Performance

Report

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| Name of service: | Shangri-La Nursing Home |
| Service address: | 107 Carrington Avenue HURSTVILLE NSW 2220 |
| Commission ID: | 2532 |
| Approved provider: | Fresh Fields Aged Care (NSW) - NO 1 Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 June 2023 to 21 June 2023 |
| Performance report date: | 27 July 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 Shangri-La Nursing Home (**the service**) has been prepared by M. Nassif, 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 said staff were kind and respectful, with consumers personal values and identity supported by the service. Staff described how they treated consumers in a respectful and dignified manner, with consideration to consumers identity, culture, and diversity. Staff were observed interacting with consumers in a respectful manner. Care planning documents included information about consumers’ interests, abilities and what was important to them.

Consumers and representatives said staff were aware of consumers cultural backgrounds and respected their cultural needs. Staff explained how they supported consumers from different cultures by providing culturally appropriate care and services. Care planning documents contained information about consumers culture to guide the delivery of care and services.

Consumers reflected they were supported to make decisions about their care, how it should be delivered, and who should be involved. Staff demonstrated knowledge of relationship important to consumers, and described how they supported consumers to maintain connections and communicate decisions.

Consumers and representatives said consumers were supported to do things with an element of risk to live life on their terms. Staff said they supported consumers to take risks through assessment and implementation of risk mitigation strategies. Care planning documents identified risks associated with consumers care and services, and contained risk mitigation strategies.

Consumers and representatives advised consumers were provided information which assisted them to make decisions. Staff explained how they provided information in an easy to understand manner to help consumers make informed decisions, including consumers with communication barriers. For example, staff said they translated information for consumers, used communication cards, and referred to non-verbal cues.

Consumers and representatives considered consumers privacy was respected and their personal information was kept confidential. Staff explained how they respected consumers personal privacy and maintained confidentiality, such as knocking on a consumer’s door before entering their room.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

Staff described the assessment and planning processes to consider risks associated with consumers health and well-being, which informed the delivery of safe, effective care and services. Care planning documents identified risks associated with the care of consumers by using validated assessment tools, and outlined risk mitigation strategies. The service had policies and procedures which guided staff on effective assessment and planning.

Consumers and representatives said staff had conversations with them about end of life planning, and considered consumers’ needs were appropriately identified through assessment and planning processes. Management and staff said they respected consumer and representative wishes to discuss end of life planning at a later time, and reapproached the conversation at a more suitable time. Care planning documents contained individualised information about consumers and ways to support their needs, goals, and preferences, including end of life wishes.

Consumers and representatives said they, and others they wished to involve such as allied heath therapists, were involved in the ongoing assessment and planning of care and services. This was consistent with care planning documents. Staff described how they involved consumers, representatives, and other providers of care in assessment, planning, and review of consumers care and services.

Consumers and representatives said staff explained things about consumers care, and were offered a copy of the care plan. Staff described how they effectively communicated the outcomes of assessment and planning, such as tailoring information to suit the needs of the consumer.

Management and staff said consumers care and services were reviewed for effectiveness every 4 months, or when there was a change in circumstance. Care planning documents demonstrated they were reviewed regularly, including when changes occurred or incidents impacted on the needs, goals, or preferences of consumers.

# 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 consumers received personal and clinical care in accordance with their needs and preferences. Staff explained how they provided best practice safe, effective personal and clinical care in line with consumers preferences and needs. Care planning documents demonstrated consumers personal and clinical care was tailored to the consumer.

Staff described high-impact, high-prevalence risks associated with the care of consumers and ways they minimised risks. Care planning documents identified high-impact, high-prevalence risks, and demonstrated risks were monitored with risk mitigation strategies in place. Policy guided staff in the management of high-impact, high-prevalence risks, for example, relating to behaviour management, falls, and pressure injuries.

Staff described how the delivery of care and services changed for consumers nearing end of life, and ways they supported consumers dignity and comfort, to meet consumers’ needs, goals, and preferences. Care planning documents contained individualised strategies to support the delivery of dignified and comfortable care for consumers nearing end of life.

Management and staff explained how they identified deterioration or changes in consumers in a timely and appropriate manner. Care planning documents demonstrated changes in a consumer's condition are documented and responded to appropriately. Consumers and representatives felt the service recognised and responded to changes in consumers’ condition in a timely manner.

Staff said, and observations confirmed, information about consumers care needs were shared through verbal and documented shift handover processes. Care planning documents demonstrated information was regularly updated to assist staff in the delivery of appropriate care and services for consumers.

Management and staff explained the processes to refer consumers to other individuals, organisations, and providers of care and services. Documentation demonstrated referrals were completed in a timely and appropriate manner.

Management and staff explained how they minimised infection related risks and implemented practices to promote appropriate antibiotic prescribing. Staff were observed to be following infection control measures, such as hand washing and COVID-19 testing. Policies supported staff in minimising infection related risks and promoting appropriate antibiotic prescribing.

# 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 and representatives said consumers were able to participate in a variety of activities and events, and do things of interest which met their needs, goals, and preferences. Staff said they provided a range of activities to cater to diverse interests and needs of consumers, to deliver safe, and effective services. Care planning documents reflected information about consumers interests, history, and things important to them.

