Performance

Report

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| Name of service: | Glenwood Nursing Home |
| Service address: | 34 Greenwich Road GREENWICH NSW 2065 |
| Commission ID: | 2493 |
| Approved provider: | Fresh Fields Aged Care (NSW) - NO 1 Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 March 2023 to 24 March 2023 |
| Performance report date: | 15 May 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 Glenwood Nursing Home (**the service**) has been prepared by G-M. Cain, 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.
* 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 | |  |
| 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 said they are treated with dignity and respect, staff show respect for their privacy, and they feel valued as individuals. Staff said they check with consumers and reference their care documentation to ensure they understand consumers’ choices and preferences. Care documentation included information about consumers’ life history, interests and relationships of importance to them. Staff interactions with consumers were observed to be kind, caring and respectful.

Consumers and representatives from diverse cultural and religious backgrounds confirmed the service understands and supports their cultural needs and preferences. Consumers said they felt safe at the service. Care documentation included information on consumers’ cultural backgrounds and spiritual needs and preferences. Staff described the importance of nurturing consumers’ spiritual and emotional well-being by providing respectful care in line with individual preferences.

Consumers and representatives said consumers are supported to exercise choice and independence in the way care is delivered, and to maintain connections and relationships of choice. Staff described how they support consumers to communicate their preferences through listening, documentation, collaborative care planning with other staff, and maintaining ongoing communication with consumers and their representatives. Care documentation evidenced individual lifestyle activities preferred by consumers and including preferences to make new friends and keep active.

Consumers and representatives said consumers are supported to take risks and live the best life they can. Staff described how consumers and representatives are supported to understand risk, including the implementation of risk mitigation strategies. Care documentation demonstrated that consumers are supported to understand risks and identify appropriate management strategies. The service performs dignity of risk assessments for consumers who wish to take risks.

Consumers and representatives said they receive up-to-date information about activities, meals, and other events occurring in the service. They know what’s on the daily menu by looking at the noticeboards throughout the service and in the dining area, or they could ask staff and staff would tell them what the menu choices were for that day. Observations showed the daily menu on consumer noticeboards and in common areas throughout the service.

Consumers explained how care staff communicates with them by speaking clearly and making sure they understand what they are saying, sometimes by writing things down. Care staff described ways in which information is provided to all consumers including the delivery of weekly menus and the activities calendar. Information was observed to be available on noticeboards to consumers on lifestyle activities, current menus, advocacy services, and feedback or complaints mechanisms.

Consumers and representatives stated their privacy is always respected by staff, staff knock on doors or introduce themselves and use privacy curtains. Staff identified ways in which they ensure consumer information was kept private and confidential, such as ensuring consumer files were not left unattended in open areas and doors to rooms where consumer documentation was stored to be secured. Staff workstations and consumer files were observed to be locked when unattended.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

Consumers and representatives said consumers’ received the required care and services, and they are involved in the care planning and assessment processes to identify consumer goals, needs and preferences. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care. The service had policies and procedures in place to guide staff in assessment, care planning and risk management.

The service demonstrated the assessment and planning processes, identified each consumer’s current needs and preferences. Consumer and representatives confirmed the service had discussed and documented consumers’ preferences for end-of-life. Staff described the needs and preferences of consumers, which were aligned to consumer feedback and care documentation. Assessment and care planning documentation was individualised to each consumer’s needs and reflected their preferences for care.

Consumers and representatives confirmed they provide input into assessment and care planning processes either through formalised case conference or through regular feedback and updates. Staff reported regularly liaising with consumers and family members to ensure the partnership throughout the assessment and care plan process. Care documentation reflected other health professionals’ and services’ involvement in consumer assessments and planning.

Consumers and representatives said they are always offered a copy of their care plan and were confident they had an accurate understanding of the care and services provided. Staff confirmed they have easy access to Care documentation and identified handovers, diaries, and the daily task list as frequently used methods for communicating outcomes of assessments and reviews. Care documentation contained entries reflecting communication with consumers and representatives and others where care is shared.

Consumers and representatives said they are regularly informed when consumers’ care changes and when incidents occur. Care documentation showed evidence of review on a regular basis and when circumstances change, or when incidents occur. Staff and management confirmed care plans are reviewed every 4 months or when health or care needs change and described how incidents may prompt a reassessment or review of consumer needs.

# 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

Consumers and representatives said consumers are receiving care that is safe and right for them. Care documentation was consistently individualised, reflecting safe, and effective care that is tailored to individualised specific needs and preferences. Staff described consumers’ individual needs, preferences, their most significant personal and clinical care requirements and how these were delivered in line with their care plans.

