Performance

Report

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| Name: | Sylvan Woods Nursing Home |
| Commission ID: | 5937 |
| Address: | 500 Old Cleveland Road East, BIRKDALE, Queensland, 4159 |
| Activity type: | Site Audit |
| Activity date: | 22 August 2023 to 24 August 2023 |
| Performance report date: | 4 October 2023 |
| Service included in this assessment: | Provider: 1746 Queensland Rehabilitation Services Pty Ltd  Service: 3852 Sylvan Woods Nursing Home |

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 Katherine Richards, 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 consumers, representatives, staff, management, and others.

The provider did not submit a response to the Assessment Team’s report.

# 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 considered consumers were treated with dignity and respect, with their identity and culture valued. Staff described how they treated consumers with dignity and respect, and demonstrated knowledge of consumers’ individual needs and preferences. Care planning documentation included relevant information to support staff in providing dignified and respectful care and services, and staff were observed interacting with consumers in a respectful manner.

Consumers and representatives advised consumers received culturally appropriate and safe care and services, and staff were aware of consumers’ cultural backgrounds. Staff explained how consumers’ cultural background and life history influenced the delivery of care and services, and creating an inclusive environment. Care planning documentation reflected the diverse needs and cultural background of consumers, and included strategies to support the delivery of culturally safe care and services.

Consumers and representatives said consumers were supported to be independent and exercise choice over their own care and services, how it should be delivered, and who should be involved. Staff described how they supported consumers to make decisions and communicate these outcomes, and to maintain relationships with others. Care planning documentation included information about consumers’ relationships, social connections, and choices.

Consumers and representatives considered consumers were supported to do things with an element of risk to live life on their terms. Staff described how they supported consumers to take risks, such as through the consultation and assessment of risks associated with consumers’ choices, needs and preferences. Care planning documentation evidenced risks were identified and discussed with consumers and others involved in their care, with risk mitigation strategies implemented into practice as observed. The service had a policy which promoted consumers’ right to self-determination, and outlined processes to review and mitigate potential risks to support consumers to live the best life they can.

Consumers and representatives said they are kept informed about what is happening at the service and were able to make choices based on information provided. Staff described how they tailored information to support consumers’ diverse communication needs, such as speaking slowly, using non-verbal cues, and translating aids to help consumers make informed decisions. Information displayed in common areas included activity calendars and menus, with consumer meeting minutes and newsletters available to keep consumers updated with happenings.

Consumers said staff respected their privacy, and staff described how they respected privacy and maintained the confidentiality of consumers’ personal information. Staff were observed following privacy protocols. Policies were in place outlining requirements to maintain consumers’ privacy and confidentiality of personal information.

# 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.

Care planning documentation demonstrated assessment and planning identified risks to consumers, and included strategies to provided appropriate and individualised care for consumers. Staff demonstrated awareness of the assessment and planning processes, including policies and procedures in place to guide staff. Care and service plans were individualised and identified risks to consumer health and well-being with correlating care strategies.

Consumers and representatives considered themselves involved in discussions about consumers’ needs and preferences, including advance care directives and end of life wishes. Management described the processes for assessing consumers’ needs, including advance care and end of life directives. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and advance care directives and end of life wishes were identified and addressed.

Consumers and representatives said they were involved in ongoing care planning discussions about consumers’ care and services. Staff explained how they collaborated with consumers, representatives, and other providers of care to identify consumers’ needs, preferences, and goals, and ensure appropriate support within care and services. Care planning documentation reflected the ongoing involvement of consumers, and others they wished to include in the assessment, planning, and review of care and services.

Consumers and representatives said staff discussed consumers’ care requirements with them on a regular basis, and could access a copy of the consumers’ care and services plan. Staff described how they communicated the outcomes of care planning with consumers and representatives, including through conversations, email or telephone communication. Care and services plans, summarised from a broader suite of care planning documentation were readily available within the electronic care management system.

Consumers and representatives said care and services were regularly reviewed, including identifying when needs, goals and preferences changed due to circumstances or incidents. Staff described how care and services were reviewed for effectiveness, such as through care plan reviews occurring every 4 months, or in response to changes or incidents impacting consumers. Care planning documentation evidenced care and services were regularly reviewed for effectiveness, including when incidents or changes occurred.

# 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 expressed satisfaction with the standard of personal and clinical care. Management and staff described how they provided safe, effective personal and clinical care, such as assessing and monitoring consumers’ clinical needs, and regular consultation processes with consumers, representatives, and staff. Care planning documentation demonstrated consumers received personal and clinical care that was tailored to their needs, optimising health and well-being. Policies and procedures were available to support staff delivery of safe, effective care meeting best practice principles.

