Performance

Report

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| Name: | Northcourt Nursing Home |
| Commission ID: | 2604 |
| Address: | 7 Saunders Street, NORTH PARRAMATTA, New South Wales, 2151 |
| Activity type: | Site Audit |
| Activity date: | 7 February 2024 to 9 February 2024 |
| Performance report date: | 8 March 2024 |
| Service included in this assessment: | Provider: 1008 Christadelphian Homes Limited  Service: 974 Northcourt 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 Northcourt Nursing Home (**the service**) has been prepared by Denise 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
* 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 confirmed staff treated them with dignity and respect, and staff were familiar with their identity. Care documentation reflected consumers’ various backgrounds and culture. Staff described how they treated consumers with dignity and respect by considering their life stories and backgrounds to deliver tailored care.

Consumers and representatives described how their culture was respected and supported by staff. Care documentation captured the specific cultural needs and practices the consumer wished to maintain. Staff confirmed they were aware of consumers’ individual cultures and identified consumers’ unique needs.

Consumers advised their choices to maintain relationships of significance were supported, with married couples sharing a room. Staff were familiar with the decisions of consumers, and described how consumers were supported to make decisions independently. Policies and procedures guided staff to support consumers as their own decision makers.

Consumers confirmed they were supported to engage in their chosen activities which contained an element of risk, including eating foods outside of dietary recommendations. Staff were aware of the risks taken by consumers, and the strategies in place to promote consumer safety. Policies and procedures supported consumers right to live the way they choose, make informed choices, and take risks.

Consumers advised they were kept informed through verbal and written communication, and staff would provide them with further explanation if required. Noticeboards displayed the current activities schedule, newsletters and daily menus. Staff used visual aids, picture cards and allowed additional time when communicating to ensure consumers with sensory impairments were enabled choice.

Consumers confirmed their personal privacy was respected, and staff knocked on their door prior to entering. Management advised all computers containing confidential information required passwords to access. Nurses’ stations were observed to be locked, and computers were kept password protected when not in use.

# 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

Care documentation confirmed evidence-based assessment tools were used to identify the risks and to meet the needs of each consumer. Management and staff described the initial and ongoing assessment process and how it informed the development of the care plan. Documented procedures and guidelines were in place to guide staff practice on the completion of assessment, interim and comprehensive care plans.

Staff advised advance care preferences and end of life wishes, were discussed with consumers and representatives during entry processes and during care plan reviews. Consumers said they had been asked for their preferences and their goals of care, with care documentation evidencing consumers’ needs, goals, preferences were captured.

Consumers and representatives confirmed they were engaged in care conferences, in collaboration with their medical officer and allied health professionals. Care documentation evidenced input from consumers, representatives, medical officers and allied health professionals. Staff confirmed the assessment and planning process occurred in partnership with consumers and any others the consumer wished to be involved in their care.

Consumers and representatives advised the outcomes of assessment and planning were communicated to them, and they were offered a copy of the care plan. Management and staff described how they kept consumers and representatives informed of assessment outcomes through face-to-face conversations, telephone calls and emails.

Care documentation evidenced care plans were reviewed 3 monthly and when the consumer’s circumstances changed. Consumers and representatives confirmed consumers care was regularly and following an incident. Management and staff outlined the process used to ensure care plans were reviewed routinely and responsively, however the care plan of one consumer was not reviewed and updated in response to identified weightloss.

# 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 confirmed consumers were provided with care which was safe and consistent with their needs and preferences. Management and staff demonstrated a shared understanding of best practice care in relation to restrictive practices, maintaining skin integrity and pain management. Care documentation evidenced consumers received safe and effective personal and clinical care.

Consumer’s representatives gave positive feedback with the interventions in place to manage falls. Management and staff were aware of the high impact or high prevalence risks associated with the care of consumers and the strategies in place to manage these risks. Care documentation mostly evidenced consumers received effective management of high impact risks, however the post-fall neurological observations for a consumer did not occur in alignment with guidelines.

Consumer’s representatives gave positive feedback regarding the end of life care provided to the consumer. Staff described how end of life care was provided to consumers through regular repositioning, hygiene and comfort care, pain management and emotional support. Care documentation outlined consumers’ end of life needs, goals and preferences.

Consumers and representatives advised staff were responsive to deterioration. Care documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Management and staff knew what signs to monitor for which may indicate deterioration, such as loss of appetite and weightloss and described how this was escalated to ensure the consumer was reviewed.

Consumers and representatives said consumer’s information was regularly and consistently communicated between themselves and staff. Staff described how information regarding the consumer’s condition was shared through huddles, handovers and the electronic care management system. A staff handover was observed, and staff discussed changes to medications, incidents involving consumers and upcoming appointments.

Consumers and representatives confirmed they had access to medical officers and allied health professionals when required. Care documentation evidenced prompt and timely referrals were made to allied health professionals in response to changes to the consumer’s condition. Management described how external providers of care and services were used to supplement the care delivered to consumers.

Consumers and representatives expressed satisfaction with the management of infection related risks. Policies and procedures were in place to guide staff on personal protective equipment, hand hygiene and the management of various infectious outbreaks. Staff were observed to adhere to infection control practices.

# 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 provided positive feedback regarding the supports provided for them to engage in daily living activities. Staff described conducting lifestyle assessments upon entry, which collected information regarding the consumer’s needs and preferences. The lifestyle activities calendar included a range of activities catering to the various interests of consumers.

Consumers and representatives confirmed staff supported consumers with emotional reassurance and assisted consumers to attend religious services. Staff were aware of consumers’ religious and emotional support needs, and described how they would recognise consumers’ low mood. Care documentation captured information regarding consumers’ well-being needs, goals and preferences.

