Nanyima Aged Care Inc.

Performance Report

61 Alexandra Street   
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**Commission ID:** 5254

**Provider name:** Nanyima Aged Care Inc.

**Assessment Contact - Desk date:** 19 May 2020

**Date of Performance Report:** 3 July 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Desk report received 15 June 2020.
* the Assessment Team’s report for the Site audit conducted – Site 14-16 January 2020.

# 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 in Standard 3, therefore an overall compliance rating and summary is 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.

Overall consumers and representatives interviewed by the Assessment Team are satisfied with the care and services provided by the service. They also confirmed appropriate discussions and assessments have been completed in relation to the use of bed rails (including split bed rails).

The Assessment Team identified the service has implemented a number of improvements to its processes to support the management and risks associated with the use of physical restraint such as bed rails. Policies and procedures have been revised including new tools developed.

The Assessment Team reviewed care plans, assessments and progress notes which identified appropriate assessment, authorisation, discussion of risks and trialling of strategies have been discussed with the consumer/representative to inform safe and effective care. There processes to monitor the review of care plans and restraint/risk tools through the use of registers and review schedules. Registered staff interviewed by the Assessment Team demonstrated they are knowledgeable of the service’s risk assessment process and procedures/guidelines for restraint.

The Assessment Team identified staff are aware of the service’s monitoring process for bed rails including the escalation of any safety concerns or risks for consumers. Although the Assessment Team noted a high portion of monitoring/observation tools had been completed by staff, there were some minor gaps noted. I have considered the Approved provider’s response, which included a sample of consumers’ monitoring records which show these are now consistently being completed.

The Assessment Team reported a high portion of staff had attended training in relation to physical restraint, bed rail management and monitoring of consumers and interviews with staff demonstrate knowledge of these requirements. In relation to staff attendance at training; I have considered the Approved provider’s response which included further evidence to support that all staff (except those of leave) have now completed this training.

The Assessment Team also noted the service has processes to support the monitoring of consumers’ overall safety through meetings and review of incident data, including the completion of audits to ensure staff provide care in accordance with its restraint policies and procedures.

# 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.