Performance

Report

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| Name: | Vaucluse Nursing Home |
| Commission ID: | 2414 |
| Address: | 13 Young Street, VAUCLUSE, New South Wales, 2030 |
| Activity type: | Site Audit |
| Activity date: | 2 September 2024 to 4 September 2024 |
| Performance report date: | 11 October 2024 |
| Service included in this assessment: | Provider: 2819 Fresh Fields Aged Care (NSW) - No 1 Pty Ltd  Service: 815 Vaucluse 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 Vaucluse Nursing Home (**the service**) has been prepared by Patricia Golledge, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said they were respected by staff, and staff were aware of their needs. Staff demonstrated knowledge of consumers’ backgrounds and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Care planning documentation included information about consumers’ life history, cultural, and spiritual needs to support the delivery of care and services.

Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Consumers considered staff were aware of their cultural backgrounds and supported their customs and traditions. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of individual consumers’ cultural needs, life experiences and preferences.

Consumers said they were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff described how they supported consumers to maintain relationships and demonstrated knowledge of consumers needs and preferences. Care planning documents included information to inform staff of key relationships and individual consumer needs and preferences.

Consumers described how the organisation supports them to take risks. Staff provided examples and demonstrated how they support consumers to take risks and discussed mitigating strategies to enable consumers to live the best life they can. Care planning documentation included risk assessments, consumer decisions regarding dignity of risk and strategies to manage these risks. The service has a dignity of risk form in place, to guide staff and management.

Consumers and representatives said information was provided in a timely and easy to understand manner which helped to make decisions about care and services. Staff described how they provided information in an appropriate way to help consumers make informed choices and decisions, such as printing newsletters and activity schedules in larger font for those consumers with visual impairment.

Consumers and representatives said consumers’ privacy was respected by staff. Staff described how they respected consumers’ privacy for example for consumer with shared rooms staff described how they utilise privacy curtains when attending to consumer care needs. Policies and procedures were in place to support consumer privacy and confidentiality of personal information. Review of care documentation outlined the level of privacy consumers desired.

# 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 reported their satisfaction with the assessment and planning processes. Staff interviewed were aware of assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to pain, behaviour support and skin integrity. Policies and clinical assessment tools guided staff in the assessment, planning, and consideration of risks to consumers’ health and well-being.

Consumers and representatives said the service discusses consumers care needs, goals, and preferences. Staff demonstrated understanding of consumers needs and preferences which aligned with care planning documentation. Reviewed documentation identified the service had a palliative care plan policy and procedure which outlines and captures consumers’ End Of Life (EOL) and Advance Care Planning (ACP) wishes and the service maintains an ACP register. Clinical staff stated ACP and EOL wishes were included in discussions with consumers and representatives upon consumers entry to the service and future discussions occur as required.

Representatives, and staff said, and documentation evidenced, assessment and planning were completed in partnership with consumers, representatives, and others. Clinical staff confirmed it is the service’s practice to inform consumers and representatives of changes to consumers’ care needs and ask for their consent prior to referrals to other allied health professionals such as geriatricians. Care planning documentation reflected organisations, health professionals and providers of other care and services were involved in the care of the consumer for example the office of the Public Guardian

Representatives were satisfied outcomes of assessment and planning are communicated to them and they receive a copy of the consumers care plan. Staff described how consumers and representatives are involved in the assessment and care planning process through a range of ways including Resident of the Day (ROD) review process, case conferences, face to face conversations or via the telephone. Care planning documentation evidenced outcomes of assessment and care planning are communicated to consumers and representatives in a timely and appropriate way.

Representatives said they were satisfied changes to care were made following any concerns or incidents. Staff advised care and services were reviewed regularly for effectiveness, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services were reviewed for effectiveness regularly and when incidents occur or when circumstances change.

# 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

Representatives considered consumers received safe, effective clinical and personal care which met their needs. Staff described individual consumers’ care needs and strategies in place to support their care. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to behaviour support, pain management and wound management.

Consumers and representatives said high-impact or high-prevalence risks to consumers are managed effectively by the service. Staff identified high-impact, high-prevalence risks associated with the care of consumers, such as falls, stoma care and diabetes and described the risk minimisation strategies in place. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. The service has policies and work instructions related to high impact and high prevalence risks to guide staff.

Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ comfort. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Consumers said changes in their care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner. Policies and procedures supported staff in recognising and responding to clinical deterioration and training records confirmed staff had received training on recognising and responding to deterioration

Representatives reported consumers’ needs and preferences were accurately communicated between staff resulting in them receiving safe and effective care. Staff could describe the type of information accessible to inform consumer care needs and preferences, including care plans, progress notes and information shared during hand over processes. Care documentation reflected information about consumers was documented and shared with others as appropriate.

Consumers said the service’s referrals were timely and appropriate and they had access to a range of external health professionals. Clinical staff were able to describe the process for referring consumers to healthcare professionals and how this informs the care, and services provided to consumers. Care planning documentation identified timely and appropriate referrals to medical and other health professionals with consultation involving consumers and their representative.

Representatives expressed their satisfaction with the management of outbreaks at the service and staff were observed adhering to infection control practices such as hand washing, rapid antigen testing upon entry and using PPE as appropriate. The service had an infection prevention and control lead, processes, and protocols to minimise infection related risks. Staff have received training in infection minimisation strategies and demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 said the service supports them to do the things they want to do including individual pursuits. Wellbeing and care staff explained the diverse range of activities and supports available were based on consumers individual needs and preferences. Staff described how services and supports could be modified so consumers could continue to do things of interest to them and maintain their independence. Care planning documentation identified the consumers’ individual needs, goals, and preferences.

Consumers and representatives considered consumers emotional well-being and religious practices were supported. Staff explained how they tailored services and supports in line with consumers’ well-being needs, such as religious services, and one-to-one visits by volunteers and religious figures. Staff were aware of which consumers choose to attend church services and those consumers whom they provide one-on-one support to. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said the service supported them to continue their social and personal relationships, maintain friendships, undertake leisure interests within the service and in the broader community including bus trips. Care documentation reflected lifestyle assessments and provided relevant information and tools for staff to utilise to help support consumers in maintaining leisure interests, community connections, and relationships of importance to them.

Consumers and representatives reported said staff are well informed about consumer needs preferences or any change in their condition. Staff explained and care documentation evidenced they are informed of any changes to the consumer’s condition for example dietary needs via daily handover and updated information available on the services electronic care management system.

Consumers confirmed timely and appropriate referrals to individuals and others were facilitated by the service. Care documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers such as books provided by the local library and one-to-one visits by religious figures.

Consumers and representatives said consumers enjoy the meals provided and their preferences and needs were accommodated. Menus are reviewed by a Dietician with input from consumers gathered, including feedback from the Food Focus meetings. Staff had access to consumers dietary information and care planning documentation included consumers’ dietary preferences, allergies, and specific diet types. The dining experience was observed to be in a clam environment and meals were observed to be of suitable quality and quantity, with staff available to provide assistance for consumers.

Consumers and representatives considered equipment was safe, suitable, clean, and well maintained. Wellbeing staff said they had access to supplies and equipment for daily living and care staff reported consumers requiring lifting slings or belts have their own, and these are laundered regularly on a rotational basis or as needed. Maintenance staff described the processes in place to maintain the safety of equipment including testing and tagging. Clean, suitable and well-maintained equipment was observed throughout the service environment.

# Standard 5

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

Findings

Consumers and representatives said consumers felt at home at the service, they were able to decorate and furnish their rooms as they choose and found the service environment easy to navigate. Staff demonstrated an understanding of how to support consumers in feeling at home, such as encouraging consumers to personalise their rooms and described how they assisted consumers to move freely around the service, supporting consumers’ sense of independence, interaction, and function. The service environment was observed to be welcoming and had sufficient lighting and handrails to assist with consumer movement and interaction.

Consumers and representatives advised consumers felt safe at the service, their laundry was returned promptly, that consumer rooms were kept clean, and they were able to access indoor and outdoor areas. All ambulant mobile consumers residing at the service are subject to environmental restrictive practice as they have been assessed as not being able to use the key code or are unable due to safety concerns be able to leave the facility independently. Consumers were observed to freely move around the service, both indoors and outdoors. Staff described the cleaning schedule and processes in place to maintain the safety and cleanliness of the service environment, such as cleaning high touch point areas, common areas, and consumer rooms.

