Performance

Report

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| Name of service: | Chow Cho-Poon Nursing Home |
| Service address: | 113-115 Homer Street EARLWOOD NSW 2206 |
| Commission ID: | 2786 |
| Approved provider: | Australian Nursing Home Foundation Limited |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 27 September 2022 |

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 Chow Cho-Poon Nursing Home (**the service**) has been prepared by James Howard, 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; 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
* A response to the site audit report from the Approved Provider, received on 23 September 2022
* other information and intelligence held by the Commission in relation to the service.

# 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 | | Compliant |
| 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

Consumers and representatives stated they were treated with dignity and respect, with their identities, cultures and diversity valued. Staff spoke of consumers in a respectful manner and were observed communicating with consumers in their preferred languages.

Staff were aware of consumers’ preferences and needs and outlined how they supported consumers to celebrate culturally significant events. Care planning documentation was written in consumers’ preferred languages, as well as English.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Management and staff demonstrated a shared understanding of the needs and preferences of consumers and provided examples of how they supported consumers to exercise choice and independence.

Consumers advised they were supported to take risks, which enabled them to live their best lives. Care planning documentation showed risk assessments supported consumers who engaged in activities with an element of risk.

Consumers and representatives indicated they received information that was current, accurate and timely, and was communicated in a way that is clear, easy to understand and enabled them to exercise choice and control. Staff described how they communicated to consumers with visual, auditory or cognitive impairments.

The Assessment Team observed staff used privacy screens and closed doors when attending to consumers’ needs. Consumers and representatives felt staff respected their privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers and representatives were satisfied consumers’ current needs and preferences were considered in the care planning process and assessment of risk. Staff described how they assessed consumers and used care planning to deliver safe and effective care, including an initial assessment when consumers first entered the service.

Care planning documentation showed consumers and representatives were consulted throughout the assessment and care planning process, including discussion of advanced health directives. Staff demonstrated a comprehensive understanding of what was important to consumers in relation to the delivery of their personal and clinical care.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning, and when required, input was sought from health professionals. Staff described the process for referral to allied health professionals and other specialist health providers.

Consumers and representatives confirmed assessment and planning outcomes were communicated to them and they could access consumer care plans upon request. Staff advised they were able to access the care plans and other care documents via the service’s electronic care documentation system.

Care planning documentation confirmed staff reviewed consumers’ care plans on a regular basis and when consumers’ circumstances changed, or incidents occurred. Staff advised they routinely reviewed care plans every four months or when consumers’ conditions changed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers and representatives indicated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation showed the care and supports provided to consumers was individualised and tailored to meet their needs.

Care planning documentation showed high impact or high prevalence risks were identified and interventions were implemented to mitigate potential risks. Staff demonstrated an understanding of risks associated with consumers, as well as the strategies in place to manage those risks.

Consumers and representatives advised they discussed end-of-life planning with staff. The Assessment Team reviewed policies and procedures in relation to advance care planning, these policies were accessible via the electronic care management system.

Deterioration, or changes in a consumer’s health, was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Management advised further education was provided to all staff to assist in the identification of signs of health deterioration.

Staff indicated they had access to information regarding consumers’ conditions through the electronic care management system and via the handover process. Care planning documentation was individualised and contained the preferences and needs of consumers.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Staff described the process for referring consumers to other health professionals and advised how this informed the delivery of care and services for consumers.

Consumers and representatives were satisfied with the service’s response to the COVID-19 lockdowns, and representatives advised they were kept informed of the service’s entry screening requirements. Management demonstrated how they promoted antimicrobial stewardship and followed-up with consumers if they were prescribed numerous antibiotic courses.

# Standard 4

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

Consumers felt supported to engage in activities of interest to them and were provided with supports that promoted their well-being, independence and quality of life. The Assessment Team observed consumers engaging in a variety of group and independent activities during the Site Audit.

Consumers advised the service supported their emotional, spiritual and psychological well-being. Staff demonstrated a shared understanding of consumer’s needs and stated they would provide additional support to a consumer if they identified any negative changes in the consumer’s mood.

