Performance

Report

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| Name: | Milford House Nursing Home |
| Commission ID: | 2035 |
| Address: | 2-4 Milford Street, RANDWICK, New South Wales, 2031 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 3 May 2024 |
| Performance report date: | 5 June 2024 |
| Service included in this assessment: | Provider: 372 Thompson Health Care Pty Ltd  Service: 621 Milford House 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 Milford House Nursing Home (**the service**) has been prepared by Therese Solomon, 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 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 3 Personal care and clinical care | Not Applicable as not all requirements have been assessed. |

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 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

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated that the actions taken in response to the non-compliance have been effective. Consumers and/or representatives provided positive feedback regarding clinical and personal care provided to consumers within the service. Clinical and care staff demonstrated knowledge in personalised consumer needs and preferences. Documentation reviewed by the Assessment Team was consistently reflective of care being provided by staff.

Consumer personal care preferences were documented within consumer care files. Staff were able to communicate the preferences of each consumer in detail, including preferred clothing and preferred time for showering. Hygiene charts were maintained regularly for each consumer.

The service has policies and procedures in place to guide staff in best clinical practice for pain management. It was demonstrated that pain management is taken into consideration for each consumer. Clinical and care staff described how they assess each consumer for pain. Care staff were able to describe signs of pain in detail and said that if these signs are observed they would escalate their concerns to clinical staff for assistance.

Consumers have individualised pain assessments in place, and consent for opioid pain relief is documented and documentation reflects that the risks of pain medication usage have been explained to consumers and/or their representatives. Consumers and/or representatives confirmed staff had explained the risks and benefits of pain medications in use, and aim to minimise this usage if the consumer has not used the medication for an extended period. Documentation is reflective of ongoing pain assessments and charting, indicating regular and active management of pain for each consumer.

In relation to skin integrity, risk assessments are completed within a timely manner to identify consumers who are at risk of pressure injuries, bruises, and other skin conditions. Head to toe skin assessments are conducted with any changes including bruises, pressure injuries or skin tears being identified and documented. Interventions such as the use of pressure relieving devices, skin moisturisation and pressure area care are recorded within a consumer’s care plan and within progress notes. These devices were observed to be in use throughout the visit.

The service has policies and procedures in place to guide staff in best clinical practice for wound management. Staff were knowledgeable in wound management procedures and the escalation of wounds when issues arise. Wound charting was consistent, and photographs were regular and reflected the use of a measuring device. Documented treatment plans were followed and if a consumer has multiple wounds, each wound was documented on its own chart and had an individualised treatment plan.

The service has policies and procedures to guide staff in the management of diabetes, weight loss and nutrition and hydration. These policies outline the responsibilities of care and clinical staff in the management of these consumers, including the monitoring, reporting, and escalating of a change in a consumer’s condition.

Review of consumer files noted to include an individualised diabetes management plan, which outlines the responsibilities of care and clinical staff in relation to the management of consumers with diabetes mellitus or who experience concerns with their blood glucose levels. This includes the escalation protocols for out-of-range blood glucose levels. Care staff were aware of their responsibility to report any changes in a consumer’s condition to the clinical staff on duty. Clinical staff demonstrated a good understanding of consumers’ diabetes management plans and consumer documentation showed clinical and care staff were taking appropriate steps, per instructions, to ensure consumer safety regarding diabetic management of blood glucose levels.

The service has policies and procedures in place to guide staff in best clinical practice in the assessment and management of a consumers’ weight, nutrition, and hydration. Clinical and care staff demonstrated an understanding of identifying unplanned weight loss and the process of escalation if required. Care staff described how each consumer’s weight is documented and were able to identify consumers who were on regular weight checking due to previously identified weight loss or gain. Staff stated they report any concerns to the clinical staff regarding a consumer’s change in appetite. Clinical staff explained the process for investigation and escalation if a change of a consumer’s condition is reported or observed, including review by the medical officer and a referral to an allied health professional such as a dietician or speech pathologist if required.

Clinical and care staff were knowledgeable regarding consumer needs and preferences in relation to their complex care needs.

A review of documentation for consumers with a high falls risk or a history of falls shows each consumer has a falls risk assessment documented within their clinical file. The service has a falls management plan and with each fall that occurs, it was observed that staff have appropriately assessed, managed, and escalated the incident according to the services’ policy and procedures. Assessments after a consumer experiences a fall are appropriate and timely. Consumers who have had a fall, or a suspected fall which was unwitnessed, were escalated appropriately and referred to their medical officer and physiotherapist for review and reassessment. Consumer representatives were updated when an incident occurs and/or when a change in cares was deemed necessary to aid in the prevention of falls.

In relation to the minimisation of the use of psychotropic medications, the service has demonstrated the minimisation of the use of psychotropic medications for consumers. This was evident through the review of consumers whose psychotropic medication has been ceased or changed as a result of regular reviews by clinical staff, the consumer’s medical officer, the geriatrician and others involved in the consumer’s care. The review of the service’s psychotropic register showed all medications prescribed have corresponding consumer diagnoses and approved therapeutic use.

Consumer documentation reflects consumers who have responsive or challenging behaviours are assessed and monitored. Behaviour management strategies and/or interventions are trailed and used to minimise and reduce the behaviour of concern. Strategies are personalised for each consumer and have been documented within behaviour support plans. Behaviour charting is consistent and reflective of the evaluation of each strategy used. Staff demonstrated individualised strategies for each consumer and strategies were observed to be utilised throughout this Assessment Contact.

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)