James Grimes Care Centre

Performance Report

35 Doolan Street   
NAMBOUR QLD 4560  
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**Commission ID:** 5959

**Provider name:** Sundale Ltd

**Assessment Contact - Site date:** 6 April 2021 to 7 April 2021

**Date of Performance Report:** 26 May 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | 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.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not access all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

Consumers and representatives said they are involved in assessment and care planning of the consumer’s care and services. They confirmed care and services delivered meets the needs of individual consumers.

Management described processes for assessment of consumers’ needs and preferences, including consumer assessment on entry to the service and three monthly reassessment and care plan evaluation. Registered staff demonstrated an understanding of the assessment and care planning process, including assessment for individual consumer risks and referral to other health professional as appropriate.

Care planning documentation reflected individualised needs, goals and preferences and included specific risks to each consumers’ health and well-being such as skin integrity and falls. Care plans were readily available to all staff, including visiting health professionals.

The service had policies and procedures to guide staff in their practice. Clinical assessment tools and consumer care plans were available to staff on the service’s computerised system to support the assessment and care planning process.

For the reasons detailed, this requirement is Complaint.

### Requirement 2(3)(e) Compliant

*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.*

Consumers and representatives said they are involved in the initial and ongoing consumer assessments including when the consumer’s circumstances changed or when an incident impacted on the needs, goals or preferences of the consumer.

Registered staff demonstrated an understanding of the service’s assessment, care planning and evaluation processes. The Clinical Nurse oversees the allocation of consumer care plans to ensure the review and evaluation of consumers care and services are completed in accordance with the service’s three monthly evaluation process.

The Clinical Nurse said consumers care and services were reviewed for effectiveness through daily monitoring of progress notes, case conferences and care plan reviews. Care staff are also included in the evaluation process through review of consumer care documentation and communicating relevant information to registered staff for including in care planning.

Staff demonstrated an understanding of the incident reporting process, including the reassessment and revaluation of consumers care and service when an incident has occurred.

Assessment and care planning documentation identified consumer’s care and services are reviewed on a regular basis and when circumstances change. For example, the Assessment Team identified examples where care had been reviewed following falls and changes in skin integrity. Consumers and representatives expressed satisfaction with this process.

The service had policies and procedures to guide staff in their practice in consumers’ care plan review and the reporting of clinical incidents.

For the reasons detailed, this requirement is Complaint.

# 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 access all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been 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 and representatives confirmed that consumers received the care they needed and were satisfied with the personal and clinical care provided. They gave examples of how staff ensured the care provided to consumers was right for them, including referral to other professionals such as Medical Officer and Chaplain services.

Care planning documentation included examples of how staff deliver personal and clinical care that optimises the consumer’s well-being. For example, strategies to support the management of a consumer with diabetes in accordance with medical directives and skin care being delivered as prescribed in consumer’s care plans. Consumer files noted the use of charting and observations, and referrals to Medical Officers and Allied Health professionals when appropriate.

The Assessment Team reviewed care documentation for consumers prescribed psychotropic medication for the purpose of chemical restraint and established that informed consent and authorisation had been obtained for the use of the psychotropic medication. Consumers residing in the services secure living environment had authorised consents for physical restraint.

The service has policies, procedures and guidelines to support the delivery of care provided including in relation to restraint, wound management and pain management. Staff confirmed they have access to this information via the services electronic system.

For the reasons detailed, this requirement is Complaint.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Care planning documentation reflected the service managed the risks associated with the care of individual consumers through the completion of risk assessments and management plans to guide staff in care delivery.

Staff demonstrated knowledge of consumers’ personal and clinical needs and provided examples of individualised strategies for managing high-impact and high-prevalence risk, such as the diabetes management, falls, pain and behaviours.

Care staff described the services incident reporting processes including the reporting of any incidents to the Registered Nurse or Clinical Nurse.

The service had processes to identify, monitor, trend and analyse high-impact and high-prevalence risks for consumers. For example, through the analysis of clinical incident data and regular review of psychotropic medication use at the service in collaboration with the Pharmacist and Medical Officer.

For the reasons detailed, this requirement is Complaint.

### Requirement 3(3)(g) Compliant

*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.*

### Consumers and representatives said the service had provided them with current COVID-19 information, including the upcoming vaccination program that has been scheduled at the service.

Staff demonstrated an understanding of how they minimise infection related risks and described the practical steps they took, for example handwashing, the use of personal protective equipment and the isolation of consumers who present with possible infections.

### The service has implemented policies and procedures to guide staff in minimisation of infection related risks. Staff confirmed they have received training in COVID-19, infection control principles and anti-microbial stewardship.

The service has implemented improvements in relation to planning and preparedness for a potential COVID-19 outbreak including documenting the nominated outbreak coordinator at the service, consumer and staff details, contact details of relevant external organisations, service floor plans which identified donning and doffing locations, clinical handover processes including in the event a consumer is transferred to hospital, and communication processes in the event of an outbreak.

Management said the service reduced the number of consumers at the service, thereby allowing for each consumer to have their own rooms and bathrooms.

### Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

For the reasons detailed, this requirement is Complaint.

# 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.