Staff identified high-impact, high-prevalence risks associated with the care of consumers, and described how the risks were managed. Care planning documentation reflected high-impact or high-prevalence risks were identified, monitored, and managed through risk mitigation strategies. Processes and policies are available to guide staff on identification and management of risks and incidents.

Staff described how the delivery of care changed for consumers nearing end of life, and how they supported consumers’ dignity and comfort, such as attending to pain management. Care planning documentation for a named consumer and feedback from their representative demonstrated the service delivered end of life care in a dignified and respectful manner, incorporating consumers’ wishes. A palliative care policy guided staff in providing care for consumers nearing end of life.

Consumers and representatives advised changes or deterioration in consumers were identified and responded to in a timely manner. Staff explained how they recognised and responded to changes or deterioration in consumers, including escalation processes in place. Guidelines were available to support staff in responding to deterioration or changes in consumer condition, including support of other providers of care and services such as the Medical officer and hospital.

Staff explained how information about consumers was documented and communicated within the organisation and with others responsible for care, such as through shift handover processes and updating care planning documentation. Consumers were satisfied information was shared between staff, as staff were familiar with preferences. Staff were observed communicating information about consumers as relevant to support the delivery of care and services.

Consumers said they had access to Medical officers and other health professionals, and care planning documentation reflected referrals were completed for various external services, such as Allied health professionals, palliative care and dementia support services. Staff described the processes in place for referring consumers to other individuals, organisations, and providers of other care and services as appropriate.

Consumers and representatives considered the service appropriately managed infection related risks, such as COVID-19. Staff described how they minimised infection related risks, and promoted appropriate antibiotic prescribing. Staff were observed following infection control practices, such as hand washing and wearing personal protective equipment. An outbreak management plan, policies and procedures supported the minimisation of infection related risks.

# 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 they received services and supports for daily living which were safe, optimised their independence, and improved their quality of life. Staff described how they support consumers to maintain their independence and how they tailor activities or provide assistance to meet consumers’ cognitive and sensorineural needs. Care planning documentation included strategies to safely support consumers to meet their needs, goals, and preferences.

Consumers and representatives said consumers received services and supports which helped consumers’ well-being. Staff said the service offered a church service, and had connections within the local community to support other spiritual needs. Staff said they were familiar with consumers and demonstrated understanding of supports for consumers’ emotional and spiritual well-being. Care planning documentation identified consumers’ emotional, spiritual, and psychological well-being needs and supportive strategies.

Consumers and representatives said consumers were supported to participate in their communities, have social and personal relationships, and do things of interest. Staff described how they supported consumers’ community participation and social and personal relationships, such as encouraging family visits and fostering friendships. Staff said they encouraged feedback from consumers to ensure activities met consumers’ diverse needs, interests, and preferences, and the service’s activity calendars included a wide range of activities for consumers, such as pet therapy, movies, and bus outings. Care planning documentation included information about consumers’ hobbies, preferences, and relationships.

Staff described how they documented and shared information about consumers within relevant areas of the service and with external providers, such as through updating care planning documentation and email correspondence. Care planning documentation evidenced information about consumers’ needs and preferences were shared and communicated with others in a timely manner.

Consumers reflected they received services and supports from external service providers, such as community volunteers. Staff described other external individuals, organisations, and providers who provided services and supports for consumers, and care planning documentation reflected referrals were completed in a timely manner.

Consumers and representatives expressed satisfaction with the quality and quantity of meals, explaining how consumers received appropriate meals aligned with their preferences and dietary requirements. Staff described the processes in place to support the delivery of appropriate meals of suitable quality and quantity, through a rotating seasonal menu with Dietitian review of nutritional content. Care planning documentation reflected consumers’ dietary requirements and preferences.

Consumers and representatives said equipment was safe, clean, and well-maintained. Staff described the equipment maintenance and cleaning processes in place. Equipment for services and support, including for daily living activities, appeared to be safe, suitable, 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 said they felt at home and safe, and found the service environment easy to navigate, describing personalisation of their rooms. Staff described features of the service environment to support consumers’ independence, interaction, and function. The service environment was observed to be well lit with handrails through wide hallways to help consumers’ independent movement around the service environment.

Consumers said the service environment was clean, well-maintained, and were able to freely move indoors and outdoors. Staff described the service environment maintenance and cleaning processes in place. Documentation demonstrated appropriate processes were in place to support the safety and cleanliness of the service environment, such as through audits, checklists, and tasks. The service environment was observed to be clean and free from hazards, and supportive of consumers’ free access between indoor and outdoor areas.

