Performance

Report

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| Name: | Wyoming Nursing Home |
| Commission ID: | 2355 |
| Address: | 47 Grosvenor Crescent, SUMMER HILL, New South Wales, 2130 |
| Activity type: | Site Audit |
| Activity date: | 13 August 2024 to 15 August 2024 |
| Performance report date: | 16 September 2024 |
| Service included in this assessment: | Provider: 750 Wyoming Nursing Home Pty Ltd  Service: 773 Wyoming 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 Wyoming Nursing Home (**the service**) has been prepared by Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* a performance report dated 16 May 2024 for an assessment contact (performance assessment) – site conducted 13 March 2024 – 14 March 2024
* the assessment team’s report for an assessment contact (performance assessment) – site conducted 13 March 2024 – 14 March
* other information and intelligence held by the Commission relating to the performance of the service

# 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 and representatives said consumers were treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers in a respectful manner and described measures taken to uphold this respect when providing care such as asking for consent, acknowledging consumer choices, and taking time to understand consumers background, life history and needs. Staff were observed interacting with consumers respectfully.

Consumers and representatives said consumers were provided with care which was consistent with their beliefs, traditions and preferences. Staff demonstrated knowledge of how consumers’ cultural needs influenced the delivery of their day-to-day care and services. An inclusivity policy guided staff practice to deliver culturally safe care.

Consumers and representatives said consumers were supported to make their own decisions about their care, when others should be involved in their care decisions and how they wished to maintain relationships of choice. Staff described how each consumer was supported to make informed choices about their care and services, and how they supported consumers to maintain intimate relationships. Policies and procedures guided staff on empowering consumers to make independent decisions and exercise choice.

Consumers and representatives described how consumers were supported to take risks. Staff demonstrated awareness of the risks taken by consumers and outlined how they supported consumers who choose to take risks, by informing them of the potential harm and how hose harms, could be minimised. Care documentation reflected how consumers were supported to take risks, and the planned care strategies to promote consumer safety when engaging with risk.

Consumers and representatives confirmed they were provided with printed information and verbal reminders which assisted consumers to exercise choice. Staff described different ways information was provided to consumers, including those with cognitive and sensory impairments, which supported them to easily understand the information given. Information displayed on noticeboards was observed to be accurate, current and easily understood.

Consumers and representative said they felt staff were considerate of consumer privacy and kept the confidentiality of consumer’s personal information. Staff described the practical ways they respected the personal privacy of consumers by seeking consent prior to entering their rooms and discussing their care needs in private to maintain confidentiality. Policies and procedures guided staff practice to secure consumer personal information, however, consumer information was observed to have been left unsecured, with staff being provided with additional privacy training in response.

Based on the evidence above, I find this Standard is compliant.

# 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 said they received the care they required and outlined how they were involved in initial and ongoing assessment processes to identify risks to their health and wellbeing. Staff described the care planning process, including how they systematically assess risk for each consumer by following a checklist, which informs the development of the care plan. Care documentation evidenced risks to consumer had been identified, with responsive strategies planned, which informed how care was delivered.

Consumers and representatives said consumers needs goals and preferences including for advance care and end of life were discussed with them during entry, at scheduled case conferences, or when circumstances changed. Staff demonstrated knowledge of consumers current care needs and preferences and knew how to approach end of life conversations. Care documentation evidenced the inclusion of consumer’s current needs and preferences, and contained a copy of their advance care directive, where these had chosen to be given.

Consumers and representatives confirmed their ongoing involvement in assessment and planning processes. Staff confirmed care consultations are regularly scheduled with consumers, their representatives, medical officers and allied health professionals to discuss the consumers care plan. Care documentation evidenced regular care plan consultations were undertaken with consumers and their representatives and the implementation of a multidisciplinary approach.

Consumers and representatives said staff regularly communicated changes relating to consumers care and services with them, gave them copies of care plans and provided further explanation, if needed. Staff described how they ensured they were regularly in touch with consumer representatives to advise them of care planning outcomes. Care plans were observed to be readily accessible via an electronic care management system (ECMS) which enabled care plans to be printed for consumers or representatives when requested.

Consumers and representatives confirmed care and services were reviewed regularly and when changes occurred. Care documentation evidenced effectiveness of care strategies was reviewed every 90-120 days, and consumers were reassessed in response to an incident or a change in their condition. Policies and procedures guided staff practice on care plan review and evaluations.

Based on the evidence above, I find this Standard is compliant.

# 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

Consumers advised they received safe and effective personal and clinical care which met their needs and optimised their well-being. Staff were knowledgeable on best practice principles in relation to the management of restrictive practices, skin integrity and pain. Care documentation evidenced consumers personal and clinical care delivery was safe, effective, and tailored to the specific needs and preferences of each consumer.

Staff described how high-impact and high-prevalence risks for individual consumers were managed and were knowledgeable about the care strategies which needed to be delivered by them to minimise those the risks. Consumers and representatives gave positive feedback of the way staff managed risks and confirmed staff implemented falls prevention strategies as directed with the consumers care plan. Care documentation supported effective risk management as care was delivered according to care directives.

