Performance

Report

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| Name of service: | Peakhurst Nursing Home |
| Service address: | 18 Henry Lawson Drive PEAKHURST NSW 2210 |
| Commission ID: | 2448 |
| Approved provider: | The Trustees of the Sisters of Our Lady of China |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 July 2023 |
| Performance report date: | 15 August 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 Peakhurst Nursing Home (**the service**) has been prepared by J Durston, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 2 August 2023.

# Assessment summary

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| Standard 4 Services and supports for daily living | 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 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The service was previously found non-compliant in Requirement 4(3)(c) following a Site Audit conducted on 13 to 15 December 2022. The service was unable to demonstrate that it provides supports for daily living that assist consumers to participate in their community outside the organisation's service environment, to have social and personal relationships and do the things of interest to them.

An Assessment Contact was conducted on 6 July 2023. The Assessment Team found the service has implemented improvements in response to the information raised in the 2022 Site Audit Report. All consumers have been reassessed for their lifestyle preferences and consultation with consumers and their representatives has been undertaken to develop their life stories. The lifestyle team launched a new leisure and lifestyle program focusing on resident engagement and socialisation. The program uses a person-centred approach to meet individuals’ interests. Recreational activities are delivered in small and large groups as well as individually. One-on-one activities have been incorporated into the lifestyle teams duty list. Individual room visits are conducted at least once a week for all consumers identified as at risk of social isolation.

An additional recreational activities officer experienced in dementia care was recruited three months prior to the Assessment Contact, who has worked with the lifestyle team to enhance activities for consumers and improve their engagement with them. During the visit management said they had received verbal confirmation from their head office that they will approve lifestyle weekend shifts, not previously offered by the service.

The bi-monthly newsletter is now consumer driven, with a clearer, more concise format and contains many photos and articles of interest to consumers. Consumers and representatives are encouraged to make contributions to the newsletter.

The memory support unit environment has been renovated using dementia enabling principles and the garden has been enhanced with raised flower beds and more plants for consumers to tend and enjoy.

The Assessment Team found that the improvements made to the leisure and lifestyle program had positive outcomes for some sampled consumers. One sampled consumer said they love they have plenty to do in their leisure time and they are happy at the service. Another sampled consumer said they enjoy gardening and small building activities and proudly showed the Assessment Team some of the projects they had been working on, including cleaning the deck and painting furniture. Consumers engage with local school students through a pen-pal program. Some sampled consumers who are married and living in different parts of the service confirmed they are supported to spend time with each other.

However, the Assessment found that on balance not all sampled consumers felt supported to participate in their community both within and outside the service, to have social relationships and do things of interest to them. One sampled consumer who’s partner had recently died advised the Assessment Team they wanted to get out of their room to be able to talk to people and that they did not want to sit in their room all day. The consumer expressed not wanting to ‘live this way.’ The consumer lives with Lewy body dementia, depression, hearing, vision and mobility impairment, and requires a hoist lifter and 2 staff for transfers.

The consumer’s care documentation showed they had two one-to-one activities with staff lasting15 minutes and some pastoral visits with the nun lasting 5 minutes each week. Clinical staff entries stated, ‘reassurance given.’ The facility manager and recreation activities team leader said the consumer had been less willing to participate in activities since their partner passed away two months ago. When asked whether they felt the consumer was grieving for the loss of their partner, management said the consumer had been reviewed by the medical officer. The Assessment Team found no record in their care documentation of a recent mental health review or assessment for depression. Management said they would consider referral to dementia support Australia (DSA). However, the service’s response did not acknowledge or address the social isolation and seclusion expressed by the consumer, nor the need for a prompt review for depression and/or grief counselling, particularly in the context of the comment, ‘I can’t live this way.’

Another consumer who lives with a developmental delay, cognitive impairment, hearing impairment and uses a whiteboard to communicate, advised the Assessment Team there were not many activities. The consumer said they like knitting but it has been cancelled a few times, and they ‘should try other things.’ Management advised the consumer only likes one type of bingo, but the service has tried to add other types for other consumers’ enjoyment. Management also said the knitting group was reduced to fortnightly to allow for other activities; staff spend a lot of one-on-one time with the consumer to meet their needs and the consumer often spends time in the office with management. They advised the consumer can become verbally and physically aggressive and disruptive if their needs are not met in a timely manner. The Assessment Team discussed with management consideration of using an external service such as DSA to support the consumer’s daily needs and behaviours, which they said they would consider.

In their response to the Assessment Team report the approved provider supplied additional documentary evidence that the consumer who had recently lost their partner, advised the Assessment Team that they were feeling isolated in their room, and expressed possible suicidal thoughts, has been referred to Dementia Support Australia and has been reviewed by a geriatrician who prescribed an antidepressant and pain medication. The geriatrician’s record states the consumer noted they were feeling low and had passive thoughts of dying, which they have had previously, the consumer has advanced dementia and anxiety and the recent bereavement may have contributed to their mood but overall, the consumer seems to be more stable. The service noted the family was contacted and provided a copy of a letter from the family requesting the consumer not receive grief counselling.

In relation to the consumer who raised concerns that the service needed more recreational activities, the service provided the consumer’s recreational activity report covering the period 1 June 2023 to 5 July 2023. The report showed the consumer had participated in a range of activities throughout that period, including knitting groups, cultural coffee shop events, bingo, bus trips, resident sing-alongs, inhouse movies, church services, happy hour, a mad hatters tea party and multiple ‘keep moving’ sessions. The provider supplied documentary evidence that a referral was made to Dementia Support Australia to assist with the consumer’s behavioural support needs, but the organisation was unable to accept the referral because the consumer has a diagnosis of intellectual and developmental disorder and has no dementia diagnosis. The service referred the consumer to the local health nursing home geriatric assessment team and to another service that provides ‘emotional wellbeing for older persons’ to provide behavioural support and assistance for their depressed mood.

I acknowledge the provider’s response and the actions it has taken to rectify issues identified by the Assessment Team, and the significant improvements it has made in delivery of services and supports for daily living, especially in relation to the broader recreational activities program and individualised recreational support plans. In its response the provider has demonstrated it is addressing the support needs of the two consumers for whom gaps in recreational engagement, behavioural and psychological support were identified by the Assessment Team. With these considerations, I find the approved provider’s findings to be more compelling in regard to compliance for this requirement and am satisfied that the Approved Provider’s response demonstrates that their services and supports for daily living assist each consumer to do things that interest them, participate in their community and maintain social and personal relationships.

Accordingly, I find requirement 4(3)(c) compliant.

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