Performance

Report

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| Name of service: | Penshurst Nursing Home |
| Service address: | 146 Cobb Street PENSHURST VIC 3289 |
| Commission ID: | 4392 |
| Approved provider: | Western District Health Service |
| Activity type: | Site Audit |
| Activity date: | 9 May 2023 to 12 May 2023 |
| Performance report date: | 16 June 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 Penshurst Nursing Home (**the service**) has been prepared by G. Hope-Simpson, 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives felt they were respected regardless of their culture and background. Staff spoke about consumers with respect and showed an understanding of their personal circumstances, backgrounds and culture and were observed treating consumers with dignity and respect, such as addressing them by their preferred name. Care planning documents included consumers’ background, culture, and preferences. The service had documented policies in place to guide staff in ensuring consumers were treated with dignity and respect and their privacy was protected.

Consumers and representatives said their cultural identities and religious needs were valued and they felt culturally safe in the service. Staff were aware of consumers’ diverse cultural, religious, and individual needs and how this influenced the delivery of their daily care. Care planning documents reflected consumers’ cultural needs and preferences.

Consumers and representatives said they could make choices and express preferences about their care and services and maintain relationships with whom they chose. Staff described how they supported consumers make decisions and maintain important relationships. The service had documented processes and policies related to consumers’ rights to make independent decisions and exercise choice. Posters for the Charter of Aged Care Rights and the Quality Standards were displayed throughout the service.

Consumers described ways they were supported to continue to live the life they chose and do things which were important to them. Staff described areas where individual consumers wanted to take risks and were observed supporting consumers to take risks. Staff explained how they supported consumers to understand the benefits and potential harms when they considered activities involving risks.

Consumers were satisfied with the information provided by the service and felt it was easy to understand and helped them make informed choices. Care plans included a detailed assessment of consumers’ communication needs and staff described how the service provided consumers with timely information through consumer meetings, conversations and notice boards. Relevant and easy to read information such as activity schedules and menus was observed throughout the service.

Consumers said their personal privacy and dignity was respected and staff always knocked and asked if they could enter their rooms. Staff described how they maintained consumers’ privacy when providing care and how they kept sensitive information confidential. Observations of staff practices demonstrated respect for consumer privacy. The service had documented policies and procedures which guided staff in maintaining the privacy and confidentiality of consumers.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service assessed and planned their care, including identifying and addressing any risks to their health or well-being. Management and staff described the assessment and care planning process, including how risks were assessed and strategies put in place to manage these risks. Care planning documents reflected detailed assessment and planning of safe and effective care. The service had written policies to guide staff in identifying and managing risks to consumers in specific areas.

Consumers and representatives said they were involved in discussions about their current care needs, goals, and preferences and their end-of-life care wishes. Care planning documents included some level of documentation about consumers’ end of life wishes, including funeral preferences, advance care directives, goals of care and palliative care plans. Management described how consumers’ current needs, goals and preferences were captured along with their advance care wishes.

Consumers and representatives said they were involved in care planning discussions, are aware of the contents of their care plan and could involve those they wished to involve in their care. Care planning documents showed a range of staff and other health professionals, and services were involved in assessment and planning with consumers. Staff described how consumers, representatives and relevant health professionals were involved in assessment and care planning to inform the delivery of effective care and services.

Consumers and representatives reported that they were regularly kept informed about the outcomes of assessment and planning and provided with copies of their care plans. Staff described how care plans were updated and provided to consumers and representatives in accordance with their individual preferences. Progress notes documented regular discussions of assessment and care planning with consumers and representatives.

Consumers and representatives reported the service reviewed their care and services regularly, and in response to incidents or when changes in condition were identified. Care planning documents showed consumers were reviewed regularly and post incident with the relevant care plans and assessments updated accordingly. Staff described the regular scheduled review of care and services, and the review in response to incidents occurring or needs changing. Documented procedures were in place to guide staff in the review of care plans to ensure they were current and care needs were being met.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said they were satisfied with the standard of personal and clinical care, and that the care provided addressed their needs and was safe and effective. Clinical staff were knowledgeable about the service’s procedures for delivering best practice care in areas such as restrictive practices, wound management, medication management and pain management. Care planning documents showed the service monitored and evaluated the efficacy of the personal and clinical care delivered. While the Site Audit identified some gaps in photographing wounds, and the currency of a medication book, these issues were acknowledged and addressed promptly by management.

Consumers and representatives said the service identified and effectively managed risks to consumers. Care planning documents identified consumers with high prevalence and high impact risks such as falls, behaviours and weight loss. Clinical staff described the high-impact and high prevalence risks relevant to individual consumers and their management strategies were reflected in the care documents. Care planning documents showed individualised strategies were implemented to address identified risks, and these were observed to be in use. The organisation had documented risk management policies and procedures to guide staff in the management of high-impact and high-prevalence risks associated with the care of consumers.

