Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Tuohy Nursing Home |
| Service address: | 22 Morrison Road MIDLAND WA 6056 |
| Commission ID: | 7826 |
| Approved provider: | Fresh Fields Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 May 2023 to 10 May 2023 |
| Performance report date: | 21 June 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 Tuohy Nursing Home (**the service**) has been prepared by M Glenn, 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.

# 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; and
* the provider’s response to the Assessment Team’s report received on 31 May 2023 acknowledging the recommendations made by the Assessment Team.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Staff described how consumers are treated with respect in their everyday practice by acknowledging their choices, preferences and using consumers’ preferred names. Observations showed staff interacting with consumers in a respectful manner.

Consumers are satisfied their cultural preferences are respected when care is provided. Staff are aware of consumers’ cultural preferences and documentation showed culturally safe care is provided. Consumers are supported to maintain relationships, make choices and make decisions about how and when they would like care delivered, with the involvement of representatives were required.

Dignity of risk assessments are completed and strategies implemented to mitigate identified risks to consumers well-being and safety. Staff could describe how the service supports consumers to make informed choices where risk is involved.

Consumers and representatives said information is available to them to help them make informed decisions about personal care, food options and lifestyle activities. Daily activities are communicated to consumers, and menus are available for consumers to choose their meals in advance. Representatives said they are kept up-to-date through telephone calls, emails and in person.

Policies and procedures guide staff practice in relation to maintaining consumers’ privacy and confidentiality. Consumers stated staff maintain their privacy by knocking on doors and closing privacy curtains in shared rooms when personal and clinical care is being provided. Consumer files were observed to be securely stored whenever left unattended by staff.

Based on the Assessment Team’s report, I find all Requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | 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

All consumers are assessed on entry to identify any risks and develop a care plan. Systems and processes support consumer assessment and care planning and care files sampled documented consumers’ preferences, current care needs and end of life wishes. Staff were able to describe how care plans guide them to deliver appropriate care to consumers. Consumers and representatives are satisfied with the care provided and confirmed they were consulted during the assessment and care planning process.

Documentation evidenced other organisations or individuals are involved in the care of consumers. Staff were able to describe how consumers and representatives participate and make contributions to the assessment and care planning process. Overall, consumers and representatives said they were happy with their involvement during the care planning process.

Paper-based care plans were observed in consumer rooms and staff were able to describe the process of documenting outcomes of assessments and planning, on a paper-based care plan. Care plans are discussed on admission, during family conferences and on an ongoing basis.

Documentation confirmed care plans are reviewed regularly or when an incident has occurred. Changes to the care plan are discussed with the consumer and where applicable, with their representative. Staff advised when a change to a consumer’s health status is identified, they will assess the consumer, document any changes required in the care plan, and communicate to staff at handover. Consumers and representatives said the service communicates with them whenever there are changes to care.

Based on the Assessment Team’s report, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 are satisfied consumers receive personal and clinical care that supports their health and well-being. Staff were able to describe how they ensure consumers are receiving care that is safe and effective, and tailored to the consumers’ individual care needs.

Key risks to consumers are identified using appropriate risk assessments and consultation with consumers and representatives. Documentation showed identified risks are managed in line with consumers’ care plan. Staff could describe how they identify, assess and manage high-impact or high prevalence risks when delivering personal and/or clinical care to consumers. Consumers and representatives stated staff provide care that is safe and right for the consumer.

Consumers sampled all had advance care plans in place and staff could describe how they support consumers during end of life care, including by ensuring their pain is managed effectively. Policies and procedures guide staff in how to recognise and provide care to consumers during end of life. Representatives were grateful for the care and support provided to consumers during end of life.

Change in consumers’ health or deterioration is recognised and responded to in a timely manner. Staff could describe the signs and symptoms of clinical deterioration and the response required. Consumers and representatives are satisfied with the management of any change or deterioration in consumer health.

Communication relating to a consumers’ condition, needs and preferences, occurs within the organisation and with external service providers. Staff could describe how this information is documented and shared and consumers and representatives are satisfied consumer needs and preferences are being met.

Processes ensure consumers are referred to other organisations or individuals in a timely manner. Consumers and representatives said consumers are referred internally or to other organisations when their personal or clinical care changes. Staff were knowledgeable with the referral process.

Washing hands, using hand gel and putting on surgical masks are examples of precautions used to prevent and control infections. Policies and procedures guide staff for all infection control related issues, and an outbreak management plan is in place in the event of an outbreak. Appropriate antibiotic prescribing is used to reduce the risk of antibiotic resistance. Clinical staff were able to describe the process they follow to minimise the use of and reduce the risk of increasing resistance to antibiotics. Consumers and representatives are satisfied with the current measures in place to minimise the spread of infections.

Based on the Assessment Team’s report, I find all Requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 are supported with the provision of mobility and adaptive equipment to optimise their independence and well-being. Care plans reflected consumers’ goals, needs, preferences and the supports they needed. All activities run by the service were observed to be interactive, inclusive, and well received by consumers.

Staff described ways in which they provide emotional and spiritual support to consumers. Consumers were confident their emotional and spiritual well-being was a priority for staff and said they have a very good relationship with staff and can always talk to staff if something upsets them.

Consumers said they are supported to participate in their community, keep in touch with people who are important to them and do the things of interest to them. Observations confirmed consumers have social and personal connections and participate in activities within and outside the service environment.

Staff keep informed of the changing conditions, needs and preferences for each consumer through handovers, consumer care plans, progress notes and one-to-one conversations. Documentation showed a variety of referrals submitted to external providers in a timely manner and staff could describe how they support the referral process for consumers. Consumers and representatives said consumers’ needs and preferences are effectively communicated within the service and with others responsible for care and where confident consumers would be referred to another service if required.

