Performance

Report

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| Name of service: | Seven Hills Nursing Home |
| Service address: | 1 Crews Road SEVEN HILLS NSW 2147 |
| Commission ID: | 2770 |
| Approved provider: | Seven Hills Nursing Home Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 24 October 2022 to 26 October 2022 |
| Performance report date: | 3 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 Seven Hills Nursing Home (**the service**) has been considered 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, dated 24 October 2022 to 26 October 2022; 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 and representatives said staff were kind and treat them with dignity and respect when attending to their care. Staff were observed interacting with consumers respectfully and could describe consumers’ individual preferences and needs. Needs and preferences aligned to the consumers' care plans.

Consumers and representatives confirmed consumers' cultures were respected and care delivery is culturally safe. Staff were able to describe consumers' cultural, religious, and personal preferences and how it informs their care needs. Care documentation reflected the consumers' cultural needs and preferences.

Consumers and representatives said they feel supported to exercise choice and independence in relation to care decisions, making connections and maintaining relationships. Staff were able to provide examples of how consumers were supported in decision-making and maintaining social interactions. The Assessment Team observed consumers engaging with each other and visitors throughout the site audit.

Consumers and representatives said they were supported to live their best lives. Staff could explain strategies to mitigate risks for consumers who engage in activities that may pose some risk, including undertaking risk assessments, monitoring the consumer and completing the relevant dignity of risk assessment. Sampled consumer files included evidence of risk assessments, which included discussions with the consumer and representative.

Consumers and representatives said they received current, accurate and timely information. Management said representatives were informed about assessments, care delivery and incidents. The Assessment Team observed various ways the service provided information to consumers and representatives, such as newsletters, emails, menus, activities calendar, signage and consumer meeting minutes.

Consumers and representatives said their privacy was respected and information was kept confidential. The Assessment Team observed staff knocking on the consumers' doors before entering their room, and nursing stations were locked when not in use. The service has an up-to-date privacy and confidentiality policy to support staff practice.

# 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

Consumers and representatives said they were involved in assessment and planning processes and were happy with the management of identified risks. Staff described the initial and ongoing assessments and 4 monthly care planning reviews in consultation with the consumer and representatives. The service has assessment and care planning policies and care planning documents showed a range of assessments being completed on entry and on an ongoing basis.

Consumers and representatives said they were consulted in relation to consumers’ needs, goals, preferences, advance care and end of life (EOL) planning. Staff were guided by the service’s EOL care policy and demonstrated an understanding of sampled consumers’ individual needs and preferences. The service maintains a copy of the consumer’s advance care directive (ACD) and EOL plans were available through the electronic care management system (ECMS) for staff to access.

Consumers and representatives confirmed their involvement in assessment and planning on an ongoing basis. Care planning documentation for sampled consumers included involvement and input from the consumer/representative, Medical Officers (MO), and allied health professionals in the consumers’ care assessment and planning.

Consumers and representatives confirmed they received a copy of the consumer’s care plan and were updated when changes occur following assessment and planning. Care planning documentation included evidence of regular communication with consumers and representatives about the outcomes of assessment and care planning. Staff can access assessments, care plans, and other consumer documents through the service’s ECMS.

Most consumers and representatives said that they were regularly informed when consumers’ care changes and when incidents occur. Staff confirmed care plans were reviewed 4 monthly or when health or care needs change and described how incidents may generate a review. Care planning documentation showed evidence of regular reviews for effectiveness when circumstances change or when incidents impact consumers' needs, goals and preferences.

# 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

Overall, consumers and representatives said they were happy with the care provided and felt that consumers’ personal and clinical care needs were met. Staff could describe consumers’ individual needs and preferences and the Assessment Team observed care being delivered in line with consumers’ care plans. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

Overall, consumers and representatives said they were happy with the management of consumers’ high impact or high prevalence risks associated with the care of each consumer. Staff and management were able to identify and describe risks and related management for individual consumers. Care planning documents identified high impact and high prevalence risks had been identified and effectively managed by the service, including pressure injuries, falls, pain and behaviour management.