While no consumers were receiving palliative care at the time of the Site Audit, management and clinical staff described the processes and procedures around palliative care which maintained the dignity and comfort of consumers. Consumers and representatives said their end-of-life wishes were received by the service and respected. The service had documented policies and resources available to guide the delivery of palliative and end of life care.

Consumers and representatives said the service was responsive in identifying and responding to changes in consumer’s health status and condition. Clinical staff described the steps taken in response to signs of deterioration, including referral to other services, and consideration of the consumer’s advance care directives recorded in their care plans. The service had policies in place to support staff in identifying, assessing and managing deteriorating consumers.

Consumers and representatives reported that staff were well-informed about their current condition, needs and preferences. Management and clinical staff described the processes in place for communicating current information about consumers, including shift handovers, staff meetings and the use of progress notes and care plans. Staff expressed a high depth of knowledgeable about the needs of individual consumers during handover and interviews. The service had policies in place to ensure critical information was communicated effectively to those that needed to know.

Consumers and representatives reported the involvement of various other individuals and services in their care, including referrals to allied health practitioners, medical officers and continence nurses. Management described additional resources available to consumers through the district’s health service provider and the triggers for referral. Care planning documentation showed evidence of prompt and appropriate referral of consumers to other service providers. The service’s policies also outlined where referral was required in response to incidents such as falls.

Consumers and representatives reported that staff followed infection control protocols, including wearing Personal Protective Equipment (PPE), and they were satisfied with the standard of cleanliness in the service. The service had a documented outbreak management plan and an infection prevention and control lead. Staff had received relevant training and could describe their roles in infection prevention and control and antimicrobial stewardship. The service had a written antimicrobial stewardship policy to guide staff in the appropriate use of antimicrobials.

**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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said their lifestyle needs, goals, and preferences were being met and they felt supported to do the things they wanted to do. Staff described how they provided safe and effective services and supported consumers to meet their needs, goals, and preferences and optimise their quality of life. Care planning documents showed services and supports for daily living were individually tailored and optimised each consumer’s independence, well-being, and quality of life. Consumers were observed engaging with visitors, other consumers and with staff during activities throughout the Site Audit.

Consumers felt their emotional, spiritual, and psychological well-being was supported by the service. Staff described how they supported consumers’ emotional, spiritual, and psychological well-being through individualised strategies, activities and one-to-one support. Care plans provided information on consumers’ cultural, religious and spiritual beliefs and needs and the level of emotional support they required from family, friends and staff. The activities calendar included scheduled one-to-one visits by staff and a range of non-denominational church services.

Consumers said they felt supported to participate in their community, have social and personal relationships, and do the things they wanted. Staff explained how they supported individual consumer’s relationships and participation in their chosen community. Care plans contained information about each consumer’s interests, the people important to them, and the support they needed to participate in their community, both within and outside the service.

Consumers said information about their current condition, needs and preferences was communicated appropriately across the service, and to others that needed to know. Staff explained how they were kept informed about changes to consumers’ conditions, needs or preferences and how they could access current information at all times. Care planning documents contained adequate information to support staff with the care of consumers. Staff were observed sharing relevant consumer information at shift handover meetings.

Consumers said they were aware of other external individuals and organisations that provided lifestyle services and could give examples. Staff described how they worked with outside organisations and providers to ensure appropriate activities and supports were available to consumers. Care planning documents showed the involvement of other individuals and organisations providing care and services for daily living.

Consumers said they were very satisfied with the meals provided which met their dietary needs and preferences. Kitchen staff described how they knew, and met, each consumer’s dietary needs and preferences. Care planning documents detailed the dietary needs and preferences of consumers including their preferred mealtime location. Consumers’ dining experience appeared to be pleasant and well supported by staff.

Consumers said the equipment at the service was safe, suitable, clean, and well maintained. Staff described the procedures used to ensure equipment remained clean, well maintained and suitable for use. The preventative and reactive maintenance registers confirmed equipment was well maintained in a timely manner. Equipment was observed to clean, safe, suitable, 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said they found the service environment welcoming, easy to understand, and it felt like home. Consumer’s bedrooms contained personal items such as photographs, furniture, and other personal items contributing to their sense of comfort and belonging. There were multiple seating areas both indoors and outdoors. Corridors featured handrails and signage to aid navigation and independence. Staff explained how they supported consumers to maintain their independence and ensure they, and their visitors, always felt comfortable. Consumers were observed navigating the service independently and with the use of mobility aids.

Consumers said the service environment was clean, well maintained and the layout encouraged them to move freely, both indoors and outdoors. Cleaning staff described the processes in place for cleaning consumers’ rooms and communal areas according to regular cleaning schedules. Staff described the processes in place for reactive and preventative maintenance in accordance with the schedule. Consumers were observed mobilising freely within and outside the service.

