Performance

Report

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| Name of service: | Nazareth House Tamworth |
| Service address: | 80 - 104 Manilla Road OXLEY VALE NSW 2340 |
| Commission ID: | 0162 |
| Approved provider: | Nazareth Care |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 7 December 2022 |

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 Nazareth House Tamworth (**the service**) has been prepared by D, McDonald, 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

Consumers said they were treated with dignity and respect, their individual preferences and needs were recognised and valued. Staff were observed treating consumers with respect and dignity. Staff were guided by training and the code of conduct in treating consumers respectfully and with dignity.

Consumers stated the care they received was culturally safe. Staff understood the needs and preferences of consumers to make sure their choices were respected. Records show the service and management supported staff to complete cultural awareness training to provide consumers with culturally safe care.

Consumers stated they were involved in the care planning process and were enabled to choose who they wish to be involved in their care. Staff maximized the involvement of the consumers in the decision-making process and encouraged consumers to maintain relationships with people important to them. Consumer decisions were documented in their care plans and were communicated with the care staff.

Consumers stated they were supported to exercise choice including engaging in risky activities. Staff supported consumers to understand the risks and work with the consumers to minimise the potential harm associated with the risks. Staff were guided by policies and procedures when supporting consumers to engage in risk.

Consumers said information provided to them was clear and easy to understand. Changes and upcoming events were communicated with the consumers in newsletters and lifestyle calendars were distributed to all consumers for them to decide what activities to participate in.

Consumers confirmed staff respected their privacy and maintained the confidentiality of their information. A privacy policy outlined how the service maintained and respected the privacy of personal and health information for consumers. Staff were observed to always knock-on doors and asked for permission before entering a consumers’ room.

# 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

Consumer files demonstrated effective, comprehensive assessment and care planning which identified the needs, goals, and preferences of consumers, including identified risks. Staff described the care planning and assessment process and how this informs the delivery of safe and effective care. Policies, procedures, clinical guidelines, and flow charts guided staff in the care planning process.

Consumers confirmed they were involved in the care planning process with their end of life wishes recorded if they wanted. Staff showed knowledge of individual consumer needs and preferences and confirmed discussions regarding end of life occurred. Care planning documentation detailed consumers’ current needs, goals and preferences, and end of life wishes.

Consumers were actively involved in the assessment, planning and review of their care and services, with the right people involved. Staff described the processes in place to ensure the service partners with consumers to assess, plan and review care and services. Planning documents for consumers demonstrated integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers confirmed they had easy access to care plans and had regular conversations with staff about outcomes from their assessment and planning. Staff described the processes for documenting and communicating assessment outcomes. Care documentation showed outcomes of assessment and care planning were communicated to consumers in a timely and appropriate way.

Consumers said the organisation regularly communicated with them about their care and services. Policies and procedures guided care and care plans included automated review mechanisms and a range of assessments and charting. Care documentation showed regular reviews had occurred and when circumstances had changed, or incidents occurred.

# 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 stated their personal and clinical needs were met. Staff described consumers individual needs and preferences and care documentation showed how they delivered care aligned to care plans. Staff were guided by policy and procedure to ensure care was delivered to meet consumers’ needs and preferences.

Consumers said risks such as falls, pressure areas, weight loss, and infection were assessed, explained, and managed to reduce risk. Staff identified, assessed, and managed high-impact or high-prevalence risks of each consumer. Policies and procedures, medical input, and clinical protocols guided how the organisation managed high-impact or high-prevalence risks.

Consumers said they had made their advance care wishes known with family and staff. Care and services plans reflected the consumer’s end of life care needs, goals, and preferences. Staff explained how they provided care consumers receiving palliative care, such as maintaining comfort, providing mouth care, and monitoring their pain.

Consumers said the staff knew them, would pick up a change in their condition and would respond with appropriate actions and care when needed. Policies, procedures, and clinical protocols guided staff in the management of deterioration. Care documentation, clinical protocols and observations demonstrated deterioration was recognised, responded to quickly and appropriately.

Staff and others who share the care of consumers had access to the information and clinical systems according to their role. Care documentation, including care plans and progress notes, provided adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs. Handover was observed to be effective, and staff were observed accessing the care management system.

Consumers said they had been referred to appropriate providers, organisations, or individuals to meet their care needs. The service had a network of approved individuals, organisations, or providers they referred consumers to. Consumer records showed the organisation made timely and appropriate referrals to health practitioners, specialised allied health, or other services to meet the care needs of consumers.

Consumers said the service was clean, and staff practiced good infection control. The service was observed to be clean and there were adequate handwashing stations and PPE. Infection control signage and posters were on display and consumers had education of antimicrobial stewardship and the clinical indicators program.

# 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 said the service supported them to do the things they wanted to do and explained how services and supports for daily living had improved their independence, health, well-being, and quality of life. The needs and preferences of consumers were documented in a care plans and staff described how they accessed these to assist consumers to stay well and healthy and do as much for themselves as possible. Documentation reflected strategies and options to deliver services and supports for daily living of consumers.

