Performance

Report

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| Name of service: | The Willows Private Nursing Home Pty Ltd |
| Service address: | 84 Orpington Street ASHFIELD NSW 2131 |
| Commission ID: | 2402 |
| Approved provider: | The Willows Private Nursing Home Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 December 2022 to 9 December 2022 |
| Performance report date: | 13 January 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 The Willows Private Nursing Home Pty Ltd (**the service**) has been prepared by James Howard, 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 conducted from 7 December 2022 to 9 December 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Approved Provider’s response to the site audit report received on 3 January 2023.
* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

All consumers advised staff treated them with dignity and respect, and they were aware of their identities and cultural backgrounds. Care planning documentation captured consumers’ details regarding their identity, background and cultural practices.

Consumers and representatives confirmed the service provided care that was consistent with their cultural traditions and preferences. Staff described how they delivered care that met the specific cultural needs and preferences of consumers.

Consumers felt they were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to exercise choice and independence.

The service demonstrated it supported consumers to take risks to enable them to live the best lives they can. Care planning documentation identified risks were identified through risk assessments, and appropriate measures were taken to ensure consumers were provided with the necessary knowledge and information to make informed decisions regarding their chosen risks.

Consumers confirmed they were provided with timely and accurate information and were kept informed via activity calendars, information posted on noticeboards, and discussions with staff. The Assessment Team observed noticeboards on each floor, and the daily menu was posted in the dining room.

Most consumers advised their privacy was respected, and personal information was kept confidential. The Assessment Team noticed two incidents of staff not checking with consumers before entering or performing care. In response, management organised a “toolbox talk” for staff to reinforce the importance of maintaining consumers’ privacy. The Assessment Team did not notice any other incidences throughout the remainder of the site audit.

# Standard 2

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

Findings

Consumers and representatives confirmed they received the care they required, and risks were identified and managed to promote their independence and safe care. Staff advised assessment outcomes were documented in consumer care plans which guided the delivery of safe and effective care.

Consumers and representatives indicated they were provided the opportunity to discuss their current care needs, goals and preferences, including advance care planning and end-of-life care. Care planning documentation reflected the identification of end-of-life care preferences and advance care directives.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and when required, staff sought input from health professionals such as medical officers, allied health professionals, physiotherapists and Dementia Services Australia (DSA).

Consumers and representatives confirmed outcomes of assessments and planning were communicated to them and they could access their care plans upon request. Staff utilised the service’s electronic care management system to access and communicate outcomes of assessment and planning.

The service was guided by policies and procedures for recording and reporting incidents, and care plans were updated when consumers’ circumstances changed or incidents 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

Consumers and representatives considered consumers received safe and effective care that was best practice, tailored to their needs and which optimised their health and well-being. The service had policies and procedures in place to support the delivery of care provided, such as falls, behavioural risks and restrictive practices.

The Assessment Team noted some issues about current, written consent for restrictive practices. These issues, and the Approved Provider’s response, are discussed further in Requirement 8(3)(c) below.

Care planning documentation noted high impact or high prevalence risks were effectively identified and managed by the service through regular clinical data monitoring, trending, and implementation of suitable risk mitigation strategies for individual consumers. Staff described high impact and high prevalence risks for the consumers at the service and the strategies in place to manage those risks. Care documentation showed evidence of assessment and planning, with consideration to care risks, which were highlighted to guide clinical and care staff.

Consumers and representatives confirmed staff spoke with consumers about advance care planning and their end-of-life preferences. Management and staff described changes made to the delivery of care for consumers requiring end-of-life care.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers and representatives stated they were satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions.

The service demonstrated consumers’ care was documented and effectively communicated. Review of care planning documentation demonstrated progress notes and care and service plans provided adequate information to support effective and safe sharing of consumers’ information. Consumers and representatives sampled said consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed. Staff described how information about consumers’ needs, conditions, and preferences was documented and communicated within the organisation and with others where clinical care is shared.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Staff were aware of the process for referring consumers to health professionals and allied health services.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship and infection control management. Consumers and representatives were satisfied with the with the service’s management of COVID-19 precautions and infection control practices.