Consumers and representatives said furniture and equipment was safe, clean, well-maintained, and suitable for consumers’ needs. Staff described the preventative and reactive maintenance processes in place for equipment and furniture, and documentation demonstrated maintenance matters were completed in a timely manner. Furniture, equipment, and fittings were observed to be safe, 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 and representatives said they were supported to provide feedback or make a complaint. Staff outlined ways consumers and others were supported in providing feedback or raising a complaint, such as through surveys, consumer meetings, direct feedback to staff, or feedback forms. Documentation reflected consumers were encouraged to provide feedback or complaints. Information was observed throughout the service environment to support consumers in understanding their complaints and feedback options, including support available outside the service environment.

Consumers and representatives advised they were aware of other ways to provide feedback or complaints, such as through advocates or other alternative services. Management and staff were aware of advocacy and interpreter services, and information about these services was observed to be available for consumers.

Consumers said the service communicated and appropriately responded to complaints. Management said all complaints were investigated, with an acknowledgement of concerns and an apology provided, and follow up to ensure matters were appropriately resolved. Staff described what their responsibilities were in responding to complaints or when things went wrong, and demonstrated knowledge of open disclosure principles. Documentation reflected an open disclosure process was used.

Consumers and representatives said changes were made to care and services in response to feedback or complaints. Staff described how feedback and complaints were reviewed to improve the quality of care and services, and provided relevant examples, such as improvements to one of the areas used by consumers. Staff were guided by policies and procedures in reviewing feedback and complaints to improve the quality of care and services.

# 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 considered there were enough staff available to meet consumers’ needs, and calls for assistance were answered promptly. Management explained the workforce planning processes in place to deploy an appropriate mix and number of staff, such as reviewing call bell data to determine staff response times. Staff said there were enough staff, and a good work culture has reduced unplanned leave use. Documentation, including staff rosters, reflected appropriate workforce planning and management strategies were in place to support the delivery of safe, quality care and services.

Consumers and representatives reflected staff were kind, caring, and respectful. Management said staff are expected to demonstrate the organisation’s values and behaviours. Staff said consumers’ cultural backgrounds and identity were respected, and staff were observed to be kind, caring, and respectful towards consumers.

Management said they determined staff competency and capability in several ways such as, liaising with human resources, through an extensive employment screening and onboarding process, and an annual staff appraisal process. Management stated they referred to relevant policies to guide them when employing new staff. Position descriptions outlined responsibilities, qualifications, attributes, skills, training, and experience required of staff, with human resource documentation demonstrating compliance with expectations.

Management said the workforce was trained and equipped to deliver outcomes required by these standards in various ways, such as through mandatory and ongoing training, onboarding and orientation processes, pairing new staff with an experienced staff member, competency and practical checks. Staff said they received appropriate training to support them in their role, and documentation reflected training was provided covering topics relevant to these standards, such as manual handling and incident management.

Management advised throughout the first year of employment, new staff were required to have a progress performance appraisal at 2 months and 6 months, followed by formal annual appraisals. Staff said they received regular performance discussions, and were supported by management to develop their knowledge and skills. Documentation reflected staff performance was regularly assessed, monitored, and reviewed and were provided ongoing training professional development opportunities.

# 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 considered they were supported and had input into the development and evaluation care and services, such as improvements to the community garden. Management and staff described how consumers were engaged in the development, delivery, and evaluation of care and services, for example, through consumer-led meetings, surveys, newsletters, or direct feedback to staff. Documentation demonstrated consumers were supported to provide input and suggestions about care and services, consistent with feedback.

Management and staff said the governing body promoted a culture of safe, inclusive, quality care and services, for example, through development of policies to embrace inclusiveness of consumers from diverse backgrounds. The governing body maintained oversight of the service’s quality through the regular review and discussion of reports relevant to service delivery, such as clinical indicators, feedback and complaints trends. Documentation reflected improvements were made to care and services and were supported by the board.

Policies and procedures, training, monitoring and review processes supported the effective governance of organisation wide systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, management said regulatory compliance is monitored and managed by the Clinical Governance and Quality Management teams and supported by Board members with suitable expertise, providing updates and training to management and staff relating to changes in policy, procedure and practice.

An effective risk management framework, consisting of risk registers, policies, procedures, and training, was in place to support effective risk management systems and practices. Management and staff described responsibilities and processes for identifying, managing, and minimising risks and incidents including the prevention of abuse, harm and neglect of consumers. The service’s incident management system captured data which monitored incident trends, and the results were discussed during meetings at the service delivery, Clinical Governance, and Board level.

The clinical governance framework was supported by policies and procedures, training, and staff competency checks, and overseen within Clinical Governance and Risk meetings. Management said, and documentation demonstrated, antimicrobial stewardship and infection data and trends were discussed at various organisational wide meetings and to ensure appropriate measures were in place. Staff demonstrated knowledge of antimicrobial stewardship, 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)