Consumers said the furniture, fittings, and equipment were clean, well maintained, and suitable for their needs. Staff described the process for logging maintenance requests and removing broken or unsuitable equipment from the floor. Maintenance staff described how they ensured equipment was safe and suitable for consumer’s use and explained the process for removing or fixing equipment. Documented cleaning and maintenance logs indicated the service was cleaned daily and maintenance issues were addressed and resolved in a timely manner. The furniture, fittings, and equipment appeared to be clean and well maintained.

# 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

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers said they were encouraged and supported to raise concerns or provide feedback through avenues such as telling staff, completing a ‘Consumer Feedback Form’ (CFF), providing feedback in the Resident Meetings, or sending an email to management. The service also seeks annual feedback through its Resident Survey. Management and staff described the service’s feedback and complaint mechanisms and how they supported consumers and representatives to make complaints or provide feedback. Information on how to provide feedback or make a complaint was observed around the service, along with feedback forms and lodgement boxes. The service had documented policies and processes to assist staff manage feedback and resolve complaints.

Consumers and representatives were aware of advocacy and language services and other avenues available to make a complaint. Management and staff knew about the advocacy and language services available and described how they would assist consumers and representatives to access these services. Posters and brochures promoting advocacy and translation services were displayed around the service and the ‘Aged Care Information Booklet’ included relevant information.

Consumers who had recently provided formal verbal feedback felt the service responded to their feedback appropriately and discussed their concerns. Management and clinical staff were aware of the complaints management and open disclosure processes. The service recorded feedback and complaints electronically and detailed the nature of the feedback and the action to be taken in response. The service had policies and procedures in place to guide staff and ensure the principles of open disclosure were used as part of managing complaints.

All consumers and representatives said their feedback resulted in service improvements. Management and staff described how some improvements in the service had been made in response to feedback and complaints and gave examples. The service’s complaint management policy stated feedback and complaints were recorded electronically and analysed to inform service improvements. The service’s Plan for Continuous Improvement detailed improvement actions taken to improve care and services in response to feedback and complaints.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were an adequate number and mix of staff and reported that care was delivered in a timely manner. Management and staff spoke positively about the ratio of staff-to-consumers and described ways they planned the workforce to ensure there was adequate staffing. Management confirmed all shifts had been filled in the previous fortnight and said while the service occasionally used agency staff, they first tried to fill shifts by other means. The staff rosters and direct observations showed there was adequate number and mix of staff to enable the delivery of safe and quality care and services.

All consumers and representatives spoken to said staff were kind, caring and respectful. Staff and management spoke respectfully about consumers at all times. Staff were observed interacting with consumers in a kind, attentive and considerate manner, and staff guidelines outlined an empathic and person-centred approach to interacting with consumers.

Consumers and representatives said staff were competent and had the qualifications and knowledge to meet their care needs. Management described how the service determined whether staff had the relevant qualifications and competencies. Position descriptions set out the essential requirements, skills and responsibilities for each role. Staff records showed staff had appropriate qualifications, knowledge, and experience to effectively perform their roles.

Consumers and representatives said staff were well trained and supported to deliver safe and quality care and services. Staff said the work environment was supportive and were confident the training provided had equipped them with the skills and knowledge to care for consumers. Management described the training and support provided to all staff. Training records showed staff were up to date with their mandatory training.

Management explained how the service regularly assessed, monitored and reviewed the performance of each member of the workforce. Management detailed ways staff performance was monitored and assessed through regular performance appraisals, observations, surveys, and feedback. Staff detailed their involvement in the regular performance appraisal process and how consumer feedback was taken into consideration. Records showed routine performance appraisals were mostly up to date.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives felt they were supported to be engaged in the delivery and evaluation of the care and services provided. Management described how they engaged with consumers in decisions about the service through consumer experience surveys, feedback and complaints and Resident and Relative meetings. Staff provided examples of consumers being engaged as partners in the development, delivery and evaluation the care and services provided.

Consumers and representatives believed the service was well run, they felt safe and ‘at home’, and they received the care they needed. Management and staff explained how the governing body was accountable for, and promoted, the delivery of safe, inclusive care and services. The organisation’s Board had various committees and governance arrangements underpinning the delivery of safe, inclusive and quality care and services. The Clinical Governance Framework stated the Board was responsible for ensuring the organisation was run well and delivered safe, high-quality care in accordance with the Quality Standards.

Management and staff detailed the effective organisation-wide governance systems relating to electronic information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Consumers and representatives confirmed the service encouraged feedback and complaints to inform continuous improvement. Documented policies and procedures supported the governance systems and staff were familiar with these policies.

Management detailed the effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and could explain the key areas of risk at the service and the processes for mitigating them.

The service had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had received training on these policies, described how they applied them in their day-to-day work and gave specific examples to demonstrate their understanding.

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