Staff described how they supported consumers well-being, such as providing emotional support, and helping consumers contact family or friends. Care planning documents demonstrated consumers emotional and spiritual needs were identified with strategies in place. Consumers and representatives said staff support consumers’ emotionally, spiritually, and psychologically if needed.

Consumers and representatives said consumers received services and supports to participate in their community within and outside the service environment, have relationships, and do things of interest. Staff described how they supported consumers to maintain community connections and relationships, and do things of interest. Care planning documents included information on consumers’ activities of interest and relationships of importance.

Consumers and representatives felt like staff knew consumers well and were aware of their needs and preferences. Staff explained how information about consumers was shared with those responsible for care through verbal and documented processes. Staff were observed sharing relevant information about consumers to support the delivery of care and services.

Consumers and representatives said, and documentation confirmed, consumers received timely and appropriate referrals for individuals, organisations, and providers of other care and services. Staff described support that is provided to consumers from external organisations and individuals.

Consumers and representatives said consumers received meals of good quality and quantity, with plenty of variety. Management and staff explained consumer feedback was incorporated into the development of the menu, and outlined strategies to support the dietary preferences and needs of the consumer cohort. Care planning documents reflected information about consumers’ dietary needs and preferences.

Management and staff outlined their responsibilities in keeping equipment well maintained and clean, and documentation confirmed maintenance was up to date. Equipment was observed to be safe, 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

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

Consumers and representatives said the service environment was welcoming, easy to understand, and enabled consumers to be independent. Staff described how they supported consumers to feel welcome, and ways the service environment helped consumers to be independent and easily move around. The service environment was observed to be easy to navigate and accessible. Consumers rooms were observed to be personalised.

Consumers and representatives said the service environment was clean, well maintained, and enabled consumers to move freely between indoors and outdoors. Staff explained the systems and process to maintain the safety and cleanliness of the service environment, including preventative maintenance and other requests, as documented. The service environment was observed to be clean and well maintained, with consumers moving freely indoors and outdoors of the service.

Consumers and representatives said furniture and equipment was clean and well maintained, consistent with observations. Documentation demonstrated preventative maintenance, relating to furniture, fittings, and equipment, was up to date and faults were resolved in a timely manner.

# 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 and representatives said they were supported to provide feedback and make complaints. Staff described ways they supported consumers to provide feedback or make a complaint, such as providing a feedback form and assisting consumers to complete it if required. Information was observed throughout the service environment to support consumers in providing feedback and making complaints.

Consumers and representatives were aware of other avenues to raise feedback or complaints, such as advocacy services. Management and staff said consumers were informed of external advocacy and language services, and other ways to raise and resolve complaints through discussions at monthly meetings, and information available throughout the service environment.

Consumers and representatives said, and documentation demonstrated, appropriate action was taken in response to complaints, with an open disclosure process used when things went wrong. Management and staff described how they would use an open disclosure process to resolve complaints or other matters.

Consumers and representatives said improvements were made to care and services following feedback or complaints. Management explained complaints and feedback trends were identified and used to make improvements to the quality of care and services, as evidenced on the service’s continuous improvement register.

# 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, representatives and staff considered there was adequate staff available to provide safe, effective care. Management explained the workforce planning and management processes in place to enable the delivery of safe, quality care and services. Staff rosters indicated an adequate number and mix of staff were deployed across the service.

Consumers and representatives said staff were kind, caring, and respectful of consumers identity and diversity. This was consistent with observations. Staff described ways they treated consumers with respect, and demonstrated knowledge of consumers specific preferences.

Documentation demonstrated staff held the appropriate qualifications, registrations, and checks in line with position descriptions. Management said workforce competency was supported in various ways such as pairing new staff with experienced staff members, and providing feedback during observations.

Management advised ongoing training and education was provided to equip the workforce. Staff said they received adequate training to perform their role. Training records demonstrated the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

Management explained staff performance was formally reviewed during a probation period of 3 months and every 2 years following this. Management advised if staff were to make a mistake, staff were provided feedback and additional training. Staff said they were involved in regular performance reviews, and documentation confirmed performance reviews were 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 said they are engaged in the development, delivery and evaluation of care and services, consistent with documentation. Management explained how they engaged consumers in the development and evaluation of care and services, such as through consumer and representative meetings, surveys, feedback and complaint mechanisms.

Management explained the governing body maintained accountability for the delivery of care and services through various mechanisms such as organisational governance frameworks, meetings, audits, reviewing service data and identifying trends. Documentation demonstrated the service’s performance, relevant data, and other information were captured and included in various reports reviewed by the governing body.

The service had effective organisation wide governance systems supported by policies, procedures in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, workforce governance was supported by policies and systems to recruit suitability qualified staff, and to provide training to support staff in their respective roles.

The service had effective risk management systems and practices in place to manage high-impact, high-prevalence risks, identify and respond to abuse and neglect, support consumers to live their best life, and manage and prevent incidents. Risk management systems were supported by policies and procedures, training, and a risk register.

The service had a clinical governance framework which was supported policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint, and practicing open disclosure. Staff provided examples of how these policies and procedures were relevant to their role.

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)