Performance

Report

**1800 951 822**

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| Name of service: | Haddington Nursing Home |
| Service address: | 126 Duncan Street TENTERFIELD NSW 2372 |
| Commission ID: | 0569 |
| Approved provider: | Tenterfield Care Centre Limited |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 14 March 2023 |
| Performance report date: | 5 April 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 Haddington Nursing Home (**the service**) has been prepared by T Wurf, 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 - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff and consumers/representatives
* the performance report dated 9 November 2022 following an assessment contact visit undertaken on 29 September 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

# 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 performance report dated 9 November 2022 found the service non-compliant with requirement 3(3)(a) following an assessment contact visit undertaken on 29 September 2022. The performance report identified deficiencies in the service’s management of restrictive practices (chemical restraint) and post-falls management.

The Assessment Contact – Desk Report identified that the service has taken actions to remediate the deficiencies and improve its performance in this requirement.

The service implemented improvement actions to ensure consumers with a restrictive practice in place or who experience a fall are reviewed and assessed for risk, monitored and reviewed on a regular basis, and that representatives are consulted, medical officers are involved, relevant documentation is completed and reporting and escalation occurs if required. Specific improvement actions included:

* Updated policies, processes and registers relating to the management of restrictive practices and falls to ensure the service meets legislative requirements and best practice guidelines.
* Reviewed and updated the service’s care review process to include message alerts to registered staff when a consumer review is due or when an incident occurs.
* Reviewed all consumers with restrictive practices in place and ensured reviews had been completed, and for consumers with chemical restraint, consultation had occurred with the consumer and/or their representatives and consent forms were in place.
* Assigned a registered nurse to the restrictive practices portfolio which includes providing leadership to staff around restrictive practices.
* Established monitoring processes such as:
  + daily review of progress notes and messages to identify unreported incidents
  + monthly auditing of compliance with restrictive practices documentation, and
  + falls committee that meets monthly to discuss falls data, recommendations and care planning.
* Provided a range of education and training for staff on restrictive practices and falls management, completed by registered staff and other staff in various roles. New staff now receive training in restrictive practices and falls management as part of their pre-employment package and during onboarding.
* Attracted the services of a geriatrician to support consumers at the service on a regular basis.
* Purchased new falls prevention equipment.

The Assessment Team reviewed documentation and interviewed staff and consumers/representatives and found:

* consumers subjected to a restrictive practice were reviewed regularly
* restrictive practices documentation included relevant authorisations, informed consent, consultation with consumers/representatives and reviews
* consumers who had experienced a fall:
  + were reviewed by registered staff and a physiotherapist following the fall
  + had neurological observations, assessment and care planning completed
  + were referred to a physiotherapist or a medical officer when required, and
* consumers/representatives spoke positively about the care provided to consumers and reported that they are involved in discussions regarding the consumer’s care and service needs and staff are responsive.

Based on the above findings, I am satisfied the deficiencies in the service’s management of restrictive practices and falls have been remediated. Therefore, I have decided this requirement is compliant.

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