Carramar Hostel

Performance Report

186 Cooroy-Noosa Road
TEWANTIN QLD 4565
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**Commission ID:** 5135

**Provider name:** NoosaCare Inc

**Assessment Contact - Site date:** 9 December 2020

**Date of Performance Report:** 18 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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
* the provider’s response to the Assessment Contact - Site report received 16 December 2020
* the Infection control monitoring checklist.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all Requirements under this Standard and therefore a compliance summary or rating was not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

Consumers were satisfied they received safe and effective personal and clinical care. Care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. Registered and care staff described consumers’ individual needs and preferences and how these were managed in line with their care plan.

The Assessment Team reviewed the service’s Continuous Improvement Plan to understand the actions and improvements regarding its restraint management process. These improvements were observed by the Assessment Team while conducting a review of the restraint documentation in consumers’ files and corroborated through discussions with staff, consumers and representatives.

All restraint authorisation documentation had been uploaded to individual electronic consumer care records. The service also retains a hard copy folder organised chronologically based on review date to prompt when individual reviews are due. Progress notes documented conversations and discussions of restraint review with involvement with the Medical officer and geriatrician when required. Restraint authorisation and assessment documentation was reviewed by the Medical officer on a three-monthly schedule or when there was a change to the consumer’s care needs. All consumers reviewed who were prescribed chemical restraints have a restraint authorisation form signed by a Medical officer, management and a relative or Enduring Power of Attorney. The service held monthly clinical governance meetings when clinical indicators, restraints and the risk register were discussed in line with individual consumer’s care. Additional restraint and psychotropic education had been provided to registered staff regarding its use and the use of alternative strategies to mitigate behaviours and support consumer care.

Management said they actively consulted with Medical officers to reduce psychotropic use where possible and the register demonstrated medications are reviewed on a regular basis and medications no longer necessary were decreased and/or ceased if there was no adverse effect identified for the consumer. The Assessment Team observed quiet, patient and gentle interactions between consumers and staff in the Memory support unit.

In relation to management of skin integrity and wound care, interviews with management, staff and consumers, review of associated documentation including sampled consumer files identified appropriate wound care delivery and the use of preventative strategies to support consumer skin care. Registered staff reported they had education on wound care and had the knowledge, skills and equipment to provide safe effective wound care.

Consumers’ pain has been regularly assessed to evaluate pain management strategies and identify any changes to pain levels. Review of sampled consumers’ files demonstrated pain assessments were completed, reviewed and evaluated. The service undertakes a range of pharmacological and non- pharmacological strategies in conjunction with allied health professionals to assess and manage consumers’ pain. Consumers reported they were as free as possible from pain and if they experienced pain, staff were prompt to provide appropriate treatment such as massage, heat, repositioning or pain relief medication.

It is my decision based on the information recorded above, consumers received safe and effective clinical and personal care, therefore this Requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.