North Rockhampton Nursing Centre

Performance Report

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**Commission ID:** 5446

**Provider name:** Queensland Health

**Assessment Contact - Site date:** 5 August 2020 to 6 August 2020

**Date of Performance Report:** 15 September 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 9 September 2020

# STANDARD 2 NON-COMPLIANTOngoing 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

Overall, sampled consumers advised the Assessment Team they feel like partners in the ongoing assessment and planning of their care and services.

Care planning documents reflect that consumers and/or their representatives are involved in assessment and planning and includes other providers of care and services including, for example, the Medical Officer (MO) and allied health specialists.

The service also demonstrated that consumers’ care and services are generally reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

However, the service was not adequately able to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services.

Not all care plans reviewed identify and address consumers’ current care and service needs, goals and preferences to sufficiently guide staff practice.

The Quality Standard is assessed as Non-Compliant as two of the five specific requirements have been assessed as Non-Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found a suite of assessment tools are available for staff to use and staff interviewed demonstrated they were aware of the commencing assessment and reassessment processes.

However, the team identified that for some consumers there is no evidence to demonstrate an assessment of risk is undertaken prior to the use of physical restraints such as bedrails and tray tables or prior to the use of psychotropic medications.

In addition, review of wound assessment and care planning for three consumers with wounds identified staff have not assessed and documented the measurement of the wounds and other clinical characteristics of the wounds in order to assist with monitoring and reviewing wound healing.

The approved providers response does not dispute these findings and a detailed Plan for Continuous Improvement has been submitted with planned completion dates of October and November 2020. While I recognise the approved providers response nevertheless the issues were evidenced at the assessment contact and actions to be undertaken have not been tested for effectiveness.

This requirement is non-Compliant.

### Requirement 2(3)(b) Non-Compliant

*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.*

The assessment team found that while assessments were undertaken, care plans for some consumers were not individualised or tailored to the specific needs of consumers for example in relation to showering or managing specific individual behaviours.

The approved providers response does not dispute these findings and a detailed Plan for Continuous Improvement has been submitted with planned completion dates of extending to October 2020. While I accept the approved provider is taking action, the issues were evidenced at the assessment contact and actions to be undertaken have not been tested for effectiveness.

This requirement is non-Compliant.

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### 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.*

# STANDARD 3 NON-COMPLIANTPersonal 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

Overall, sampled consumers considered they receive personal care and clinical care that is safe and right for them and they have access to health professionals as they need it.

Care planning documents and/or progress notes also generally reflect the identification of, and response to, deterioration or changes in the consumer’s condition and/or health status. Clinical records reflected referrals and input from MOs, a range of allied health and other medical professionals including for example the podiatrist and a NP.

However, the service was not able to adequately demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. This is particularly in relation to restrictive practices.

The Quality Standard is assessed as Non-Compliant as one of the seven specific requirements have been assessed as Non-Compliant.

### 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.*

I am satisfied that consumers sampled are generally receiving care that is safe and right for them. While the Assessment Team raised some concerns in relation to assessment of wounds I have considered this in relation to requirement 2(3)(a).

The Assessment Team also identified deficiencies in the assessment and management of some consumers subject to physical or chemical restraint. I have considered those issues in relation to requirements 2(3)(a) and 3(3)(b).

This requirement is Compliant.

### Requirement 3(3)(b) Non-Compliant

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

While the Assessment team found there are generally policies and processes in place to manage high impact or high prevalence risks associated with the care of each consumer, this was not the case for a consumer at high risk of falls who was mobilising without an appropriate aid or for consumers subject to restrictive practices. For example, the team found no evidence in progress notes of staff implementing behaviour strategies prior to the use of PRN medications for some consumers, medication charts and consumer’s care plans do not consistently record the conditions for use of PRN psychotropic medications, staff administering PRN psychotropic medications did not have a shared understanding of the conditions for the appropriate use and the service has not considered the risks associated with the use of restraint particularly for those consumers who are prescribed more than one psychotropic medication.

The approved providers response does not dispute these findings and a detailed Plan for Continuous Improvement has been submitted with planned completion dates of extending to October 2020. While I accept the approved provider is taking action, the issues were evidenced at the assessment contact and actions to be undertaken have not been tested for effectiveness.

This requirement is Non-Compliant.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

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

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### 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.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example, they said staff are respectful, talk to them when they are feeling low, and undertake duties such as collecting items from hobby shops for consumers.

Consumers interviewed also confirmed staff know what they are doing such as when they are providing cares and using equipment, there are adequate staff and consumers reported staff are always available when they need them.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements*.*

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team found the governing body meets regularly, sets clear expectations and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care.

Consumers advised the service is well run and confirmed they are involved in the development, delivery and evaluation of services. For example, such as through the participation in “resident meetings” and “Pulse meetings” where consumers are involved in the review of the service and encouraged to make suggestions to support them to live the best life they can.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### 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.

### 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.

### Requirement 3(3)(b)

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

Implement actions described in the services Plan for Continuous Improvement prepared on 21 August 2020.