# 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 were satisfied consumers received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Staff described the needs and preferences of consumers and this information aligned with care planning documentation.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Staff advised the service supported consumers by encouraging personal connections and celebrating and encouraging religious and cultural beliefs. This included holding regular church services, including Catholic communion.

Consumers and representatives felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. The Assessment Team observed consumers participating in individual and group activities, which included physical activities, gardening groups, bus outings, bingo, music activities such as sing-alongs, and art groups amongst other things.

Care planning documentation provided adequate information to support the delivery of effective services and safe care. Staff indicated they utilised care planning documentation, task lists and clinical handover sheets to guide the delivery of care.

Consumers indicated they were referred to individuals and other organisations for care and services in an appropriate and timely manner. Care planning documentation identified the involvement of other organisations and providers of care and services, such as allied health providers, a hairdresser, staff from Dementia Services Australia, and community volunteers who came to the service to interact with residents.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided. Care planning documentation identified the dietary requirements and preferences of consumers.

Staff advised they had access to equipment that was safe and well maintained, and they were adequately trained to use it. Consumers and representatives stated the equipment provided is 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

Consumers and representatives advised the service environment was welcoming, clean and well-maintained, with shared areas, seating and outdoor garden areas for consumers. The service environment had accessibility aids for consumers to move freely such as handrails, and clear signage throughout the service. The Assessment Team observed the rooms of consumers were personalised according to the consumer's preference and taste.

Consumers and representatives stated the service was clean, well-maintained and comfortable, and could move freely, both indoors and outdoors. Staff explained how consumers had access to various areas of the service.

The Assessment team observed the maintenance register and identified consumer equipment such as walking frames and wheelchairs, were cleaned regularly. Consumers indicated furniture and equipment was suitable, clean, well maintained and safe.

# 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 stated they felt comfortable and understood how to provide feedback or make complaints, including through feedback and complaints forms, consumer and representative meetings, e-mails, speaking directly with staff and management, and via consumer experience surveys. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints.

The Assessment Team observed information on how to make complaints displayed at the service’s lift and on noticeboards throughout the service. Complaint forms and a locked box were located at the entrance of the service. Feedback forms could be submitted anonymously if desired.

The service had documented policies regarding consumer feedback and open disclosure processes to guide staff practice in relation to resolving consumer complaints. Staff provided examples of the action taken in response to a complaint and demonstrated a shared understanding of the open disclosure process.

Consumers and representatives confirmed the service used feedback and complaints received from consumer and representative was used to improve care and services. Management explained the processes in place which ensured feedback was used to improve services and provided examples.

# 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 were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services; however, whilst some consumers said sometimes there are not enough staff, they did not report this had any impact on the quality of care and services they received. Management described the rostering system and explained how they ensured there were enough staff to provide safe and quality care to consumers.

Consumers and representatives felt staff were kind, caring, respectful and gentle when delivering care and services. Staff were observed greeting consumers by their preferred names and demonstrated they were familiar with each consumer’s individual needs and identity. Staff advised the service had a set of policies and procedures which set out the expected behaviours of staff.

Management detailed the processes which ensured the workforce was competent and had the qualifications or knowledge to effectively perform their roles. Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs.

The service demonstrated staff were trained, equipped and supported to deliver care and services that met consumer’s needs and preferences, and the Quality Standards. Staff described the orientation process and the training requirements relevant to their role.

The service regularly undertook assessment, monitoring and review of the performance of each member of the workforce. Management described the performance appraisal process and records showed staff appraisals were conducted for staff throughout the year.

# 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

The Assessment Team recommended Requirement 8(3)(c) in this Standard as not met. I considered the Assessment Team’s findings, the evidence documented in the site audit report and the Approved Provider’s response and decided the service was compliant with this requirement.

*Requirement 8(3)(c):*

The service was able to demonstrate that it has effective governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. However, the Assessment Team considered the service was unable to demonstrate it met the legislative and regulatory requirements for documenting environmental restrictive practice.

