Performance

Report

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| Name of service: | Turramurra House Nursing Home |
| Service address: | 34 Curagul Road NORTH TURRAMURRA NSW 2074 |
| Commission ID: | 2783 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 June 2023 to 8 June 2023 |
| Performance report date: | 12 July 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 Turramurra House Nursing Home (**the service**) has been prepared by M. Nassif, 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.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they are treated with respect and staff provide care with patience and take time to talk to them about their interests. Staff said the service supports and empowers them in delivering consumer-centred care through training, policies, and procedures. Staff were observed informing consumers of their rights in how they wanted to be treated and cared for.

Consumers said staff delivering care and services made them feel comfortable by acknowledging them with their preferred names. Staff described consumers’ backgrounds and name preferences and this was consistent with information in care planning documents. Policies and care planning documentation supported cultural needs.

Consumers and representatives said the service supports consumers to have control over planning of their care and services and make decisions affecting their health and well-being. Staff were observed supporting consumers to make day-to-day choices such as deciding on meals, where to sit for meals or accessing services.

Consumers said the service understands what is important to them and they are supported in understanding the benefits and possible harm associated with activities they want to undertake that involve risks. Care planning documents evidenced risk activities are assessed and discussed with consumers.

Consumers said they get information from the service. Staff described how they provide information to consumers who have hearing impairment, low cognition and those who need visual aids or hearing assistance.

Consumers said the service protects their privacy and confidentiality of information. Consumers’ rooms had privacy signs on each door and staff were observed closing doors prior to providing personal care. Files were stored securely, and staff were observed using unique logins to access the electronic care management system.

# Standard 2

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

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described the care planning process, and how it informs the delivery of care and services. Care planning documents demonstrated risks are assessed to support consumers’ wishes. Policy and procedures support the planning of care including for choices relating to risk-taking.

Consumers and representatives said assessment and planning addresses consumers’ needs, goals and preferences including for advance care and end of life planning. Care planning documents reflected consumers’ needs, goals and preferences, including end of life care.

Consumers said they are involved in assessment and planning of care and services. Staff described how consumers, representatives and other health professionals are included in assessment and planning processes, consistent with care planning documents.

Consumers said staff have explained their care plan to them and they consider it meets their needs, goals and preferences. Staff described processes for documenting the outcomes of assessment and planning in the care and services plan.

Staff were familiar with the review process of care and service plans. Consistent with policies and procedures, care and service plans were reviewed every 3 months and when circumstances change, or incidents impact the needs, goals, and preferences of consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said care provided meets consumers’ needs and optimised their health and well-being. Staff were familiar with personal and clinical needs of consumers. Care planning documents reflected care is safe, effective and specific to each consumer. Consumers subject to restrictive practices had consent and behaviour support plans were in place to ensure restrictive practices is used as a last resort.

Care planning documents reflected effective identification and management of high impact and high prevalent risks. Staff demonstrated knowledge of risks to consumers and strategies to minimise those risks. The service had policies and procedures to guide the management of high impact/high prevalence risks associated with the care of consumers.

Staff described changes in care service for consumers nearing end of life such as attending to mouth care, skin care, repositioning, and personal hygiene of the consumer to prioritise comfort and dignity. This was consistent and demonstrated in care planning documents. Management said families are encouraged to be present or stay throughout the end-of-life care.

Staff provided examples of when deterioration or change in a consumer’s condition was recognised and responded to. Care planning documents demonstrated deterioration in a consumer’s health, capacity and function are recognised and responded to appropriately.

Staff demonstrated current knowledge of consumer changes in care needs and described how changes in consumers’ care and services are communicated, for example, through verbal and written handover. Care planning documents provide adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

Consumers and representatives said the service had made appropriate referrals to meet consumers’ changing personal or clinical care needs. Staff described the process for referring consumers to other health professionals and allied health services. Care planning documents evidenced referrals to other providers, such as the consumer’s doctor, podiatrists, physiotherapists, speech pathologists and dietitians.

Consumers and representatives said they were satisfied with how the service manages infection-related risks. Staff demonstrated an understanding of precautions required to prevent and control infection and steps to minimise the need for antibiotics. The service had policies to guide 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they are supported to do the things they are interested in and are encouraged to have an active role at the service to assist in maintaining their independence. Care planning documents reflected needs and preferences of consumers as well as strategies and options to deliver services and supports that reflected the diverse needs of consumers.

Consumers said they feel connected and engaged in meaningful activities that are satisfying to them. Staff described how they support the emotional, psychological well-being of consumers and care planning documents reflected information about the consumers emotional, spiritual, and psychological needs, goals and preferences.