Overall, consumers and representatives said that they have filled out an advance care directive (ACD) with their EOL wishes and preferences included. Staff and management described the way care delivery changes for consumers nearing EOL and practical ways in which consumers’ comfort is maximised and dignity preserved. Care planning documents evidenced advance care planning and the needs, goals, and preferences of consumers on EOL pathway.

Consumers and representatives provided positive feedback in relation to the responsiveness of the service when there is a deterioration in condition, health, or ability of the consumer. Care planning documents included the identification of, and response to, deterioration or changes in condition. The service has policies, procedures relating to acute deterioration to guide staff in identifying and responding to deterioration of consumers.

Overall, consumers and representatives said they were informed about changes in consumers’ care needs and preferences. Staff said that information relating to consumers’ condition, needs and preferences is documented in the ECMS and communicated during handover. Staff, medical officers and other allied health professionals can access assessments, care plans and other consumer documents through the service’s ECMS.

Overall, consumers and representatives advised timely and appropriate referrals occur and the consumer has access to relevant health supports and services. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers. Care planning documents evidenced a referral process to other health care providers as needed.

Consumers and representatives confirmed staff performed standard and transmission-based precautions to prevent and control infection. The service had implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. Staff demonstrated understanding of precautions to prevent and control infection and practical steps to minimise use of antibiotics.

# 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 and representatives reported that services and supports for daily living met their needs, goals, and preferences. Staff were aware of consumers' interests and care planning documents correctly identified each consumer's needs, goals, and preferences. The Assessment Team observed consumers engaging in group and individual activities in their room according to their preferences, needs and choices.

Consumers and representatives said the service supported and promoted consumers’ emotional, spiritual and psychological well-being. Staff provided examples of how they supported consumers' emotional and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these were implemented.

Consumers said they could be involved in activities of interest and were supported to maintain relationships. Care planning documents included information about social and personal relationships within the service and details of participation in community activities. The Assessment Team observed consumers moving around the service, engaging with each other and visitors and sitting outside in the garden areas.

Staff confirmed that changes to a consumer's care were shared internally through the handover process and recorded in the consumer's ECMS. Care documents contained information to guide staff in supporting effective and safe care provision to consumers. The ‘Resident of the Day’ (ROD) review process enables one-on-one sessions with the consumer and/or representative to review the care plans.

Consumers and representatives said they would be confident the service would refer them to an appropriate provider if they could not provide the support the consumer needed. Consumer care planning documents showed the service collaborates with external providers to support the diverse needs of consumers. Staff interviews confirmed consumers have been referred to social workers, external dementia support services and a priest regularly attends the service.

Consumers and representatives said the food quality has improved and the service provides meals of suitable quality and quantity. The Assessment Team observed the kitchen staff plating the meals in accordance with the consumers' dietary requirements. Care plan documentation aligned to the dietary requirements listed in the consumer's file maintained in the kitchen and the dietary cards used on the meal trays.

Consumers and representatives said they felt safe and at home at the service and believed the equipment used by staff was clean, suitable and well-maintained to support their needs. Shared equipment was observed to be clean and suitable for use. The service evidenced up-to-date preventative and reactive maintenance schedules and equipment was observed to be 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

Consumers and representatives stated they feel comfortable and at home at the service. Staff said they assist consumers to navigate around the service. The service was converted from a hospital; as such, the service has limited open spaces and rooms are mainly shared along with shared bathrooms. The service had floor plans and signage up to support consumers and representatives find their way around the service. The Assessment Team observed consumers’ rooms to be personalised with their belongings.

Consumers and representatives said they were satisfied with the cleaning and maintenance at the service and could access most internal and external areas freely. Staff described the cleaning and maintenance practices at the services and how issues were reported and corrected. Review of cleaning schedules demonstrated daily cleaning was undertaken, monitored and reviewed. Observations showed consumers moving about freely between wings and accessing outdoor areas.