Overall, consumers and representatives were happy with the management of consumers’ high impact or high prevalence risks. Staff described risks and related management strategies for individual consumers. Care documentation showed high impact and high prevalence risks had been identified and effectively managed by the service, including falls, pain management, pressure injuries, weight management and complex care.

Consumers and representatives said they had completed an advance care directive with their end-of-life wishes included. Staff described the care delivery changes for consumers nearing end-of-life and the practical ways in which consumers’ comfort is maximised and dignity preserved, such as regular repositioning, pain management, eye and mouth care, emotional and spiritual support. Care documentation included information to guide staff in the needs, goals, and preferences of consumers nearing end-of-life. The service had policies and procedures in relation to palliative care and end-of-life care, and education in these areas in staffs’ annual training.

Consumers and representatives said the service is responsive when there is a deterioration in the consumer's condition, health, or ability. Staff explained the process for identifying and reporting changes and deterioration in a consumer’s condition including signs and symptoms such as recognising pain, poor appetite, weight loss, changes in bowel movement, changed behaviours and mobility. Care documentation reflected the identification of and response to deterioration or changes in consumers’ health and or well-being. The service had policies, procedures and flowcharts relating to acute deterioration to guide staff in identifying and responding to the deterioration of consumers.

Consumers and representatives said consumer care needs and preferences are effectively communicated between staff. Staff said information relating to consumers’ conditions, needs and preferences is documented in the care plans, progress notes, handovers sheets and communicated at shift handover. For example, handover sheets showed consumers’ current information was recorded including type of diet, repositioning, falls risks, advance care preference, likes and/or dislikes, mobility status, personal hygiene preferences, toileting assistance, anticoagulant medications, pain management and general updates to consumers’ care including reviews by allied health specialists.

Consumers and representatives advised timely, and appropriate referrals occur, and the consumer has access to relevant health supports and services such as the medical officer, physiotherapist, occupational therapist, dietitian, palliative care consultant, and specialist dementia services. Care documentation evidenced a referral process to other health care providers as needed. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Consumers and representatives confirmed staff performs standard and transmission-based precautions to prevent and control infection.

The service trends, analyses and monitors antibiotic usage monthly as part of the service’s clinical indicator governance program. This information is reported and communicated at various meetings including the Infection Prevention and Control, staff meetings, clinical risk meetings, and medication advisory committee meetings.

# 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

Consumers and representatives described how consumers are supported to do the things they want to do, have supports available to allow them to be as independent as possible and participate in activities that promote their well-being and quality of life. Care documentation identified consumer choices, activities and services and supports needed to do what they want to do. Staff were familiar with consumer’s needs and preferences and described how program activities are tailored to consumers to maintain their independence, health and quality of life.

Consumers and representatives described how their emotional, spiritual, and psychological well-being needs, goals and preferences are supported. Staff demonstrated their ability to provide consumers with options to meet their requirements. Care documentation included information relating to emotional, spiritual and psychological well-being, consumers’ faith and important individual relationships.

Consumers and representatives said consumers are supported to maintain connection with their community and engage in interests and activities that were important to them, including lifestyle activities within the service and external interests. Staff said they identify consumers’ goals, needs and preferences on admission and via consumer feedback and consumer and representative meetings. Consumers were observed engaging in a variety of lifestyle group and independent activities.

Consumers and representatives described how the service is aware of individual preferences and needs, and when these change, information is shared with others where the responsibility for care is shared. Care documentation detailed adequate and consistent information about consumer’s condition, needs and preferences. Staff described how changes in consumer’s preferences are shared at handover, or through updated care plans.

Consumers and representatives confirmed referrals were made in a timely manner and they could access other organisations as needed. The service engages a range of health providers, in the assessment and planning of consumers’ daily living supports, care documentation evidenced referrals to other care providers.

Consumers and representatives were satisfied with the variety, quality and quantity of food provided. One consumer spoke of ‘feeling well looked after’ with provision of gluten free meal options. Care documentation evidenced consumers’ dietary preferences consistent with their needs. The service has mechanisms in place to ensure consumers can participate in the development of the menu.

Consumers and representatives confirmed equipment provided is safe, suitable, clean and well maintained. Staff described the process for identifying equipment that requires maintenance. Consumers were observed using equipment to support activities of daily living and lifestyle activities, and equipment was observed to be safe, clean, and well maintained. The service’s daily maintenance logs showed no outstanding requests.

# 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

Consumers and representatives said the service environment is open and welcoming. Signage throughout the service facilitates consumers and representatives to navigate their way, and consumers were observed to personalise their rooms with belongings and photographs. Observations showed consumers’ engaging in a variety of activities indoors and consumers reported that staff support them to enjoy the outdoor garden areas of the service.