Consumers and representatives expressed their satisfaction with how furniture, fittings and equipment at the service were kept safe, clean, and well maintained such as pressure relieving mattresses. Whilst the service had reactive and preventative maintenance schedules in place the Assessment Team report contained information in relation to the identification by the Assessment Team of 2 fire extinguishers that had not been date stamped for 2024. The Assessment Team raised the issue with management who took immediate action, and the issue was resolved within 24 hours. Management included future actions in the services plan for continuous improvement in relation to preventative maintenance.

# Standard 6

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

Findings

Consumers and representatives said they are supported to give feedback or make a complaint, and they feel comfortable doing so. Management and staff described processes in place to encourage and support feedback and complaints at the service. Resident and relatives meeting minutes noted a section on feedback and complaints as a standing agenda item. Feedback forms, suggestion boxes, and posters encouraging the submission of feedback were observed available across the service.

Consumers and representatives said they are provided with information on advocacy, language services, and ways to raise suggestions and complaints. Staff confirmed they have access to cue cards which they can refer to, and a translator application on their electronic tablets to support consumers who raise a complaint. Information on how to raise external complaints and access to advocacy and translation services was displayed around the service.

Consumers and representatives were confident management address and resolve any concerns raised. Staff confirmed they have received training on handling complaints and are well-versed in their understanding of open disclosure procedures. Review of the services complaints register identified complaints were responded to appropriately and in a timely manner.

The service demonstrated feedback and complaints received via different avenues are recorded, reviewed, and used to improve the quality of care and services. Resident and relative meeting minutes, the services monthly feedback and trending analysis report and plan for continuous improvement evidenced various improvements in response to feedback and complaints.

# 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 considered there are enough staff at the service to meet consumers’ needs. Staff said they have enough time to undertake their allocated tasks and responsibilities. Management described contingency plans in place to replace staff when required. Rosters are reviewed regularly to ensure staff allocations adequately meet changing needs of the consumer cohort. Call bell reports are analysed monthly, and results discussed at the management level.

Consumers and representatives said staff are kind, caring and respectful. Staff demonstrated knowledge of individual consumers’ background, culture, and how they support consumers’ needs. Management described ways they monitor staff interactions with consumers to ensure these meet the organisation’s expectations. Staff were observed interacting with consumers in a kind, respectful, and patient manner when delivering care and services.

Consumers and representatives expressed confidence in the competency of staff and said staff were knowledgeable and well trained. Management advised staff competency was determined through appropriate selection and recruitment processes, performance reviews, buddy shifts and key competencies outlined in their relevant position descriptions. The service receives support form the organisations human resources department and guidelines, policies, and procedures outlined recruitment and onboarding requirements, such as pre-employment checks and registrations.

Representatives said staff were supportive of consumers and well trained to manage consumers’ care needs specifically regarding changed behaviours Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation and buddy shifts, access to online training modules, and additional training is provided when identified through incidents, trends and audit findings. For example, the service provided additional training on continence care following requests from new staff identified through an internal audit. The service monitors staff compliance with mandatory training through an electronic learning management system. Review of mandatory training records identified training is provided on a range of topics with high rates of completion.

Consumers and representatives reported their confidence in staff skills and their attitude. The service demonstrated systems and processes in place to regularly assess, monitor, and review staff performance. Management described the formal and informal methods used to monitor staff performance. Staff confirmed they have undergone regular performance appraisals that involve feedback from supervisors and an opportunity to identify areas for further improvement. Review of completed appraisals identified staff and manager input and areas for development.

# 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

Representatives reported consumers and themselves are engaged and supported to be involved in the development, delivery and evaluation of care and services via a range of mechanisms such as care planning reviews, feedback and complaints, resident and relatives’ meetings, ‘resident or representative’ surveys, audits, and through the consumer advisory body (CAB) and quality consumer advisory body (QCAB). Management advised the organisation has implemented policies and procedures to guide staff to ensure the regular engagement of consumers and representatives in the development and evaluation of care and services.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. The organisation has an exemption until 1 February 2025 to meet Board governing body requirements for Standard 8. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, workforce governance, complaints, and incident management. Compliance with the Quality Standards is monitored at site level and reported to the Board.

Management described the organisational structure, governance arrangements, and mechanisms used by the governing body to monitor the service’s compliance with Quality Standards and promote a culture of safe, inclusive, and quality care. The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place.

Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body and processes are in place to minimise use of restrictive practices, and staff demonstrated familiarity with different types of restraint. Additionally staff demonstrated an understanding and provided practical examples of how antimicrobial stewardship and open disclosure was implemented within their daily tasks.

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)