Care documentation, for a consumer who had recently passed away, evidenced the consumer was kept comfortable through provision of routine comfort cares and administration of pain medications, when required. Staff understood how care changed for consumers who were nearing end of life, including how to preserve their dignity. Policies and procedures guided staff to provide care which ensured consumers wishes were met and their comfort maximised.

Care documentation evidenced staff were timely in identifying and responding to, deterioration or changes in condition. Staff confirmed deterioration or changes were recognised, responded to, and managed in partnership with AHPs, MOs and relevant specialists. Policies and procedures provided guidance on how staff were to react if deterioration or change in a consumer’s health was observed.

Consumers and representatives said consumer's preferences and care needs were communicated effectively between staff and with external providers who were involved in the care of the consumer. Staff confirmed information about consumer needs, conditions, and preferences was documented on the ECMS and they were informed of any changes through handover processes. Care documentation contained accurate information to enable those involved in the care of the consumer to understand their condition, needs and preferences.

Consumers and representatives said consumes were referred promptly and to a range of health professionals and specialists as needed. Staff demonstrated knowledge of referral pathways and how different referral processes were needed depending on the type of referral being made. Care documentation evidenced consumers were quickly referred to allied health professionals and other providers of care for review when required.

Consumers and representatives said staff were always observed to be using the appropriate personal protective equipment (PPE) and they practiced hand hygiene, when providing care. Staff demonstrated knowledge of and gave examples of care strategies used, to prevent and control infection transmission and to minimise the need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and how to manage infectious outbreaks.

Based on the evidence above, I find this Standard is compliant.

# 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 consumers were supported to be independent and engage in daily living activities which promoted their quality of life. Staff advised how lifestyle assessments conducted upon entry, informed them of what activities were important for consumers, their preferences, including likes, dislikes, interests, and social, emotional, cultural and spiritual needs. A lifestyle program had been developed, informed by consumer interests and catered to individual consumers cognitive, social and physical needs.

Consumers and representatives said when consumers were feeling low, staff spent time with them or encouraged them to participate in social activities, including attending religious services. Staff advised, and the activities calendar evidenced, consumers spiritual needs were met through promotion of weekly religious services. Policies and procedures guided staff in spiritual support.

Consumers and representatives confirmed consumers were supported to participate in their communities, keep in touch with people who are important to them and do things of interest to them. Staff described how transport was organised for consumers who wished to maintain their social and leisure activities in the broader community and how others were supported to engage with the community by participating in bus trips. Care documentation contained what supports consumers needed to stay in touch with important people, to facilitate their friendships and consumers were observed interacting with each other and their visitors.

Consumers said information about their daily living needs and preferences were communicated within the organisation and with others who were involved in their support services. Staff said they communicate and document changes in the ECMS as well as during shift handovers. Care documentation provided adequate information to support safe and effective service delivery, with consistent dietary information observed to be available to both care and catering staff.

Consumers and representatives said they were supported by other organisations and support services, with referrals completed quickly. Care documentation identified timely referrals to other organisations to reduce isolation, facilitate companionship and engage with community services. Staff demonstrated knowledge of a range of support services to which they could refer consumers.

Consumers and representatives said the meals given to consumers were varied, they were of acceptable quality, and consumers received enough to eat. Staff described how they ensured consumer choices were supported and arranged alternatives if the consumer wished. Meal services was observed to be punctual and well-coordinated, with staff providing supervision and assistance as needed.

Consumers said the equipment, including mobility aids used by them was clean and well maintained. Staff confirmed cleaning of personal equipment was their responsibility and it was routinely scheduled. Equipment was observed to be clean, suitable for consumer use and in good working condition.

Based on the evidence above, I find this Standard is compliant.

# 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

During an assessment contact conducted from 13 March 2024 to 14 March 2024, Requirement 5(3)(a) was found non-compliant as a construction project to refurbish the service environment was impacting on consumers due to poor noise and fume management. Additionally, wayfinding signage was unclear, room identifiers were lacking and communal areas for rest were absent. This Site Audit report evidenced actions to address the non-compliance have been taken and this Requirement is now found compliant. This finding is supported by:

* Consumers and representatives said, and the Assessment Team observed, the service environment was welcoming and easy to understand, clear signage and room identifiers had been installed and there was minimal noise. Management advised the refurbishment project was in its final phase, with only furniture to be delivered to complete the remaining 3 rooms. Consumers were observed moving around the environment with ease, there was minimal noise and they had access to communal spaces to rest and interact with each other.