Consumers stated the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. The Assessment Team observed consumers moving freely throughout the service and engaging with staff and other consumers.

Care planning documentation captured information which supported the effective and safe care of consumers. Consumers and representatives felt confident staff and others were aware of consumers’ needs and preferences.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation contained information about the external services utilised to provide care and supports to consumers.

Consumers and representatives provided mostly positive feedback regarding the quality and quantity of the meals provided by the service and noted the service catered for their dietary requirements. The Assessment Team observed the kitchen was clean and tidy, and staff adhered to food, health and safety protocols.

The Assessment Team observed that where equipment was provided, it was safe, suitable, clean, and well maintained and general staff and maintenance staff undertook ongoing monitoring to ensure equipment was fit for purpose. Consumers expressed positive feedback regarding the equipment provided by the service.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Consumers and representatives advised the service optimised their sense of belonging and independence and consumers felt at home within the service. Management and staff described the features of the service designed to support the functioning and independence of consumers living with cognitive and physical impairments.

Both indoors and outdoors areas of the service were observed to be clean, well-maintained, and free from any obstructions and hazards, which enabled consumers to move freely throughout the service. A review of the maintenance log showed the service resolved maintenance issues in a timely manner.

The Assessment Team observed the furniture, fittings, and equipment at the service were safe, clean, well-maintained and suitable for the use and needs of the consumers. Staff described how equipment was regularly serviced, and all shared equipment was cleaned between uses.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

Consumers confirmed they were encouraged to provide feedback and make complaints, and felt comfortable doing so. Management advised complaints could be lodged verbally, in writing or electronically, and could also be lodged anonymously.

Consumers indicated they were provided with information regarding advocacy and language services and alternative ways to raise and resolve complaints. The Assessment Team observed information regarding advocacy and complaint supports and the Charter of Rights was displayed within the service.

The service demonstrated it took appropriate action in response to complaints and used a process of open disclosure when things went wrong. Management provided an example of the actions taken in response to a complaint and demonstrated open disclosure was practiced.

Consumers and representatives were satisfied with the improvements made arising from the provision of feedback and advised management was responsive to feedback. The service had a continuous improvement process, and feedback and complaints provided a key area of input for identifying areas for improvement.

# Standard 7

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| Human resources | | Compliant |
| 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

Staff advised they had sufficient time to provide consumers with quality care and services. Consumers expressed confidence in the capabilities of staff and the care they received.

Consumers and representatives advised workforce interactions were kind, caring and respectful of each consumer’s identity, culture and diversity, and this feedback was consistent with observations made by the Assessment Team. Staff completed education on the recognition of identity, culture and diversity.

Management advised it assessed and monitored staff to ensure they possessed the necessary skills, qualifications, and knowledge to perform their roles and there were systems in place which enabled the service to identify if the workforce had the right mix of skills, qualifications, knowledge, and competencies. Consumers felt the workforce was trained, competent, skilled and able to meet their support needs.

The service demonstrated how the workforce was recruited, trained, equipped and supported to deliver the outcomes required by these Quality Standards. Staff stated they received training, support, professional development, and supervision which enabled them to perform their roles effectively.

Staff advised they received regular performance appraisals, including during their probation, and information from the performance appraisals was used to guide the service’s education and staff development program. Management maintained a record of staff completing performance appraisals and followed-up with staff about outstanding appraisals.

# Standard 8

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| Organisational governance | | Compliant |
| 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

Consumers and representatives were confident the service was well run and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service.

The organisation had systems and processes in place which monitored the service’s performance and ensured the governing body was accountable for the delivery of safe, inclusive, and quality care and services. Management provided examples of changes driven by the governing body that resulted from consumer feedback, experiences and incidents.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

Management described how incidents were analysed, used to identify risks to consumers and inform improvement actions. The organisation provided a documented risk management framework, including policies which described how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live their best lives and how to manage and prevent incidents.

The organisation’s clinical governance framework ensured the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of open disclosure principles. Staff demonstrated a shared understanding of the requirements around the use of restrictive practices, including the need to obtain consent, trialling alternative interventions prior to restraint usage and monitoring restraint when in use.

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