Consumers said they can take part in the activities of interest and are supported to maintain relationships and can take part in the community if they choose. Staff described how they work with support services and community to help consumers maintain their community connections. Documentation showed the service works with consumers to design supports and services that reflect consumers’ needs, goals, and preferences.

Consumers said they consented to their information being shared with others and they do not have to repeat their story or preference each time they are referred to multiple people or support services. Staff described how accurate and relevant information is shared with others. The service had an effective system to manage consumer information.

Care planning documents demonstrated referrals are made to other individuals, organisations, or providers to support the diverse needs of consumers. Staff described the referral process and said a register of approved providers is maintained by the service and reviewed on a regular basis to ensure these providers are providing safe quality services to consumers.

Meeting minutes and feedback from consumers and representatives reflected positive feedback in relation to the quality of feed. The service demonstrated that it had processes in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences and consumers were involved in developing menus.

Consumers said they feel safe when they are using equipment and knew how to report concerns about safety of equipment. Staff described how the service has trained them to use equipment safely, how to identify potential risks to the safe use of equipment and knew that staff share the responsibility for the safety, cleanliness, and maintenance of equipment. Faulty equipment was observed in a designated area waiting for maintenance services.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said the service environment is welcoming and they feel comfortable and safe. Staff described consumer preferences, and various areas of the service were observed to be set up in line with the preferences of consumers. Consumers were observed sitting with each other in the various areas as well as receiving visitors in their rooms and in the lounge areas.

Consumers were satisfied the service was clean, safe, and well maintained. Consumers were observed moving freely inside and outdoors, including leaving the premises through the main doors. Staff and consumers described what to do if they identified a hazard or safety issue, and how maintenance is managed at the service. Cleaning and maintenance documentation was current was up to date and showed requests were attended to promptly.

Furniture in communal areas and consumers’ rooms was observed to be suitable, cleaned and well maintained. Staff described how they knew equipment was safe and appropriate for the consumer, and what to do if any maintenance was required. Documentation evidenced maintenance checks are carried out.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were comfortable to provide feedback or complaints. Staff described avenues available for consumers and representatives if they wanted to provide feedback or make a complaint. Posters and information were displayed throughout the service to support and encourage feedback from consumers, representatives, staff, and visitors.

Consumers and representatives said they are aware of external avenues for raising a complaint. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms. Staff and management were aware of how to access interpreter and advocacy services for consumers. Brochures on advocacy services were observed to be available in different languages.

Consumers and representatives said management promptly respond to resolve their concerns after they make a complaint. Staff have received education on the management of complaints and were able to describe the process that is followed when a complaint or feedback is received. Staff said that they have received training and demonstrated an understanding of the principles of open disclosure.

Consumers and representatives expressed satisfaction that their complaints or feedback had resulted in improvements to care and services. The service demonstrated systems used to record and analyse complaints to identify trends and inform improvements. Documentation showed that feedback and complaints are discussed to ensure trends are understood across the service and that complaints are used to inform improvements.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they are satisfied with the number of staff and call bells are answered promptly. Management described how they ensure there are enough staff to provide safe and quality care, based on classification of staff and allocation as per the consumers’ needs in a particular area. Call bell documentation demonstrated a prompt response by staff.

Consumers and representatives said staff are kind, caring and respectful of their identity and diversity. This was consistent with observations. Management described how staff interactions are monitored through observation and consumer and representative feedback.

Consumers and representatives said staff are sufficiently skilled to meet their care needs. Staff felt they were competent to provide the care consumers needed. The service has documented policies in relation to key qualifications and knowledge requirements for each role reflected in position descriptions. Documentation demonstrated staff have relevant qualifications to perform their duties as per their position descriptions.

Consumers and representatives said staff know what they are doing. Staff said they are trained, equipped, and supported to deliver care and services that meet consumers’ needs and preferences and the Quality Standards. Training documentation demonstrated staff had completed all mandatory training for 2022.

Management detailed ways in which staff performance is monitored such as through annual reviews, observations, consumer satisfaction surveys, and staff, consumer and representative feedback. Documentation demonstrated staff had completed their performance review, consistent with their feedback.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers feel they are involved in the development and delivery of care and services provided. Management said they engage consumers the development, delivery and evaluation of care and services through monthly consumer and representative meetings. This was consistent with documentation.

Management provided examples of changes driven by the governing body because of consumer feedback, experience, and incidents. Executive management described how the service was supported by the operations and clinical governance meeting, which maintains oversight of the service's clinical matters to ensure quality of care delivered was best practice.

Organisational documentation and staff and management feedback demonstrated effective organisation-wide governance systems in relation to areas including information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had policies and procedures that detail processes around each governance system to guide staff practice.

The service had risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers, including identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Staff explained risk management processes, including how risks are identified and mitigated.

Staff described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing anti-microbial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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)