Consumers and representatives said the service is kept clean, and well maintained, and they are supported to move throughout the service environment, both indoors and outside in the garden area. Contracted cleaning services provide daily cleaning and support infection control practices in the service environment. Staff described the process for logging maintenance requests, and cleaning and maintenance records were observed to be current and up to date. All areas of the service were observed to be clean, safe and well-maintained.

The service maintains clean, safe furniture, fittings and equipment for consumer use. Preventative and reactive maintenance service records were current and up to date. Staff described processes in place for preventative and reactive maintenance. Observations showed staff cleaning furniture, fittings, and equipment across all areas of the service.

# 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

Consumers and representatives said feedback was welcomed and encouraged by the service and they were aware of various avenues for providing feedback. Management said they welcomed feedback from consumers and representatives through consumer and representative meetings, scheduled surveys, verbal conversations, feedback forms, emails and telephone calls. Feedback forms could be submitted into secure boxes available to consumers throughout the service or posted to the head office.

Consumers and representatives reported they were aware of how to provide feedback to the service and access an interpreter or advocate. Staff reported having access to translators and use of cue cards with non-English speaking consumers if they are required. Information on how to escalate feedback, how to speak with an interpreter, and how to access an advocate was observed displayed throughout the service and available through brochures and pamphlets.

Consumers and representatives said the service takes appropriate action following the submission of feedback. The feedback register evidenced complaints and interaction with the complainant for the best outcome. The open disclosure and feedback management policy outlined the importance of accepting feedback and practicing open disclosure if something goes wrong. Staff were aware of the principles of open disclosure.

Consumers and representatives reported being happy with the outcome of the feedback they provided. Staff were aware of the process of complaints being reviewed to determine changes and improvements. Service documentation including complaints data and meeting minutes evidenced the service had taken action to address any complaints; and feedback and complaints data is compiled and submitted monthly to the governance body.

# 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

Consumers and representatives reported they were happy with the level of care provided and said there were sufficient levels of staff. Staff said they were sufficiently resourced to complete their tasks and well supported by management if there was unplanned leave. There were processes to ensure the workforce was planned, and the number and skills mix enabled the delivery of quality care and services.

Consumers and representatives said the staff were kind and respectful and consumers’ felt valued by the service. Observations showed respectful interactions between staff and consumers. The service displayed the new Aged Care Code of Conduct (the Code) throughout the service and staff were observed demonstrating behaviours that were consistent with the Code.

Consumers and representatives said staff had the skill levels required to effectively perform their roles. The service had clear minimum requirements for potential candidates, which are included in job descriptions. Service induction process and welcome packs ensure the workforce was prepared for their roles, and included role-specific tasks, buddy program, mandatory learning and competencies, and the performance review processes.

Consumers and representatives said staff were trained to provide the support consumers need. Learning and development is developed by the organisation’s head office and delivered by designated learning and development officers or clinical staff onsite. Staff demonstrated strong engagement with learning and development and records indicated high levels of compliance.

The service has a structured staff performance appraisal cycle, completed bi-annually, and provides direct feedback to staff following incidents, observations or complaints as relevant. Staff said they received feedback from management through both formal and informal channels. Staff appraisal documentation evidenced 2-way discussions on staff performance between staff and management. Staff spoke of requesting additional training in wound care and dementia care in their performance appraisals and confirmed the service had provided this training.

# 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

Consumers and representatives said they were engaged in the development and delivery of services through care planning meetings, day-to-day feedback and consumer and representative meetings. Management said consumer and representative surveys provide them with insights into what is working well and improvement areas, and results of the survey feed into the plan for continuous improvement.

Management and senior executives demonstrated understanding of current concerns and day-to-day operations of the service. The service ensures timely communication, escalation and monitoring, is occurring across operational, clinical and corporate services. Regular clinical and key indicator reporting to the Board ensures governance body oversight of organisational outcomes.

The organisation demonstrated processes and mechanisms in place for effective organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective electronic care system, a plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The service has effective risk management systems in place to detect and prevent risks or mitigate impacts and resources including policies provide clear guidance to staff. The service had trained staff to ensure they are able to identify and respond to abuse and neglect of consumers. The organisation has a designated ‘Serious Incident Response Scheme’ email which alerts executive managers when an incident has occurred, and this is supported by a rostered on-call manager (24 hours a day, 7 days a week) to assist with the process of lodging a Serious Incident Response Scheme notification. Risks are reported, escalated, and reviewed at a service and organisational level.

The service demonstrated that the organisation's clinical governance systems ensure the quality and safety of clinical care. These included antimicrobial stewardship, minimising restrictive practices, and an open disclosure process. The service had policies relevant to these, and staff demonstrated a shared understanding of these and described how they apply these as relevant to their roles.

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)