Performance

Report

**1800 951 822**

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| Name of service: | Vaucluse Nursing Home |
| Service address: | 13 Young Street VAUCLUSE NSW 2030 |
| Commission ID: | 2414 |
| Approved provider: | Fresh Fields Aged Care (NSW) - NO 1 Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 May 2023 |
| Performance report date: | 29 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 Vaucluse Nursing Home (**the service**) has been prepared by

J. Earnshaw, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** **Organisation’s service environment** | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

The assessment contact conducted 31 May 2023 found the service demonstrated the delivery of safe and effective personal and clinical care to consumers, while considering individual needs and preferences, including in relation to specialised care, use of restrictive practices, pain management and wound care.

Consumers and representatives considered consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences.

Care planning documentation for consumers demonstrated effective assessment, management and evaluation of clinical care needs including in relation to restrictive practices, skin integrity and pain.

Where restrictive practices are in place, assessments, informed consent from consumers and /or representatives and monitoring were demonstrated. Behaviour support plans are in place for consumers who are subject to restrictive practices. Review of care documentation confirms consumers’ medication is reviewed regularly by the Medical Officer.

The service was able to demonstrate consumers experiencing pain receive regular pain assessments and specialist interventions as required.

Care planning documentation demonstrated that wound care is completed as prescribed. Consumers with pressure injuries and other wound types have a wound care plan, with recorded regular wound measurements and photographs, and referral to specialist wound care management services as required.

The service has documented policies and procedures relevant to this requirement to guide staff practise including in relation to wound management, skin integrity and restrictive practices.

In coming to my decision for this requirement, I have considered the information included in the assessment team report alongside the approved provider’s compliance history. Therefore, it is my decision that this requirement is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service was found non-compliant under this requirement following a Site Audit conducted 6 December to 8 December 2021. Deficiencies related to:

* Consumers reported they did not feel safe and comfortable in the service environment during an ongoing period of building works. Consumers reported the service environment to be dusty and dirty and they have experienced sleep disturbance and disruptions due to the noise of power tools.
* Observations by the Assessment Team identified the service environment was not safe, clean and comfortable due to building debris and thick dust throughout the environment, tools were not packed away safely and loud construction noise, without advance notice was present.
* The service had not adequately monitored the building works to ensure consumer comfort and a clean and safe service environment.

The assessment contact conducted 31 May 2023 found the service had taken action to improve performance under this requirement. The service demonstrated implemented improvement measures including:

* Safety training provided to tradespeople prior to attending the service, including Privacy and Dignity, Working in an environment with residents with dementia, Safety in the workplace, Management of noise and cleaning of work environment.
* Monitoring the building contractor’s compliance with their agreed expectations.
* Maintenance issues added to staff meeting agendas and maintenance staff duty schedule updated to include courtyard cleaning.
* Updated the Plan of Continuous Improvement including identified deficits related to the construction related issues.

The service was able to demonstrate effective cleaning and maintenance processes and staff were able to describe cleaning practises and how to report maintenance issues or identified hazards.

Consumers and representatives expressed satisfaction with the service environment, the building renovations and with cleaning and maintenance services.

Management addressed maintenance issues arising during the assessment contact promptly and advised the renovations are practically completed excepting a few minor finishes to the exterior of the building.

The Assessment Team observed the service to be clean throughout and consumers to be mobilising freely throughout the service.

In coming to my decision for this requirement, I have considered the information included in the assessment team report alongside the approved provider’s compliance history and the demonstrated continuous improvement evidenced by the implementation of improvement measures. Therefore, I am satisfied that the service has addressed the deficiencies identified under this requirement.

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