The site audit report noted:

* One consumer did not have access to a keypad code and management confirmed they had not recognised that as environmental restraint. The service’s restrictive practices policy described a restriction to consumers’ free access to all parts of the environment, including outside space, as environmental restraint.
* Sampled consumer files, including that of the above consumer, did not show informed consent was obtained prior to the use of environmental and mechanical restrictive practices.
* Although there was no apparent impact on consumers, the Assessment Team noted the service’s restrictive practices register showed a number of consumers had not had a restrictive practice review in over 3 months, which was contrary to the service’s restrictive practices policy.

In its response, the Approved Provider advised:

* All residents have access to all areas in and around the facility and access to the keypad located at the front gate. Any resident who requests the keypad code is provided with the code.
* However, the first consumer mentioned in the site audit report recently had a fall and broke their leg, which left them in a wheelchair while they recover. The service advised it failed to identify that, due to the height of the keypad, the consumer would be unable to reach it while in a wheelchair. Should the consumer wish to leave the premises, they are able to do so but, while they are in a wheelchair and are unable to reach the keypad, they will need to ask staff to assist them.
* As a result, the service did not consider the consumer, or any other consumer within the service, was subject to environmental restraint, as consumers can request the keypad code and this specific consumer can ask staff to assist at any time should they wish to leave the premises.
* A second consumer was subject to mechanical restraint, due to the use of a low-low bed and pressure mats around the bed, to help to mitigate the risk of falls. In response to this point, the service advised it attempted to minimise the use of mechanical restrictive practice but only sought verbal consent from the consumer’s representative and GP, rather than formal written consent. The service noted this would have happened, in any case, at the first of the consumer’s three-monthly reviews, which was due in December 2022.
* The service acknowledged not all restrictive practice reviews have been undertaken in accordance with the three-monthly schedule; however, it explained it had significant managerial turnover in 2022 and the new Facility Manager pro-actively identified deficits with organisational governance in October 2022 and added those issues to the service’s continuous improvement plan. The service also conducted toolbox talks with all Registered Nurses and scheduled additional training for early 2023 on how to minimise restrictive practice and reviews and record-keeping for restrictive practice.

The Approved Provider’s response acknowledged some deficits, but described pro-active actions taken by the service, such as amending the service’s continuous improvement plan, scheduling restrictive practice reviews and scheduling training on restrictive practices.

Having considered the material in the response, I consider the service is compliant with Requirement 8(3)(c), for the following reasons.

As the keypad code is freely available to consumers and as the first consumer can request staff to assist them to enter the keypad code while they are using a wheelchair, this is not a case of environmental restraint. The second consumer is subject to mechanical restraint; however, the service received and documented verbal consent from the consumer’s representative and GP and would have obtained formal, written consent at the first restrictive practice review, scheduled for December 2022. Finally, although some consumers subject to restrictive practice had not had a three-monthly review, the service was pro-actively aware of this prior to the site audit, had added this item to its plan for continuous improvement, and scheduled training for clinical staff on restrictive practices. Furthermore, there was no indication of any negative impact upon consumers as a consequence of the issues noted in the site audit report.

Therefore, having taken the above points into account, I find the service is compliant with Requirement 8(3)(c).

*The other Requirements:*

Consumers and representatives considered the organisation was well run and confirmed they were participated in the development, delivery, and evaluation of services. The regular consumer and representative meeting provided a forum for consumers and representatives to provide feedback and have an open discussion as to actions taken based on previous feedback.

The service demonstrated the Board of Directors was accountable for the delivery of care and services and promoted a culture of safe and inclusive care for consumers. The organisation had various sub-committees and meetings, which reviewed information regarding the quality and safety of the care delivered at the service and identified trends and areas for improvement.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff confirmed information about each consumer’s needs, goals, preferences was accessible by the workforce.

The service had risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Staff described the risk management processes at the service, including key areas of risks that had been identified and mitigated.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff described the process of open disclosure, including their responsibilities and management involvement in meeting with consumers and consumer representatives to openly discuss clinical issues.

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)