Performance

Report

**1800 951 822**

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| Name of service: | Terrey Hills Nursing Home |
| Service address: | 42 Booralie Road TERREY HILLS NSW 2084 |
| Commission ID: | 2555 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 September 2022 to 21 September 2022 |
| Performance report date: | 14 October 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 Terrey Hills Nursing Home (**the service**) has been prepared by D. McDonald, 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

Consumers and representatives felt consumers were treated with dignity and respect, and staff valued their identity, culture, and diversity. Staff spoke about consumers with respect and an understanding of their personal circumstances and were observed to treat consumers with dignity and respect, such as by using their preferred names. Care planning documentation included consumers' backgrounds, relationships, interests, and preferences.

Consumers said they felt safe, and the staff made them feel respected by being courteous, gentle and treating them as individuals. Staff identified the consumers' culturally diverse backgrounds and provided information relevant to consumers which aligned with their care plan. Care planning documentation reviewed, reflected consumers’ cultural needs and preferences.

Consumers and representatives said they were offered choices about their care and the way services were delivered. Staff described how consumers were supported to maintain relationships which were important to them. The service had policies, procedures, and training which supported consumers’ rights to make choices enabling them to live according to their preferences.

Consumers and representatives stated they were supported to take risks, if they chose, to enable them to live the best life. Staff described how the service collaborated with consumers to identify benefits and possible harm and how consumers were involved in problem-solving solutions to reduce risk where possible. Care plans reviewed, reflected discussions with consumers regarding risks such as falls, listed strategies to mitigate risks, as well as providing directives for staff to support the consumers in their risk-taking.

Consumers and representatives advised they received up-to-date information about activities, meals, COVID-19, and other events happening in the service. Staff advised how they provided information to consumers with communication barriers, including using communication cards and using simple language. Menus, posters, and flyers of upcoming activities were observed on notice boards and in consumers' rooms.

Consumers and representatives stated consumers’ privacy was respected, doors were closed when receiving care, and staff knocked before entering consumers’ rooms. The service had protocols in place to protect consumer privacy and confidentiality. Staff were observed to knock before entering a consumer’s room and using individual passwords to access consumers’ information on computers.

# 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

Staff described the assessment process which began at admission, and how it guided the delivery of safe and effective care to the consumer. Care plans evidenced considerations of risks and interventions such as falls risks, restrictive practices, risk of acquiring pressure injuries, and skin care. Consumers and representatives said they receive the care and services they need, and the service involves them in the planning of their care.

Consumers and representatives said the assessment and planning process identified the consumers’ care needs and end-of-life wishes. Staff were knowledgeable of the consumers’ current and end of life preferences and were able to explain what was important to the consumers. Consumers’ care planning documentation identified and addressed the consumer’s current needs, goals, and preferences, including advance care and end of life planning.

Care documentation confirmed, the consumer and others were partners, in the care planning and review process. Staff described the care planning process, and how via medical officers, external providers such as podiatrists, speech pathologists and dietitians, and other allied health team services for their input into assessment of the consumer and developing care strategies. Consumers and representatives said they discussed their care planning.

Consumers and representatives said the service regularly communicated with them through care plan evaluations and they had access to care plans. The service’s electronic care management system reflected communication with consumers and representatives in progress notes and care plan evaluations and contained information relevant to the consumer’s individualised care.

Staff advised care plans were reviewed every 3 months or when deterioration in condition or changes to preferences or incidents like falls, wounds, or infections occurred. Consumers and representatives said, and documentation confirmed, they were involved in regular 3 monthly and ad hoc reviews of their care plans with staff, medical officers, and allied health team. Care planning documentation evidenced regular reviews were undertaken.

# 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

The service had policies and procedures to manage key clinical areas such as wound care, pain management, restrictive practices, and diabetes management. Consumers’ and representatives said consumers received quality care which met their needs and preferences. Documentation evidenced individualised care plans and assessments, which reflected safe and effective care and aligned with consumer feedback. Staff interviewed demonstrated knowledge of the consumers’ needs and care preferences and described what is best practice when attending to their personal and clinical care.

Staff described how the service identified, assessed, and managed high impact and high prevalence risks for the safety and wellbeing of each consumer. Consumers and representatives said staff explained risks to their health and wellbeing and they had input into the management of those risks and felt risks were managed well. The service identified, assessed, and managed risks by providing up-to-date best practice policies, guidelines, and decision-making tools to guide staff in the management of these risks.

Consumers described how their advance care plans were up to date and their end of life needs and preferences were recorded in their care plans. Staff explained the care provided to consumers at end of life including, but not limited to regular pressure area and oral care, pain management, and ensuring the dignity and comfort of the consumer were maintained. Documentation demonstrated timely collaboration with palliative care specialists, medical officers, and representatives to improve the consumers’ care.

