationships, and do things of interest to them. Lifestyle information contained in consumer care plans are individualised to include activities supporting consumers with limited abilities with mobility, hearing and visual impairment to participate in the things of interest to them. The lifestyle program supports consumers to participate in their community within and outside of the service. Entertainers, volunteers, and music school students visit the service and help consumers maintain a connection to the broader community. Church groups visit the service monthly to provide religious services, and staff read daily newspapers to consumers to support knowledge and awareness of current affairs within the broader community. The service celebrates culturally significant days throughout the year, and consumers are encouraged to participate in group activities within the service and come to the dining room for meals.

Families are encouraged to visit and video calls are facilitated for family members who are unable to visit in person. Consumers who share common interests are supported and encouraged to spend time together to share their interest. Consumers are invited to play the piano for other consumers on special occasions, and the lifestyle team ensure that support is available for consumers to use electronic tablets to engage with their individual interests via the internet.

With these considerations, I find the service compliant in Requirement 4(3)(c).

# 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 environment consists of 3 levels of which the ground floor and level 1 have no restrictions for consumers to access outdoor areas. The memory support unit (MSU) on the lower ground level has an environmental restraint in place in restricting consumers access to areas outside of the service. Consumer documentation confirms that relevant consent has been sought from consumers and representatives in the MSU, and relevant assessments of risk are completed.

Access to the courtyard area provides 24-hour access and the courtyard door is permanently unlocked. A sign is located on the courtyard door reminding staff to leave the door unlocked. The service has a security policy in which consumers’ doors to their rooms automatically lock when they exit their room to prevent unwanted intrusions. Consumer documentation highlights that consumers have consented for swipe cards to access room doors and risks are routinely discussed and reviewed with consumers and representatives. Consent forms for consumers who prefer to leave the door of their room unlocked are recorded, and outside doors are locked during the night from 5.00pm to 9.00am. However, consumers have access to outside areas during all times through a keypad code. Consumer meeting notes demonstrate that consumers are informed of the keypad code and the keypad code is displayed next to the keypad.

The Assessment Team observed consumers freely accessing the service’s courtyards and outdoor areas. The service environment is free of clutter and trip hazards and is clean, safe, and well maintained. Preventative maintenance is effectively conducted by the logistics manager or by external service providers and monitored via the service’s maintenance schedule. Staff demonstrated an apposite knowledge of how to log faulty equipment and report maintenance concerns.

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

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service demonstrated effective organisation wide governance systems. The service has an effective electronic documentation system which records consumer information, and staff have access to read and edit consumer care plans, charts, and progress notes. Consumer documentation records consumer social information, consumer behaviour support plans, including consumer histories. All paper-based consumer information has been updated into the electronic documentation system. Behaviour support plans are reviewed weekly by a registered nurse or when a change occurs. Restrictive practices information in care plans are complete, consistent, and available to staff and can be accessed through the electronic documentation system and paper-based files. The service demonstrated an effective case conference schedule showing case conferences that have been scheduled and completed. Consumer documentation highlights that consumers and representative are contacted and scheduled for a face-to-face conference or provided with the option to complete via a video or phone conference. The case conference schedule is maintained in a spreadsheet calendar to keep track of progress, status and reviews. The service maintains a folder that contains paper-based meeting notes and signed forms such as consumer dignity of risk forms. The service employs an information technology contractor who manages IT systems, and information is stored in a common drive for all staff to access and edit information. Digital and paper-based information is destroyed after set times determined by legislation. Consumer privacy and confidentiality is managed via individual staff login to ensure security.

The service has employed a registered nurse care role to oversee other registered nurses and staff members to manage and monitor clinical care including restrictive practices, care plan documentation, pharmaceuticals, behaviour support plans and medication. The care registered nurse reports directly to the facility coordinator and clinical supervisor who provide reporting to the Chief Executive Officer and the board on clinical care. Consumer documentation demonstrates that behaviour support plans are established for consumers and include individual behaviours and relevant strategies. The Assessment Team’s review of consumer behaviour support plans demonstrated appropriate assessment and evaluation of behaviours by the care registered nurse, clinical supervisor and general practitioner, and consultation with consumers and representatives. Review and monitoring of behaviour support plans are completed by the care registered nurse and clinical supervisor. The service demonstrated effective management and reporting of all serious incident response scheme (SIRS) incidents. In addition, relevant education and training has been provided to all staff members.

The service demonstrated that continuous improvement is informed through consumer and representative complaint and feedback, via regular surveys, and audits. The board and management team review operational reports every 2 months which include data on risks, incidents and clinical information. Reports are analysed for trends, such as falls, and strategies are implemented within the service which includes additional and targeted training for staff. The service’s plan for continuous improvement highlights completed actions and improvements in relation to previous non-compliance.

With these considerations, I find the service compliant in Requirement 8(3)(c).

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)