Performance

Report

**1800 951 822**

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| Name: | Trentham Nursing Home |
| Commission ID: | 3512 |
| Address: | 22-24 Victoria Street, TRENTHAM, Victoria, 3458 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 16 July 2024 to 17 July 2024 |
| Performance report date: | 13 August 2024 |
| Service included in this assessment: | Provider: 428 Central Highlands Rural Health  Service: 2262 Trentham 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 Trentham Nursing Home (**the service**) has been prepared by N Chahal, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# 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)(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 |

Findings

The service was found non-compliant with Standard 3 in relation to Requirements 3(3)(a) and 3(3)(d) following a site audit in April 2023. The service was unable to demonstrate effective management of chemical restraint and deterioration in a consumer’s health status.

The service has implemented several effective actions in response to the identified non-compliance, including a review of the restrictive practices, psychotropic medication, restraint registers, consent processes and clinical guidelines. The service has provided education to staff on restrictive practices, behaviour charting, behaviour support plans and recognising and responding to changes in consumer health.

Consumers and representatives confirmed they receive personal and clinical care that meets their needs and preferences. Consumer representatives described providing informed consent for the use of restrictive practice in collaboration with medical officers and clinical staff. Staff demonstrated a comprehensive knowledge of consumer care needs and identified individualised care plans to provide safe and effective care. Clinical staff demonstrated and documentation confirmed regular monitoring, review, evaluation, and consent for all restrictive practice using a multi-disciplinary approach. There was evidence of individualised strategies to manage skin integrity, wound management, pain management, and minimising restrictive practice.

Consumers and representatives confirmed that deterioration in consumer condition is recognised in a timely manner and responded to appropriately. Clinical staff demonstrated knowledge of individual consumer needs and how they respond to deterioration in consumer conditions. Staff confirmed receiving mandatory education on clinical and personal care, delirium and comprehensive assessment. The service has a policy on recognising deterioration outlining the procedure to be followed in deterioration and the staff responsibilities. Care documentation demonstrated appropriate management of consumer care needs in relation to complex wounds including regular updates to the representative, multi-disciplinary approach through involvement of medical officer and allied health specialists to manage deterioration.

As a result, and with consideration to the implemented actions and available information I find these requirements are now compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service was previously found non-compliant with Standard 4 in relation to Requirement 4(3)(f) following a site audit in April 2023. At the time of the site audit the service did not have a menu reviewed or updated by a dietician and there were limited feedback mechanisms for consumers regarding meals.

The service has implemented several effective actions in response to the identified non-compliance including introduction of a dietitian-reviewed seasonal menu and a food and nutrition committee. The service has established consumer feedback mechanism regarding meals through a food focus group and individual consumer interviews.

Most consumers provided positive feedback regarding meals including sufficient variety and quantity. Staff confirmed implementation of a food and nutrition committee and a dietitian-reviewed seasonal menu along with seeking feedback from consumers via a food focus group.

As a result, and with consideration to the implemented actions and available information I find this requirement now compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service was previously found non-compliant with Standard 6 in relation to Requirement 6(3)(d) following a site audit in April 2023. At the time of the site audit the service did not demonstrate that complaints and feedback were effectively recorded, monitored and analysed to improve the quality of care and services.

The service has implemented several effective actions in response to the previous non-compliance, including improvements to the feedback and complaints system with a revised consumer handbook, discussion of feedback at consumer/representative meeting and monthly review of feedback.

Consumers confirmed that the service has used feedback to improve the quality of care and services. Management and staff described how they support consumers and representatives to provide feedback and complaints, and ensure these opportunities are used to improve the quality of care and services at a broader level. Documentation demonstrated that consumers are actively engaged with the improvement process through consumer/representative meetings.

As a result, and with consideration to the implemented actions and available information I find this requirement now compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was previously found non-compliant with Standard 8 in relation to Requirement 8(3)(d) following a site audit in April 2023. At the time of the site audit the service did not demonstrate effective monitoring systems to identify an incident which impacted on consumers.

The service has implemented several effective actions in response to the previous non-compliance, including a review and update of policies and procedures in relation to incident management, including the clinical incident reporting process. The service has provided training to staff on incident management and conducted staff knowledge checks.

The service has a documented risk management framework including policies in relation to risks, abuse and neglect of consumers, incident management, and supporting consumers to live their best lives. Management and staff demonstrated an understanding of their obligations and responsibilities to alignment with their roles. Staff provided examples of risks and strategies implemented to ensure risks to consumers are minimised. Care documentation demonstrated that the service’s risk management systems support consumers to live their best life.

Staff identify, respond to, and mitigate high-impact and high-prevalence risks. Staff confirmed they have received education in relation to abuse, neglect, and incident reporting. Documentation demonstrated that incidents are reported, recorded, escalated, and managed appropriately.

As a result, and with consideration to the implemented actions and available information I find this requirement now compliant.

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