Consumers and representatives were not able to comment on past referrals.

Consumers and representatives said they were satisfied with the variety, choice and quantity of food being provided for each meal. Alternative meals are available for consumers not satisfied with the meals on offer. Observations confirmed meals were varied, of suitable quality and quantity, with most consumers enjoying their meals.

Equipment used for daily living was observed to be safe, suitable, clean and well-maintained. Equipment was easily accessible and suitable to consumers’ needs. Consumers felt safe when using equipment and were comfortable raising issues if repairs were needed.

Based on the Assessment Team’s report, I find all Requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 stated they find the service welcoming, homely and easy to navigate. Rooms were personalised and consumers were observed moving freely indoors and outdoors to an accessible courtyard, using mobility assistive equipment as applicable. The interactions between staff, consumers and visitors were observed to be mutually respectful and compassionate.

A checklist is used by staff to guide them on what daily cleaning tasks are to be completed. Documentation confirmed tasks are being completed and signed off daily. Consumers and representatives found the service to be comfortable and clean.

Consumers stated equipment they use is suitable for their care needs and it is safe for use. Furniture fittings and equipment were observed to be safe clean and well maintained. A paper-based maintenance log system is used to record maintenance requests.

Based on the Assessment Team’s report, I find all Requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 felt supported to provide feedback and complaints about care and services. Staff receive training to know how to support consumers to provide feedback, or make a complaint, and observations confirmed feedback is encouraged and supported by the service.

Information about advocates, language services and other methods for raising complaints are displayed throughout the service. While most consumers could not clearly describe the services available to them, they said their complaints were efficiently resolved and access to external advocacy services was not required.

Consumers are satisfied with the way complaints are managed and confirmed the service uses open disclosure principles when things go wrong. All feedback and complaints are documented, and procedures are followed, to resolve all complaints. Where an agreement acceptable to the consumer and/or their representative cannot be reached, the complaint is escalated to an appropriate person. All complaints and feedback are analysed monthly and discussed at meetings with staff, consumers and representatives. The data is then used to drive continuous improvement.

Based on the Assessment Team’s report, I find all Requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | 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 said there were enough staff available and consumers do not have to wait a long time for their call bell to be answered. Vacant shifts are covered to ensure continuity of quality care and services, and staff confirmed they have enough time to undertake their duties. Observations showed consumers were assisted in a calm and unrushed manner, call bells were attended to in a timely manner, and a suitable number of therapy assistants were available to provide support.

Staff said they know consumers well and provide services and care in line with consumer preferences. Observations showed staff interacting in a kind, caring and respectful manner with both consumers and visitors. Consumers and representatives said staff treat consumers with respect and are responsive to their needs.

Staff had knowledge specific to the care and service provision of older people. The service has position descriptions outlining minimum qualification requirements and duty statements to guide staff in their roles. Staff complete mandatory training relevant to their role, with attendance and compliance closely monitored. A variety of monthly toolbox training is undertaken in areas, including code of conduct, dignity of risk, privacy and dignity, sexuality, open disclosure, and nutrition. Clinical care indicators are used to identify what training is required. Consumers and representatives confirmed consumers felt safe when staff provided them with care and services and felt staff were competent.

The service has a performance appraisal and development process for newly employed and existing staff. Regular performance appraisals are conducted and management make an active effort to be visible on the floor as much as possible to provide support to staff, and reinforce the culture and expectations of the service.

Based on the Assessment Team’s report, I find all Requirements in Standard 7 Human resources compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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

Consumers are involved in improving care and services by completing feedback forms, participating in consumer satisfaction surveys and attending meetings. Documentation showed consumers are actively engaging with the service and making suggestions about the care they receive.

Risk data is collected, analysed and provided to the Board so appropriate actions are taken to rectify any identified risks in a timely manner. Feedback from consumers and representatives confirmed management act on issues and seek to prevent the reoccurrence of incidents and complaints.

Consumer files are stored in the nurses station which is locked when unattended to ensure confidentially of consumer information. Data from feedback, complaints, clinical indicators and incident reports is used identify areas for improvement with timeframes for completion based on priority. The budget is reviewed monthly and management advised they work within an allocated budget with the option to request additional funds as required. Staff are monitored to ensure they complete mandatory training and have relevant qualifications and clearances to complete their roles. The organisational structure identifies staff reporting lines and ensures the right mix and match of staff is rostered to meet consumer needs and provide quality care. Changes to legislation and regulations are monitored and communicated to staff through emails and staff meetings. The service has an effective feedback and complaints mechanisms to identify trending complaints or themes.

The service identifies high impact or high prevalence risk data through clinical assessments and incident reviews. The policy for abuse and neglect was recently updated and staff could describe the required actions if abuse or neglect of a consumer is suspected. Consumer risk assessments are undertaken and risk mitigating strategies are discussed with consumers and/or representatives, to ensure consumers make informed decisions. Consumers who choose to take risks have a signed care plan outlining the risks the consumer wishes to take.

Staff are guided by an antimicrobial stewardship policy ensuring where possible, specimens are collected to prescribe the correct antibiotic for an appropriate amount of time. The service has current restrictive practices register and policy in place to guide staff in the responsible use of restrictive practices. Documentation showed the service reviews consumers who are subject to restrictive practice regularly and minimises use of chemical restraints. Consumers confirmed staff use open disclosure principles in their daily practices.

Based on the Assessment Team’s report, I find all Requirements in Standard 8 Organisational governance compliant.

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)