During an assessment contact conducted from 13 March 2024 to 14 March 2024, Requirement 5(3)(b) was found non-compliant as a construction project to refurbish the service environment was impacting on consumers as the external courtyard, was used by consumers who smoke, impacting accessibility for others. Additionally, consumers who resided at the back of the building had restricted access to the main building facilities, the cleanliness of the outdoor environment was found lacking, and there were accessibility issues for consumers using wheelchairs, making it challenging for them to utilise the courtyard area. This Site Audit report evidenced actions to address the non-compliance have been taken and this Requirement is now found compliant. This finding is supported by:

* Consumers and representatives said they were able to move around as they wished and for those who mobilised using a wheelchair, they confirmed being able to use the external courtyard. Management confirmed a designated smoking area had been established and automatic doors had been installed to facilitate continual access to the internal courtyard. Staff confirmed internal and external cleaning and maintenance occurred as scheduled, with any reported hazards attended to promptly. The service environment was observed to be comfortable, safe, clean and well maintained.

In relation to Requirement 5(3)(c), consumers confirmed equipment and fittings were cleaned and maintained regularly. Maintenance documentation evidenced monthly environmental audits were completed as scheduled and included inspecting furniture, fittings and equipment to ensure it was safe for consumer use and in good condition. Furniture in communal areas was observed to be clean, equipment and fittings were routinely checked, serviced regularly and in working order.

Based on the evidence above, I find this Standard is compliant.

# 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 described various ways they were encouraged to provide feedback or make a complaint, and confirmed they felt safe doing so. Staff confirmed consumers and representatives were supported to provide feedback via feedback forms, meetings, directly to staff and electronically. Pamphlets, policies and written documentation encouraged feedback to be given and complaints to be lodged.

Consumers and representatives confirmed awareness of advocacy services available to them. Staff demonstrated knowledge of available language and external complaints services, and described how they supported consumer awareness. Posters, brochures and handbooks promoted consumer access to the Commission, interpreter and advocates.

Consumers and representatives said their complaints or concerns had been promptly resolved. Staff understood open disclosure, explaining how they are honest and transparent when something goes wrong. Complaints documentation evidenced when complaints were made, action was taken, and open disclosure was practiced.

Consumers and representatives said their feedback had been used to improve the quality of meal services provided. Staff said feedback received through various sources was compiled and trended to inform where improvement was needed. Policies and procedures guided staff in the management of feedback, complaints and continuous improvement processes.

Based on the evidence above, I find this Standard is compliant.

# 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 gave positive feedback regarding staffing levels and confirmed staff responded quickly to consumers calls for assistance. Management described how the workforce was planned, and numbers of staff were allocated, with staff confirming sufficient staff were allocated to meet the care and service needs of consumers. Rostering documentation all shifts were filled, including when unplanned leave occurred, and staff were prompt to respond to consumer calls.

Consumers and representatives said staff were kind, caring, respectful and gentle. Staff were observed to greet consumers by their preferred name and demonstrated they are familiar with each consumer’s individual needs and identity. Education records evidenced staff had completed training on the Code of conduct, customer service, dignity and respect.

Consumers and representatives said they considered staff to be skilled and competent in their role. Management described staff competency was assessed against qualifications and knowledge outlined in position description, through completion of training and via orientation processes. Personnel records evidenced staff registrations were current and continued suitability to work in aged care was monitored.

Consumers and representatives said staff were well trained and they knew what they were doing. Staff confirmed their participation in mandatory and supplementary training modules including incident management, infection control, manual handling and restrictive practices. Education records evidenced staff attendance at training was monitored and all staff had completed the required modules as scheduled.

Management described how the performance of staff was monitored through formal performance appraisals and informal monitoring and discussions. Staff confirmed performance appraisals were regularly conducted to review staff performance, with documentation evidencing all staff had completed their appraisal. Policies and procedures guided staff in performance monitoring and management processes.

Based on the evidence above, I find this Standard is compliant.

# 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

Consumers and representatives said the service was run well and described they were actively involved in the development of care plans and could influence the design of services such as menus through attending meetings and completing surveys. Management described a variety of mechanisms in place to ensure consumers provide input into how care and services were delivered, including feedback forms and the consumer advisory bodies. Meeting minutes evidenced consumers were encouraged to provide feedback on meal services and lifestyle activities.

Management described a robust organisational and governance structure to oversee the quality care and services provided and to monitor the performance of the service against the Quality Standards. Management advised compliance reporting, including clinical data, incidents and audit results were compiled and provided to the governing body (the Board) monthly to inform their decisions. Management gave practical examples of how the Board was accountable for the quality of services, including recent initiatives to improve understand and reporting of serious incidents to ensure consumer safety and the quality of care.

Management and staff described how organisation-wide governance systems, inclusive of policies and procedures, supported information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff feedback aligned with processes specified in these policies and procedures, with documentation evidencing translation into practice.

A risk management system, supported by policies and procedures assisted staff in the management of high-impact or high-prevalence risks while supporting consumers to live the best life they can. Management and staff understood their roles and responsibilities for identifying, reporting and responding to incidents, including abuse and neglect. Incident management documentation evidenced serious and clinical incidents were reported and investigated to minimise potential harm and reoccurrence.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

Based on the evidence above, I find this Standard is compliant.

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)