Consumers and representatives said the service responded promptly to deterioration or changes in condition. Staff described, and care planning documentation confirmed, how changes in condition or deterioration were responded to promptly including informing the families, contacting the medical officers, and referring to external providers.

Consumers and representatives said the care consumers received was documented and communicated well, and consumers had continuity of care which meant they didn’t have to repeat their needs or preferences to multiple people. Staff explained how they documented and shared information through progress notes, updating care plans, clinical reviews of consumers, and staff handovers. Staff handover and progress notes included the sharing of information regarding consumer changes, deteriorations, and any follow-up care required.

Consumers and representatives said they had access to a diverse range of health professionals and referrals were made promptly when required. Staff advised the service had access to many health professionals and referrals were made when complex care needs were identified. Documentation demonstrated how the service sought input and recommendations from health professionals such as physiotherapists, speech pathologists, palliative health, specialist support services, and other medical specialists, and referrals were timely and appropriate

Consumers and representatives described how staff were constantly keeping the service clean by wiping down surfaces with disinfectant, wearing personal protective equipment, and regularly performing hand hygiene. Staff demonstrated knowledge of hand hygiene and the use of personal protective equipment and confirmed infection control training was mandatory for all staff. The service has policies and procedures for the promotion of microbial stewardship and the prevention of outbreaks and COVID-19 infections and monitored infections and antibiotic usage through monthly clinical reports which were discussed with staff.

# 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 felt consumers were supported to do things of interest to them, including participation in activities as part of the service’s lifestyle program and/or spending time on independent activities of their choosing. Staff explained how they collected the individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural, or spiritual needs and traditions. Consumers were observed engaging in a variety of group and independent activities and the service offered activities such as exercise classes every day, bus trips, weekly happy hours and the hairdressers attended twice a week.

Staff advised the consumer’s emotional, social, and psychological needs were supported in ways such as facilitating connections with people important to them through technology, church, and religious service. Care planning documents reviewed included information about consumers’ spiritual and emotional needs and provided information about consumers’ past life and interests to promote engagement and allowed staff to reminisce with consumers. A social worker visits the service twice a week and provides emotional support to consumer who require it.

Consumers described how the service supported them to participate in activities within and outside the service and how they kept in touch with people important to them. Staff described the strong community links the service has with regular visits from religious services, library services, and other members of the community such as kindergarten visits.

Care planning documentation aligned with the information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives said information about their condition was effectively communicated and staff who provide daily care understood their needs. Staff described how information about changes in consumer needs was shared within the service. Care planning documentation observed provided sufficient information to support effective and safe care where responsibility for care was shared, such as physiotherapists recording progress notes of their assessments and recommendations in care plans.

Consumers and representatives said they had access to services such as the library, church service, and hairdressing services. Staff advised the service engaged volunteers and social workers to provide more one-to-one support to consumers, especially for consumers who prefer not to, or were unable to, attend activities. Care planning documentation contained information about external services involved in supporting consumers.

Consumers and representatives provided positive feedback about the quality, quantity, and variety of meals offered at the service. Staff described how they knew consumers enjoyed the food and received sufficient quantity via direct verbal feedback, observations of the food wastage, and food survey. Care documentation identified consumer dietary requirements, preferences, and allergies were documented.

Consumers and representatives said equipment was safe, suitable, clean, and well maintained, and they reported having adequate access to mobility and lifestyle equipment. Staff reported how shared equipment was cleaned after each use and were able to describe the process for reporting maintenance issues when equipment was identified as being faulty or defective. Documentation reviewed included scheduled preventative and reactive maintenance logs evidence any issues were attended promptly.

# 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 said the service environment was open and welcoming and they could decorate their rooms with personal items. The service was observed to be quiet, light-filled, easy to navigate, and maintained at a comfortable temperature. A variety of activities were observed, occurring in indoor and outdoor areas, including exercise classes with the physiotherapist, bingo, games, music, arts and crafts, reminiscing, religious activities, and bus trips. Consumers were observed moving between the different areas of the service to visit other consumers or participate in activities. Staff described how the layout compliments the service, with various courtyards and gardens as well as plenty of common areas for the consumers to socialise and relax throughout the day.

Consumers and representatives said they were happy with the cleanliness and maintenance of the service, and they had free access both indoors and outdoors. Cleaning staff said they have a schedule which was followed. The service was observed to be clean and tidy, walkways were clear and free of obstructions, with equipment stored in the storerooms.

Consumers advised furniture, fittings, and equipment were safe, clean, well maintained, and suitable for them. Staff said shared equipment was maintained and cleaned between use and explained the process for consumers’ rooms being detailed with a deep clean once a week, and daily light clean. The service had a schedule for preventative maintenance and there was a process for daily logging of requirements for corrective maintenance. Furniture in communal areas was observed to be clean and in good condition and used by consumers.

