Performance

Report

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| Name of service: | Fred French Nursing Home |
| Service address: | 9 Amy Road NEWSTEAD TAS 7250 |
| Commission ID: | 8775 |
| Approved provider: | Masonic Care Tasmania Incorporated |
| Activity type: | Site Audit |
| Activity date: | 9 January 2023 to 12 January 2023 |
| Performance report date: | 10 February 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 Fred French Nursing Home (**the service**) has been prepared by D. Fekonja, 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.

# 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

Four of 7 consumers said they are always treated with dignity and respect. Staff were able to demonstrate an understanding of individual consumers and their backgrounds, the people important to them, their preferences, and their choices and this information was contained in consumer care planning documents. The service has up-to-date policies on respect and dignity, culture and diversity along with other documents such as a consumer handbook that includes the consumers’ rights.

The Assessment Team observed staff engaging with consumers in a culturally sensitive way. Staff were observed using laminated communication sheets to help communicate with consumers who are unable to communicate in English or due to their cognitive impairments.

Consumers receive current and timely information that enables them to exercise choices in the daily menu and weekly activity options. Consumers are invited to attend the bi-monthly ‘resident’ meeting and food forum, and a range of notices are on display within the service which includes the weekly activity calendar, events on for that day and advocacy and complaints information.

Consumers and representatives said they can exercise choice and make decisions about their care and services and that they are supported to maintain relationships that are important to them. Consumers are able to choose when their personal care is provided, what food they prefer and how they choose to spend their time. Staff stated they understand that each day is different and consumers’ preferences and needs can change and they ask consumers prior to providing these care and services.

The service supports consumers to take risks and to live the best life they can. Risk assessments are undertaken to identify the risk involved in these activities and the service informs the consumers and their representatives of the risks involved allowing them to make an informed choice of whether to pursue these activities. Policies guide staff in supporting consumers in choice and decision-making and maintaining their independence.

Most consumers are satisfied that their privacy is maintained and respected, however, 2 consumers stated that staff do not always knock prior to entering their room. Both consumers stated this did not impact them in a negative way. The service has policies regarding the confidentiality of information. The service’s information management system is password protected and the nurses’ station where consumer information is held is only accessible with a swipe card.

I am satisfied the service is compliant with this Standard.

# 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

The service is undertaking assessment and planning in partnership with the consumers and other organisations who have shared responsibility for care. Consumers are confident that the assessment and care planning process considers the risks to consumers’ health and well-being. Care planning documents contained comprehensive assessment and care planning information with specific consumer goals, preferences, and individualised interventions including strategies to minimise risks to each consumer’s health.

Consumers and representatives are satisfied the service identifies what is important to them. Care planning documents reflect that consumers’ individual goals, needs, and preferences are considered during the assessment and care planning process, including the documentation of advance care plans. Advanced care plans are developed with consumers and/or their representatives and are reflective of the consumers’ culture, identity, and expressed wishes.

Consumers and representatives described to the Assessment Team how staff regularly communicate relevant information and any changes in their care. Documentation reflects the communication of relevant information with consumers and representatives. Consumer files reflect care plans are accessible and available either as an ‘extended’ or ‘summarised’ care plan.

Care and services provided to consumers are reviewed regularly as part of a scheduled ‘care review planner’ process which occurs at a minimum, every 6 months. The service also reviews care following changes in circumstances and after incidents occur. The Assessment Team reviewed the file of a consumer who had suffered numerous falls and there was evidence that the consumer’s mobility and care plan were reviewed and updated to reflect the consumer’s current status.

I am satisfied the service is compliant with this Standard.

# 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

The Assessment Team found the service is providing safe and effective personal and clinical care to consumers that are tailored to their needs and optimise their health and well-being. Consumers were satisfied that the personal and clinical care they receive including in relation to the management of pain, wounds, and restrictive practices is safe and effective. Interviews with staff reflect best practice principles are implemented and followed in relation to skin integrity, pain, and restrictive practices to optimise the health and well-being of consumers. The Assessment Team found the use of chemical restrictive practices for consumers was assessed, monitored, and reviewed. Informed consent is obtained and consumers and representatives are informed when psychotropic medications are administered.

Documentation and policies and procedures reviewed by the Assessment Team reflect processes to promote the effective management of high impact or high prevalence risks and guide staff practice. Risks identified by the service include changed behaviours, falls, pressure injuries, leg oedema, and specialised nursing care such as diabetes and oxygen management. Incidents are documented, investigated, and analysed for trends, with actions for improvement planned as appropriate to minimise recurrence.

The service supports consumers to identify their goals, needs and preferences when nearing the end of life, which are documented in consumers’ advance care directives and palliative care plans. Documentation reflected the service meets the needs of palliating consumers to ensure comfort care is provided with dignity maintained.