Consumers and representatives said the furniture, fittings and equipment were clean, safe and well maintained. Staff said they have access to equipment to support consumers’ safely and effectively. Maintenance staff described the processes to ensure furniture, fittings and equipment were safe, clean and well maintained. The Assessment Team observed various furnishings and equipment in use to support consumers' needs.

# 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 interviewed said they were supported by the service to provide feedback and make complaints. Consumers and representatives can provide feedback, anonymously, if preferred, via feedback forms, consumer and representative meetings, phone or email. The Assessment Team reviewed the meeting minutes from consumer and representative meetings which showed ‘feedback and suggestions’ as a standing agenda item. Feedback forms and drop boxes were observed on display.

Consumers and representatives said they were aware of other avenues for raising a complaint, such as through the Commission or advocacy services. Staff described how they assist consumers who have communication barriers to raise a complaint or provide feedback, including through use of multilingual staff, though access to interpreter services was available. Information regarding making a complaint to the Commission and accessing advocacy services is displayed at the entry to the service and in the consumer handbook.

Consumers and representatives said the service generally responded appropriately and in a timely manner when they provide feedback, however one consumer noted they had made multiple complaints regarding their meal preferences not being adhered to, which was eventually responded to appropriately. The complaints register demonstrated the use of open disclosure and timely management of complaints in accordance with the services’ policy, including complainant feedback about actions taken.

Consumers and representatives said feedback and complaints were used to improve care and services. Staff described how feedback and complaints have resulted in care and service improvements, including food services and a wider variety of activities. Improvement actions taken in response to feedback and complaints were evaluated in consultation with consumers and representatives at meetings and through annual surveys.

# 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 reported some issues with a shortage of staff at times. However, no impact to consumer care was identified. Care staff said the service had enough staff and the level of care given to consumers was not affected. Management stated strategies to replace staff on planned and unplanned leave include extension of hours, discussions with existing staff for additional shifts, and agency services. Recent call bell data confirmed approximately 90% of call bells were answered within 12 minutes.

Consumers and representatives said staff engaged with consumers in a respectful, kind and caring manner. Staff were able to describe consumers' cultural, religious, and personal preferences and how it informs their care needs. This information aligned with the Assessment Team’s observations, care planning documents and information provided by consumers during interviews.

Consumers and representatives said staff were skilled in their roles and competent to meet their care needs. Staff said they were well supported by management in undertaking training provided to them upon commencement and on an ongoing basis. Staff were required to have the appropriate qualifications, registrations and experience for the role and position descriptions specified the core competencies and capabilities for each role.

Consumers said they were confident with staff abilities and practices. Staff said they had regular mandatory training sessions and can access additional training as needed. A review of training records showed 82% of mandatory training had been completed, with training completion monitored by management. Training included manual handling, restrictive practice reporting protocols, mandatory reporting obligations, privacy and confidentiality, incident management, infection control, and open disclosure.

Staff said their performance is monitored through direct observation, educational competencies and annual performance appraisals. Management said the service monitors and reviews the workforce in a structured annual performance appraisal process as per their policies and procedures, as well as through internal audits and clinical data monitoring. The service evidenced disciplinary actions regarding staff performance.

# 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 the service has effective communication and engagement in relation to how consumers’ care and services were delivered. Documentation review showed consumers were meaningfully engaged in evaluation of services through consumer and representative meetings, surveys and case conferencing. Management advised quality improvements from consumer and representative meetings were logged in the services’ PCI.

Staff and management described how clinical indicators, quality initiatives and incidents were discussed at relevant meetings at the service. Regular clinical meetings review clinical practices such as infection control, serious incidents, feedback and complaints, audit results, restrictive practices, and high impact and high prevalence risks and these were reported monthly to management and the governing body.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback and complaints.

Staff were able to describe how they use the service’s policies and procedures to minimise risk to consumers including falls, infection prevention, restrictive practices and reporting of incidents. The Assessment Team reviewed the service’s risk management framework, including policies, procedures and SIRS register. Progress reports and data relating to risk is recorded on the risk register and reported to management.

The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint and open disclosure. The Assessment Team observed staff following infection control principles and staff were familiar with minimising the use of restraint and open disclosure.

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)