Consumers said the service supported and promoted their spiritual, emotional, and psychological well-being. Staff described how they provided services meaningful to the consumer. Consumers’ care plans reviewed contained information about the consumers emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they were supported to maintain personal relationships to the level they wished, took part in the community and social activities. Documentation shows services and supports provided for the consumer and how they reflected the consumer’s changing needs, goals, and preferences. Staff described how they worked with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections.

Consumers said the organisation coordinates their services and supports well, and they benefit from different organisations working together and sharing information about them. Consumer documentation showed updates, reviews, and communication alerts from multiple sources, to guide staff in providing effective support and services. Staff described processes to inform them about a consumer’s condition, needs, goals and preferences as it relates to their own roles, duties, and responsibilities.

Consumers said they were referred to other organisations and services as needed. Documentation showed the organisation collaborated with other organisations or providers to support the diverse needs of consumers. Staff identified the organisations or providers where they made referrals and described how they refer consumers.

Consumers said they received a variety of well proportioned, quality meals, meeting their needs and preferences. Staff were aware of consumers’ nutrition; hydration needs and preferences. Processes were in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences.

Consumers said they felt safe when they used equipment and they knew how to report any concerns they had about the safety of equipment. Suitable arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment were in place to guide staff. Documentation showed appropriate servicing and maintenance had been carried out.

# 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 had personalised their rooms, including bringing in the furniture and possessions of choice. Staff described ways they supported consumers to feel at home and supported their independence including encouraging visitors. The environment included spacious gardens, common areas and was monitored to ensure it meets the needs of the consumers.

Consumers said the facility was cleaned very well, and maintenance was done quickly. Consumers were observed moving freely around the facility in the loungerooms and gardens. The service was observed to be clean and well maintained.

A range of furniture and equipment was observed in the facility. Consumers said equipment was well maintained and clean. Staff said they had access to equipment needed for consumer care. Furniture and equipment were maintained under a scheduled maintenance plan with specialist contractors in place where required.

# 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 were encouraged to provide feedback and make complaints. Staff described avenues consumers or representatives can use to make a complaint or provide feedback, such as speaking to staff or management directly, emails, feedback forms, consumer meetings or via consumer satisfaction surveys conducted by the service. feedback/complaints boxes located on each floor.

Staff said consumers are provided with information on advocacy, language services and methods of raising complaints. Printed material was provided to consumers and representatives in the Consumer Handbook and through flyers, posters, and resident meetings.

Consumers said management promptly addressed and resolved their concerns following the making of a complaint, or when an incident had occurred. Staff had a shared understanding of the principles of open disclosure, including providing an apology to the impacted person/s, and implementing actions to prevent recurrence of the incident or complaint. Documentation showed appropriate responses and use of open disclosure in the actioning of complaints.

Consumers and representatives described changes implemented at the service due to feedback and complaints. Management said the service trends and analyses feedback from consumers and used this to inform continuous improvement activities across the service.

# 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 said there are usually enough staff at the service. A system was in place to determine the number of staff and the mix of skills needed enabling assessment and planning to meet the needs of consumers. Documentation showed an appropriate number and mix of staff were rostered, shifts were planned to be filled, and staff were replaced or reallocated where sick calls were made.

Consumers said staff treated them with respect, understood their individual preferences and choices. Staff were observed interacting with consumers in a kind, caring and respectful manner. Code of conduct requirements including respect guided staff actions and work.

Consumers said staff perform their duties effectively, and they were confident staff were skilled to meet their care needs. Staff said they received the training and supervision they needed to do their job well. Management detailed how training takes place according to roles and service needs.

Consumers and representatives said staff knew what they are doing, and they were well trained. Appropriate systems and processes were in place to ensure trained and skilled staff were recruited and supported to deliver quality care and services. Staff were recruited using a formal recruitment process which included interviews, referee checks and qualification checks. Training records showed all staff had completed mandatory training and were up to date with refresher training.

Staff said they had performance reviews where they assessed performance against their role description. Management said they monitored the daily practices of staff to ensure the delivery of the needs and preferences for all consumers. Staff have duty statements to direct them in their roles and responsibilities. A sample of files identified staff have completed performance appraisals at the specified time periods.

# 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 provide ongoing input into how care and services are delivered, and the service has sought their input in a variety of ways. Effective systems were in place to engage and support consumers in the delivery and evaluation of care and services.

The General Manager and Quality Coordinator prepare reports for the Board every month which consolidate information from the various sources to identify the service’s compliance with the Quality Standards. Management described how the management team monitors staff compliance with policies, procedures, training requirements and regulatory requirements. Improvements and innovations are driven by using data from internal audits, clinical indicator reports, SIRS, incidents or near misses, consumer and / or staff feedback and surveys.

An effective governance system was in place which guided the management team regarding information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Documentation showed how continuous improvement was informed by complaints and feedback and systems were in place to provide guidance in financial management.

An effective risk management system was in place to identify and manage risks to the safety and wellbeing of consumers. Management described how incidents were analysed, used to identify risks to consumers and inform improvement actions. Staff had received education on risk and were able to provide examples of relevance to their work such as prevention of falls, infections, manage challenging behaviours, incident reporting and minimisation of the use of restrictive practices.

A clinical governance framework ensured the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Examples and documentation were brought forward to show the effective implementation of the policies and procedures.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)