The service demonstrated how deterioration or change in the consumer’s condition is recognised and responded to in a timely manner. Documentation reflects appropriate actions taken in response to deterioration or change in a consumer’s health. The Assessment Team observed staff manage the care of a consumer who had a medical episode whilst they were onsite and this confirmed to them that the processes and practices that are in place are effective in identifying and responding to deterioration in a timely manner.

Consumers and representatives indicated that consumers’ needs and preferences are effectively communicated in a timely manner. Consumer files, progress notes, and handover sheets reflect current information about consumers' conditions, needs and preferences. The service demonstrated how information is shared with external services involved in care as required.

Consumers and representatives expressed their satisfaction that they can access and are referred to their medical officer, allied health professionals, and other external specialist services as required.

The service has policies and practices that guide staff on how to minimise the risks of infection for consumers, staff, and visitors. Staff demonstrated a good understanding of infection prevention and control practices and antimicrobial stewardship. The service maintains a COVID-19 outbreak management plan which provides overarching guidance and resources for the service to support their readiness, response, and recovery from COVID-19 outbreaks. The service has dedicated staff to manage the entry screening process including temperature check, electronic sign-in with health and vaccination declaration

I am satisfied the service is compliant with this Standard.

# 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

The service provides a variety of group and individual leisure activities for consumers that are supportive of their independence, well-being and quality of life. Care planning documentation identified consumers’ preferences and choices and provided information about the services and supports consumers need to do the things they like.

The activity program is developed by taking into consideration consumer preferences. One-on-one activities are provided for consumers who do not like to attend group activities and memory support activities are provided for consumers experiencing cognitive decline. Leisure and lifestyle are listed as standing agenda items in the ‘resident’ meeting minutes. Consumers are also supported to socialise within and outside of the service and the service provides a taxi to consumers for social outings.

The service is providing emotional, spiritual and psychological support for consumers to assist them in maintaining their well-being and quality of life. Church services are offered at least once per month and there is also a bible program. One-to-one programs are conducted to assist with the emotional stability of consumers.

Consumers and representatives expressed satisfaction that staff who care for consumers are aware of their needs and preferences and when these change. Staff said they are informed of changes to consumer needs through progress notes, emails, diaries, handovers and meetings. Changes to dietary needs are included in care plans and copies are sent to the kitchen and kept in the servery where the consumers’ meals are served.

The service demonstrated that a variety of meals are provided with the menu adjusted for the season twice a year, with the menu having oversight of an accredited practising dietitian. Care planning documents note consumers’ assistive needs, food likes, dislikes and food allergies. Alternatives are available for all meals such as 2 main courses every lunchtime and should both options prove inappropriate, staff will offer something else.

Consumers provided mixed feedback about the provision of choice and quality of meals at the service. Currently, all meals are prepared off-site and transported to the service in hot boxes. Some consumers stated the food was cold and not to their liking and staff do not always serve their meals as they like it. Other consumers stated they liked the food. The service stated the temperature of the food was always tested prior to serving the meal. There are plans underway for catering services to be conducted onsite to assist with preventing the issues raised in relation to the temperature of the food.

Equipment available at the service is safe, suitable, clean and well-maintained for both consumer and staff use. Staff confirmed they have access to equipment when they need it. Staff described how the equipment is wiped with sanitising wipes between consumers’ use and each consumer has their own sling. The Assessment Team observed a range of mobility aids and manual handling equipment stored safely and with cleaning wipes located close by.

I am satisfied the service is compliant with this Standard.

# 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

The Assessment Team observed the service to be welcoming and offering communal and quiet spaces both indoors and outside, that optimise consumers’ enjoyment and engagement.

The service is clean and well maintained in appearance, and mostly easy for consumers to navigate. The ramp on entry to the service was stated to be too steep and at times slippery for one consumer. The ramp was observed to be in good repair and under a covered walkway.

Consumers said they feel at home and representatives felt welcomed at the service. The Assessment Team observed one representative being offered and provided a cup of tea by a staff member when they came to visit a consumer. Consumers were observed enjoying a lunchtime meal service provided in a shady outdoor dining area.

Two consumers stated that they had felt unsafe due to other consumers wandering into their rooms. One consumer said they no longer feel unsafe and the other consumer has been provided with a lockable screen door to prevent this from occurring, whilst still providing them with airflow to their room.

Maintenance schedules detail both preventative and reactive maintenance and there are cleaning schedules, communication books and sign-off sheets to ensure routine and cleaning by exception is completed. All interviewed consumers reported furniture, fittings and equipment in their rooms as working and being effectively maintained.

I am satisfied the service is compliant with this Standard.

