Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Sylvan Woods Nursing Home |
| Service address: | 500 Old Cleveland Road East BIRKDALE QLD 4159 |
| Commission ID: | 5937 |
| Approved provider: | Queensland Rehabilitation Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 September 2022 |
| Performance report date: | 29 September 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 Sylvan Woods Nursing Home (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for each requirement that has been assessed under the Quality Standards.

# 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 2

|  |  |  |
| --- | --- | --- |
| 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. | Not assessed |
| 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. | Not assessed |
| 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. | Not assessed |
| 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. | Not assessed |

Findings

The performance report dated 2 December 2021 found the service non-compliant in requirement 2(3)(a). Deficiencies related to assessment and care planning processes including the identification, assessment and management of risks associated with consumers’ safety, health and well-being.

The Assessment Team found the service has taken action to improve its performance under this requirement and actions included:

* The provision of staff education in restrictive practices and incident management.
* A month long program focused on skin care has been conducted in September 2022 to raise staff awareness about skin related issues; a workbook addressing skin care and wound care has been developed.
* Specialist advisory services have been involved in the care of consumers with the service reporting improved outcomes for consumers with complex behaviours.
* Processes to support the safety of consumers who choose to smoke cigarettes have been implemented and include risk assessments and monitoring through closed circuit television.

Consumers and representatives provided positive feedback to the Assessment Team about the staff and the care and services consumers receive. One representative spoke highly of staff knowledge of the consumer and the way they staff supported the consumer.

Care plans reviewed by the Assessment Team demonstrated that risks had been identified using contemporary assessment tools with care plans reflecting strategies to minimise the risk of harm to consumers. For those consumers who smoke cigarettes, strategies to minimise harm included smoking contracts, staff supervision, secure storage of cigarettes and lighters, and use of a smoking apron. There was evidence that risks had been discussed with the consumer.

Staff demonstrated an understanding of consumers’ needs and were able to identify how they make referrals and support consumers with complex behaviours.

I am satisfied that assessment and planning processes include a consideration of risk and inform the delivery of safe and effective care. I find requirement 2(3)(a) to be compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | Not assessed |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not assessed |
| 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. | Not assessed |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not assessed |

Findings

The performance report dated 2 December 2021 found the service non-compliant in requirement 7(3)(c). The performance report found that staff did not have a consistent understanding of their responsibilities in relation to aspects of care and service delivery including restrictive practice and care planning processes.

The Assessment Team found the service has taken action to improve its performance under this requirement and actions included:

* A clinical educator was employed in February 2022 to facilitate the training and education of staff. Staff were asked to identify areas where they required further training and these were included in the education matrix.
* Staff said they had received additional training in relation to the Serious Incident Response Scheme, restrictive practices, behaviour support plans, infection control, use of personal protective equipment, handwashing and medication management.
* Team leaders said they had received additional training in incident management, restrictive practices, clinical governance and communication processes.
* For care staff who assist with medications, additional supervision and training has been provided. The service monitors medication incidents and analyses monthly data.
* The Facility Manager has reviewed workforce arrangements across a number of shifts and identified where additional support was required. This has been addressed with an increase in enrolled nurse hours across some shifts.

Consumers and representatives said staff perform their duties effectively and they felt confident that staff had received the training required to meet consumers’ care needs.

Staff were satisfied with the support and supervision they receive, with staff records evidencing position description, professional registrations and police check records.

Management staff said they monitor staff performance and competency through skills assessments, performance assessments, consumer feedback and review of clinical records and care delivery.

I am satisfied the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. I find requirement 7(3)(c) is compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Not assessed |
| 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. | Not assessed |
| 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. | Not assessed |

Findings

The performance report dated 2 December 2021 found the service non-compliant in requirements 8(3)(c) and 8(3)(d). Deficiencies related to the incident management system and governance systems.

The Assessment Team found the service has taken action to improve its performance under these requirements actions included:

* A clinical educator was appointed in February 2022 and staff have received additional education and training in:
  + communication processes
  + incident management system
  + Serious Incident Response Scheme
  + open disclosure
  + choice and autonomy
  + assessment and care planning
  + restrictive practice and behaviour support management.
* Clinical oversight and supervision have been enhanced and includes the establishment of a clinical management role in May 2022.
* Lifestyle staff have commenced working weekends to support consumers.
* The service has appointed an Infection Prevention and Control Lead and education relevant to the role has commenced.
* The new incident management system has been implemented and is accessible to all staff.
* A clinical governance guide has been developed for the team leader to use as a reference guide. The guide provides information about incident and complaint management, the management of clinical risks and communication and escalation processes.
* A pre-admission process has been established whereby consumers are assessed prior to entry to the service to ensure their needs and preferences can be safely met.
* A high risk register has been developed which identifies consumers who have been assessed as high risk and include consumers with responsive behaviours, those at high risk of falls and pressure injuries, and consumers who smoke cigarettes.
* In August 2022 the service introduced a High Risk Clinical Meeting to replace the regularly held Fall’s Forum.
* A new escalation policy and procedure have been developed. Management advised reportable incidents filter through an escalation process with local and regional management notified in addition to the relevant authorities.

The Assessment Team brought forward information demonstrating that information systems support staff to undertake their roles. Staff can access policies and procedures, consumers’ care planning information and training electronically.

Opportunities for improvement are identified through a range of sources including consumers/representative feedback, audit and survey results, clinical indicator data and critical incident data. The service’s plan for continuous improvement is used to track improvement initiatives and examples of these were provided to the Assessment Team.

Management staff could describe how they seek changes to the budget or secure expenditure to support consumers’ changing care needs. Management provided examples of purchasing additional clinical and lifestyle equipment, and the recruitment of additional staff to demonstrate how the budget is amended in response to identified needs.

The organisation has processes for monitoring industry standards and guidelines through subscriptions to peak bodies and various legislative services. Management said that updates and changes are communicated to staff via email, through staff meetings and education programs and through policies.

The organisation has a workforce governance system that ensures the workforce is planned and staff have the qualifications and receive the required education to effectively perform their roles. Staff interviewed by the Assessment Team demonstrated an understanding of their responsibilities associated with restrictive practices and the Serious Incident Response Scheme and confirmed they had received training in these areas.

Consumers and representatives reported satisfaction with information systems and said they had confidence in the staff who provide their care and services. Consumers said they feel safe and that staff do not rush them. Consumers said they felt supported to make a complaint and could describe the various mechanisms available to them. Management and staff demonstrated an understanding of complaints mechanisms including open disclosure and the service could demonstrate that timely action is taken in response to complaints.

I am satisfied that the service has effective governance and risk management systems in place. I find requirements 8(3)(c) and 8(3)(d) are compliant.

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