

**Performance Report**

**1800 951 822**

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| Name: | Wyoming Nursing Home |
| Commission ID: | 2355 |
| Address: | 47 Grosvenor Crescent, SUMMER HILL, New South Wales, 2130 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 November 2024 |
| Performance report date: | 2 December 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 G Cherry, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* information received by the Commission from the community regarding care provision

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements 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 to remain compliant with the Quality Standards.

# Other relevant matters:

Wyoming Nursing Home is in Summer Hill, an inner west Sydney suburb. There are 80 allocated places and consumers reside on 3 levels in single and shared rooms, with shared bathrooms.

# 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 |

Findings

Requirement 3(3)(a) - The service demonstrates consumers receive best practice safe and effective personal/clinical care, tailored to needs and optimising health and well-being. Examples include positive outcomes relating to management of diabetes, falls, and restrictive practices. Consumers and representatives gave positive feedback relating to personal and clinical care, and satisfaction regarding staff care and interactions. Interviewed clinical and care staff advised access to clinical policies/guidelines to ensure they provide quality, safe clinical/personal care, plus receipt of support and education to effectively deliver care. Staff note referencing care strategies and reporting concerns to registered nurses and/or care manager. A system ensures consumers living with diabetes have blood glucose levels consistently monitored in accordance with needs/diabetes management plans, individual parameters for optimum management and medical officer/dietitian review as necessary. Clinical and care staff demonstrate knowledge of diabetes management and individualised consumer care.

Consumers living with dementia and associated behavioural/psychological symptoms of dementia reside in rooms across 2 levels accessible by a coded elevator. Management described systems ensuring consumers requiring environmental restrictive practices, medications deemed as chemical restraint and mechanical restraint have current authorisations demonstrating informed decisions, and regularly review for currency. Documents demonstrates behaviour support plans (BSP) detailing triggers and strategies. Staff have awareness of individual challenging behaviours, strategies/triggers and demonstrate effective management of consumers unmet needs. A representative expressed satisfaction with regular communication from staff and geriatric specialist regarding medications and management strategies. Documents demonstrate review/adjustment to psychotropic medications when required. Staff were observed implementing strategies aligned with care plan directives.

Requirement 3(3)(b) – Recording and monitoring of high impact/prevalence clinical and personal risk occurs via clinical indicators and incident reports and data is analysed/discussed at regular meeting forums. Identified risks include wounds/pressure injuries, falls, behaviour management and personal care. Management and staff describe high impact/prevalence risks, and interventions.

Falls prevention/management strategies include mobility aids, exercises, alert sensors, hip protectors, equipment and appropriate footwear/lighting. Strategy outcomes are recorded to guide care. Documents demonstrate post fall observations, medical officer and physiotherapist review, prevention strategies reassessed/updated, and hospital transfer when needed. Examples include medication amendment/cessation, implementation of equipment resulting in a reduction in falls for one consumer and sensor alert equipment implemented for another consumer. Staff receive training regarding documentation requirements regarding observations. Policies and procedures guide staff regarding management of skin integrity and wound care. Incidents are documented, photography taken, and wound assessment conducted. The service manager has specialist wound care experience and hospital teams are available for wound assessment/support. Preventative and management strategies include pressure area care, use of pressure relieving equipment, plus medical officer/specialist review. Documents demonstrate provision of appropriate wound care aligned to care plan directives.

# Standard 8

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| Organisational governance |  |
| 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 |

**Findings**

Requirement 8(3)(c) - The organisation demonstrates effective governance systems relating to information management, continuous improvement; financial and workforce governance, regulatory compliance and feedback/complaints.

Information systems provide stakeholders with required information and security processes maintain privacy and confidentiality. Sampled consumers/representatives consider provision of adequate information via multiple communication methods and staff advised access to information to deliver care and support them in their role. Management described multiple avenues for information provision to consumers/representatives in a timely manner including introduction of a consumer care software application to provide real time information.

An effective continuous improvement system exists at service and organisational level. Continuous improvement initiatives are drawn from a variety of sources, including consumer/representative and staff feedback/complaints, analysis of clinical and incident data, auditing program, observation and identification of deficiencies in staff practice/knowledge. The facility manager is responsible for monitoring/updating the service’s documentation and provides reports to the regional management team for review/evaluation. Financial management is supported at organisational level and an operational budget monitored at Board level. Management team members consider appropriate resources for delivery of care noting ability to seek authorisation for further spending when required.

A workforce is planned to facilitate delivery and management of care at organisational level and managed at service level via ongoing review of consumer care needs, clinical data, surveys and feedback. Management receives organisational support regarding recruitment, onboarding and education. Clinical and care staff demonstrate awareness of their roles, accountability and responsibilities detailed via an organisational structure chart. Changes to aged care law are monitored at an organisational level, policies/procedures updated, and staff training occurs. Staff receive training related to the Quality Standards, elder abuse/neglect, restrictive practices and Serious Incident Response Scheme (SIRS). Incident reports demonstrate compliance with SIRS reporting and incident management processes. Systems encourage consumer feedback/complaints, which are actioned and/or escalated at organisational level when required. Regular reports are presented to the Board for discussion. Documents detail evidence of open disclosure within staff practices.

Requirement 8(3)(d) - Effective risk management systems monitor high impact/prevalence risks, respond to consumer abuse/neglect, prevent/manage incidents and support consumers to live their best life. Consumers and representatives consider receipt of appropriate support and Management team members/staff gave examples of effective risk management. A recording document (regularly updated) assists in monitoring risks and incidents are managed via an electronic incident management system. Management advised root cause analysis occurs for each incident to develop/implement preventative measures. Staff demonstrate understanding of individual consumer’s high impact/prevalence risks and implementation of strategies aligned with best practice care.

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)