# 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

All consumers expressed satisfaction that they are encouraged and supported to provide feedback and make complaints. A regular ‘residents and representative meeting’ is scheduled to give consumers a voice and to provide management with consumer feedback about the quality of care and services. The service’s ’Relative and Resident’s Handbook’ contains advocacy and complaint information.

The Assessment Team observed the availability of internal and external feedback mechanisms throughout the service. The service has advocacy and language service information available in the reception area for consumers and representatives to access. The nurses’ stations contain translating material to assist staff when communicating with consumers whose primary language is other than English.

Most consumers and representatives were satisfied that actions had been taken to resolve their respective issues. Staff and management personnel described using open disclosure principles in their handling of feedback and complaints. Most consumers and their representatives reported that issues they raised with staff or management were either satisfactorily resolved within an appropriate timeframe or were in the process of being addressed. For example:

* Consumers complained to staff that the food at the service is appetising, but that it is often not warm enough when served. Staff indicated that management was in the process of resolving the matter by transitioning to a service model whereby all meals will be cooked onsite. In the interim, staff said they were currently serving consumers with courses of each meal separately to ensure meal temperatures were maintained, and to improve the dining experience for consumers.

Complaints and feedback are acknowledged by the service and documented and used for continuous improvement of care and services. Most complaints are documented and resolved immediately by operational staff, but that more serious complaints are escalated to senior management for investigation and resolution.

I am satisfied the service is compliant with this Standard.

# 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

The service demonstrated it effectively plans its workforce to enable the delivery of safe and quality care and services to consumers, by using permanent staff to fill registered and enrolled nursing positions, and certificate-trained employees to fill care staff positions. Consumers expressed their satisfaction with the level of training demonstrated by the staff and their diligence in providing a safe and caring environment to live in. The service ensures that each shift has a gender mix of staff to meet the personal care needs and preferences of all consumers at the service.

Consumers and/or representatives expressed satisfaction with staff being kind and caring and having an awareness of what is important to each consumer. Staff were observed engaging with consumers and representatives in a kind and respectful manner.

Staff undergo a recruitment screening process to ensure they are appropriately qualified to perform their role and nursing registrations are monitored annually, and documentation reviewed confirmed that staff have qualifications commensurate with their roles.

A review of the service’s training records indicated there are gaps in mandatory training completion rates by some staff, although the service was able to demonstrate in its plan for continuous improvement that all mandatory training will be up to date by 1 March 2023. The service plans to transition to the new organisation’s mandatory and optional education program, and this will be monitored at both service and organisational levels to ensure the ongoing compliance of all staff. Changes to legislation, internal policies, and procedures are communicated to staff via emails, toolbox talks, ‘huddles’, and formal staff meetings.

The service has formal and informal processes for monitoring and reviewing the performance of each member of the workforce. This process includes an induction program for new and returning employees, day-to-day work performance monitoring, and a formal documented periodic performance appraisal. Initial reviews are conducted within three months of recruitment with annual appraisals thereafter.

I am satisfied the service is compliant with this Standard.

# 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

The service demonstrated that it supports consumers to actively participate in the development, delivery and evaluation of care and services. Consumers are encouraged to participate in resident meetings, food focus groups and surveys concerning the delivery of their care and services, and they are supported by staff to use the service’s feedback and complaints system.

The service is maintaining effective governance systems which include the accountability of roles in relation to continuous improvement, financial and workforce governance, and regulatory compliance. The service conducts regular audits in various areas of care and service delivery to identify and analyse trends and then delivers the results directly to staff via regular ‘huddle’ meetings. Where incident trends and gaps in staff practices are identified, they are included in the service’s plan of continuous improvement for action and reported to the Board of Management for consideration of any required changes to policies and procedures.

There are risk management systems in place that are supported by a clinical governance framework, policies and procedures, and reporting mechanisms. High impact or high prevalence risks associated with consumer care are identified through assessments such as falls risk assessments, internal and external audit results and the regular review of the clinical care needs of consumers, to ensure that appropriate actions are taken to minimise risk and to maintain best practices.

There is a clinical governance framework that includes policies relating to antimicrobial stewardship, restrictive practices and open disclosure. The organisation’s clinical governance committee oversees and reviews the service’s use of antimicrobial medication, with a view to minimising antimicrobial usage when possible. The service generally demonstrated that it uses non-pharmacological intervention practices with consumers, such as behavioural management practices and therapies, to minimise the use of chemical restrictive practices.

Clinical staff demonstrated a good knowledge of open disclosure principles and how they enact them when incidents negatively impact on or cause harm to consumers. Training records evidenced that staff receive open disclosure training as part of the service’s mandatory education program.

I am satisfied the service is compliant with this Standard.

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)