Performance

Report

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| Name: | Hamersley Nursing Home |
| Commission ID: | 7773 |
| Address: | 441 Rokeby Road, SUBIACO, Western Australia, 6008 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 March 2024 |
| Performance report date: | 1 May 2024 |
| Service included in this assessment: | Provider: 7237 Fresh Fields Management (NSW) Pty Ltd  Service: 4817 Hamersley Nursing Home |

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 Hamersley Nursing Home (**the service**) has been prepared by M Glenn, 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 (performance assessment) – site was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff, management and others; and
* the provider’s response to the assessment contact report received 26 April 2024 accepting the assessment team’s recommendations. The response consists of a plan for continuous improvement outlining the issues identified, planned actions, planned completion dates and outcomes.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3 requirements (3)(a) and (3)(g)**

* Ensure staff have the skills and knowledge to:
* provide personal and/or clinical care to consumers in line with their assessed needs and preferences and that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation continence care, personal care and skin integrity/wounds;
* implement practices to promote appropriate antibiotic prescribing; and
* liaise with general practitioners to ensure appropriate investigative measures are initiated prior to commencement of antimicrobials.
* Review skin integrity monitoring processes, particularly those related to stage 1 pressure injuries and rashes, to ensure identified skin integrity issues are effectively monitored and changes can be promptly identified and actioned.
* Ensure policies, procedures and guidelines in relation to best practice care and antimicrobial prescribing and usage are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care and antimicrobial prescribing and usage.

# 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. | Not 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as the two requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(a) and (3)(g) in this Standard not met.

**Requirement (3)(a)** The assessment team found consumers are not receiving personal and clinical care that is tailored to their needs, specifically in relation to showering preferences, continence, and wounds and recommended this requirement not met. Staff did not demonstrate provision of best practice, tailored continence care for two consumers. One consumer was not offered an opportunity to go to the toilet and was told they did not need to get up because they were wearing a continence pad. For another consumer who voids in inappropriate places, the care plan does not include a tailored toileting schedule to minimise these episodes from occurring.

Three consumers with potential pressure injuries and rashes have not been monitored through the use of a wound chart with photographs, or causes of lesions or wounds identified to ensure treatment is appropriate for the cause. Management said only consumers with broken skin would have a wound chart which is not reflected in policy. Management was unable to describe how staff would be prompted to monitor rashes or areas of redness for improvement or deterioration if no documentation is available.

Three consumers have not received care in line with their showering preferences. One consumer and their representative said the consumer prefers alternate showers and bed baths in the morning, and they are not getting them. An activities of daily living (ADL) chart between December 2023 to March 2024 shows the consumer has only had two to three showers in this period. Progress notes do not show showers are declined. Another consumer’s care plan states they prefer showers every second day. For the last three months, ADL charting shows no showers have been provided during this time. A support worker said they have not given the consumer a shower for at least one and a half months and were not able to explain why.

The provider accepts the assessment team’s recommendation and has submitted a plan for continuous improvement to address the deficits identified. Actions include, but are not limited to, providing education to staff on following care plans and reporting where care has not been delivered in line with the care plan; providing education to registered nurses on wound care documentation; reviewing continence care plans to ensure they align with consumers’ assessed needs and preferences; and providing training to staff on continence care.

I acknowledge the provider’s response. However, I find best practice, tailored care which optimises health and well-being has not provided for the consumers highlighted. For two consumers, continence needs have not been supported, potentially compromising their dignity. For a consumer with known behaviours, a toileting schedule has not been developed to minimise episodes of behaviours. A staff member could not describe a continence regime for the consumer, stating the behaviour was normal and they ensure the consumer takes their psychotropic medications. Current practices do no ensure changes to skin integrity are effectively monitored or enable deterioration to be promptly identified and actioned, with photographs not taken or wound charting implemented where skin lesions or rashes are identified. Furthermore, consumers’ preferences for personal care have not been respected with consumers and/or representatives stating, and documentation showing, they have not been supported to have showers at their preferred frequency.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal and clinical care non-compliant.

**Requirement (3)(g)** The assessment team recommended this requirement not met as practices to promote appropriate antimicrobial prescribing and evaluation of antimicrobial treatment are not effective. Of the 10 infections identified on an infection report in February 2024, all were prescribed antimicrobials, however, only one of the 10 had a sample sent to pathology. Documentation for one consumer shows staff did not attempt to use any alternative methods to collect a urine specimen as requested by the general practitioner in March 2024. Handover notes, and a clinical staff member confirmed staff should monitor the consumer for symptoms of a urinary tract infection as a sample was unable to be collected. Three staff members were not aware of this requirement. Another consumer’s wound was only swabbed after a specialist nurse recommended it as they were concerned the wound may be infected and to ensure correct antibiotic prescribing. For three consumers prescribed antimicrobials for a rash, the rash was not captured through wound charts or photographs to evaluate if the antimicrobial prescribed was effective. There was no evidence that non antimicrobial methods had been trialled prior to the general practitioner reviewing and prescribing antimicrobials.

The provider accepts the assessment team’s recommendation and has submitted a plan for continuous improvement to address the deficits identified. Actions include, but are not limited to, providing education to staff on antimicrobial stewardship and criteria for infection.

I acknowledge the provider’s response. However, I find current staff practices do not promote appropriate antibiotic prescribing and use. Antibiotic sensitivity or susceptibility tests to identify the most appropriate course of treatment are not consistently undertaken. Additionally, where skin integrity issues, such as rashes, have been identified, antimicrobials have been prescribed with no evidence of consideration of trialling other treatment methods, and processes to monitor progress of the rash and effectiveness of antimicrobials have not been initiated. I find such practices are not in line with antimicrobial stewardship principles which assist to minimise the development and spread of antimicrobial resistance.

For the reasons detailed above, I find requirement (3)(g) in Standard 3 Personal and clinical care non-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)