# 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 said they understood how to give feedback or make a complaint and stated they felt comfortable providing feedback. Staff described the feedback process at the service and how consumers were supported to provide feedback. The service had committees which included consumer nominated representatives, who met monthly and raised consumer issues which were discussed and brought to the attention of management.

The service displayed information about advocates, language services, and other methods for raising and resolving complaints. Staff described external complaint resources available, however, they added most concerns were resolved through consultation with consumers and representatives. Most consumers and representatives said they knew they could raise concerns or seek support externally, but they felt most comfortable raising any issues with management and staff directly.

Consumers, representatives, and staff provided examples of when things had gone wrong, how open disclosure had occurred, and how the service had responded promptly and offered constant communication. Management said the service was transparent and apologised to consumers and representatives when an incident had occurred. Complaints’ documentation evidenced open disclosure had been used, consultation with the consumer’s representative had occurred and the outcome met their needs.

Consumers and representatives stated feedback and complaints were used to improve care and services. Staff described improvements, including food services, which were implemented in response to complaints and feedback. Management provided examples of how feedback and complaints were used to improve the service, and those improvements became regular actions to ensure issues were resolved permanently.

# 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 described having personal care attended to in line with their preferences, including prompt response to call bells. Staff stated there was sufficient staff to deliver safe and quality care to the consumers. Management and staff were able to describe how the service ensured there was sufficient staff by using a roster that reflected care needs, and having a registered nurse on site 24 hours per day. Management described how unplanned leave was covered within the organisation and the service has not used any agency staff for the past 5 years.

Representatives said staff were very kind to consumers and constantly checked on their welfare and encouraged consumers to participate in activities. Management described how staff interactions with consumers were kind, caring, respectful and staff identified with consumers’ identity, culture, and diversity. Staff and management were observed to engage with consumers in a respectful and genuinely caring manner, always greeting consumers by their preferred name and use the consumer's preferred name when speaking about consumers.

Consumers and representatives said they felt staff were effective and were happy with the care provided. Documentation supported the workforce was competent, qualified, and had the relevant clearances relating to their roles. Management described, and observations confirmed, how the service ensured staff met the minimum qualification and registration requirements for their respective roles and had current criminal history checks. Staff described receiving orientation training, annual mandatory training, and completing competencies, in line with their roles, such as medication competencies, manual handling, and infection control practices.

Consumers and representatives believed staff had the appropriate skills and knowledge to deliver safe and quality care and services. Staff said they received orientation education and ongoing training, including annual mandatory training, and felt comfortable requesting additional training, to enhance their performance. Management said there was annual mandatory training which was completed every month and described an online training portal which included the scheduled mandatory and non-mandatory training, as well.

Management described the performance review process and provided examples of the performance review completed with staff which demonstrated discussions with staff regarding attitude, and aptitude and outlined how every occurrence was viewed as a learning opportunity. Staff interviewed confirmed that they receive regular reviews, and this is completed using self-assessment and a grading approach.

# 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

All consumers and representatives considered they were partners in improving the delivery of care and services. Staff confirmed the service kept consumers and representatives informed of changes in care or when incidents occurred, to ensure effective communication and engagement. The service demonstrated it had effective systems to engage and support the consumer to remain involved in decision-making about their care.

Consumers said they felt safe and received the care they required. Staff and management described how the governing body promoted a culture of safe, inclusive services and described the ways the board was kept informed by the service. Analysis and monitoring of clinical indicators and benchmarking were used to identify and address trends and this data was provided to the organisation’s governing committees and the board as a driver for change.

The organisation demonstrated how organisational wide governance was applied and controlled. The organisation had a documented whole of organisation governance framework relating to continuous improvement, information management, financial and workforce governance, regulatory compliance, and feedback and complaints which included policies and procedures to guide staff practice. The board ensured appropriate systems and processes were in place to ensure the right care is being provided under the Quality Standards. Numerous policies and procedures relating to open disclosure, cultural diversity, and clinical governance policy were observed and all reflected the relevant legislative requirements.

The service demonstrated an effective risk management system and practices, especially concerning managing high-impact or high prevalence risks associated with the care of consumers or responding to and preventing incidents. The service has policies and procedures available to provide staff with the guidance they need to manage and respond to high-impact or high prevalence risks and incidents, to support consumers to live the best life they can. Staff were able to describe how they use the services policies, procedures, and practices to minimise risk to consumers including falls, infection prevention, and reporting of serious incidents.

The service demonstrated how clinical care practice was governed by a clinical governance framework including policies and procedures about antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff confirmed receiving education about the policies and were able to provide examples of their relevance to their work such as using pathology results prior to commencing antibiotics and monitoring when consumers are prescribed antibiotics, apologising if things went wrong and confirmed the processes for restrictive practice consent and using it as a last resort.

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