Consumers confirmed they were supported to participate in activities within the internal and external community, and to maintain contact with their family and friends. Management and staff described how they supported consumers to maintain contact with their friend and family members, including during periods of infectious outbreaks. Consumers were observed to be accompanied by friends and family members and to be exiting to or returning from the community.

Consumers and representatives confirmed staff were consistently aware of consumer’s needs and preferences, and they were provided updates relating to care changes. Staff said information about consumers was shared verbally during the handover process and documented via the electronic care management system.

Care documentation confirmed the collaboration with external organisations and individuals to meet the needs of consumers. Consumers confirmed they were supported and visited by volunteers that spoke their native language. Staff described how a range of external services were engaged to broaden the lifestyle activities and supports offered to consumers.

Consumers and representatives expressed positive feedback regarding the meals they received, and confirmed they could request changes to their meals. Staff described the daily menu information was displayed throughout communal areas, and consumer’s meal choices were documented. A meal service was observed and consumers enjoyed their meals, and were assisted by staff when required.

A range of mobility, leisure and lifestyle equipment was observed to be clean, suitable and well maintained. Staff confirmed shared equipment including shower chairs and hoists were cleaned after each use. Consumers confirmed their equipment was kept clean and well maintained.

# 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 said they felt at home as the service environment was welcoming, easy to understand and they could navigate the service. The service environment was observed to be welcoming, well-lit and contain handrails to assist consumer with mobility issues to navigate the service. Management confirmed they encouraged consumers to personalise their rooms.

Consumers said they were able to move around freely, and expressed satisfaction with the cleanliness of the service environment. Staff described their process to report and record hazards or maintenance concerns. Consumers were observed to move independently around the service, both indoors and outdoors.

Consumers confirmed their equipment, furniture and fittings were safe, clean and well maintained. The preventative maintenance schedule evidenced equipment and fittings was routinely inspected and completion of tasks was up to date. Management advised consumer equipment was cleaned with alcohol-based wipes after each use.

# 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 stated they felt comfortable and understood how to provide feedback or make complaints. Staff described the various verbal and written feedback avenues available to consumers and representatives if they wished to raise concerns. Feedback and complaint policy and procedures outlined the importance of encouraging consumers and representatives to provide their feedback.

Consumers and representatives mostly advised they were aware of external advocacy services, some consumers said they were unaware of external support services, however felt comfortable to raise their issues directly with staff and management. Staff demonstrated an understanding of external advocacy and language services available to consumers and noted information was displayed around the service. Pamphlets and posters promoting access to advocacy services, including the Commission, were available throughout the service.

Management and staff described their roles and responsibilities in relation to reporting and investigating complaints and incidents and noted the importance of open disclosure practices. Consumers and representatives provided practical examples of actions taken in response their complaints and feedback. Complaint documentation evidenced appropriate action was taken to resolve complaints and staff followed appropriate complaint handling procedures.

The continuous improvement plan evidenced a detailed record of improvements made in response to trends in complaints data and issues identified by management. Consumers confirmed their feedback and complaints have led to improvements. Management advised all complaints were documented and reviewed on a daily basis to ensure appropriate actions were taken.

# 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 confirmed there were enough staff to meet their needs, and their calls for assistance were answered promptly. Staff said there were sufficient staffing levels to ensure the needs of consumers were met. Rostering documentation evidenced all unplanned leave was filled by existing or agency staff.

Consumers and representatives said staff engaged with consumers in a kind, caring and respectful manner. Staff were observed to actively support consumers during mealtimes by engaging them in conversation and offering them assistance when required. Policies and procedures outlined the organisational values and expectations of staff to deliver person-centred care that was respectful of consumers’ identity, culture and diversity.

Consumers and representatives confirmed staff were competent and knowledgeable to perform their roles. Position descriptions contained the necessary knowledge, experience and qualifications required for each role. Management advised all new staff must have the necessary and appropriate registration and checks in place prior to their employment.

Management advised of the mandatory trainings provided to staff during the orientation process and on an annual basis. Staff felt comfortable to request additional training from management when knowledge gaps were identified. Annual mandatory modules and competencies had mostly been completed, and management described the steps they were taking to address the completion of outstanding training modules.

Staff confirmed they had received a performance appraisal within the last 12 months and described the process and outcome of their appraisal. Management confirmed the performance of staff was monitored through annual formal performance appraisal process, continuous informal monitoring and performance management when issues were identified.

# 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 expressed satisfaction with the management of the service and felt involved and partnered in their own care. Management described a variety of mechanisms in place to ensure consumers and representatives were engagement, development and delivery of care and services, including consumer meetings, feedback processes, surveys and conversations. Meeting minutes evidenced consumers attended meetings and were engaged in the development of their care and services.

Results from audits, clinical indicators, feedback and complaints was reported to the governing body to ensure effective oversight. Management described how they maintained regular communication with members of the governing body to provide information and facilitate continuous improvement measures. The governing body’s report was sighted and evidenced they were kept up to date with service level information including clinical governance, regulatory compliance, outbreak management and continuous improvement actions.

Policies and procedures guided staff practice in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management and staff confirmed they could access the information they required to perform their roles through the electronic care management system. Management confirmed they were responsible for ensuring their compliance with regulatory and legislative requirements.

The Serious Incident Response Scheme register evidenced the reporting of incidents were conducted in alignment with regulatory requirements. Management confirmed they supported consumers to take risks to live the best life they can. Staff demonstrated an understanding of the risks associated with the care of consumers, and the strategies in place to manage these risks.

Policies and procedures were in place to guide staff practice in relation to antimicrobial stewardship, restraining minimisation and open disclosure. Staff demonstrated an understanding of these policies and how they were applied in practice. Management confirmed open disclosure was monitored through reviews of incident forms and audits.

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)