PresCare Protea Townsville

Performance Report

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**Commission ID:** 5309

**Provider name:** The Presbyterian Church of Queensland t/a PresCare

**Assessment Contact - Site date:** 10 June 2021

**Date of Performance Report:** 9 July 2021

# Publication of report

This Performance Report **will 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(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
* other intelligence and information held by the Commission in relation to the service.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team did not assess all Requirement in this Standard and therefore an overall compliance rating or summary for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

Consumers were provided with timely information that was accurate and current, and provided in a way that was easy to understand and allowed them to exercise choice.

Consumers and representatives confirmed they received information to help them make decisions. Information provided to consumers included menu choices, the pending sale of the service, activity choices and monthly newsletters.

Staff described the different ways information was provided to consumers, in line with their communication needs and preferences. Consumers were engaged verbally in the selection of their meals and staff inform consumers the daily choice of activities. Information on the sale of the service and appointment of the receivers had been communicated within the service’s newsletters, information sheets and discussed at scheduled monthly consumer meetings.

Management actively engaged with consumers through regular walk arounds to respond to any concerns regarding the sale of the service. Management described how information on the sale of the service and the appointment of receivers had been provided to consumers, their representatives and family members. The sale of the service had been discussed at monthly consumer meetings. A circular was distributed to all families on 14 May 2021 advising of the appointment of the receivers. The Chief Executive Officer and receivers met with consumers, representatives, family members and staff on 15 and 16 May 2021. An electronic mail address had been provided to all consumers and their representatives to enable direct contact with the receivers for any concerns. A ‘frequently asked questions’ information sheet about receivership had been provided to consumers and was observed to be available throughout the service. A review of consumer meeting minutes identified the sale of the service and strategies to continue access, including the introduction of new medical officers, had been discussed with consumers on an ongoing basis.

The service displayed monthly activities calendars and an allied health exercise program within each dining room. A whiteboard was used to inform consumers of the activities for each day and activities calendars were observed within each consumers room. Consumers were observed to have a copy of the newsletter dated June 2021 which provided an update on the appointment of receivers and the service continued to work towards securing the sale of the service. Staff were observed advising consumers of their meal options for the following day and consumers advising of their choices. Posters displaying information on feedback mechanisms, advocacy support and COVID prevention strategies were observed to be displayed within the service environment. Brochures, which included translated materials were observed to be available at the entry point to the service.

Based on the evidence contained above, it is my decision this Requirement is Compliant.

# 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 Requirement in this Standard and therefore an overall compliance rating or summary for the Quality Standard 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.*

Consumers received safe and effective personal and clinical care, that was best practice, tailored to consumer needs and optimised consumer health and wellbeing.

Care plans reflected care that was supported by best practice. Strategies were identified as a result of charting, observations and review of documentation tailored to the specific needs of the consumer. Assessments had been reviewed to ensure they were linked to best practice models of care and included a range of risk-based assessments. Care planning documents and progress notes included referrals and recommendations from specialist services.

Consumers were satisfied they were receiving care that was safe and right for them and met their needs and preferences.

Registered and care staff described consumer’s individual needs and preferences and how these were managed in line with their care plan. Staff described policies and procedures which guided their practice were available electronically. Care staff confirmed they had registered staff available to raise any concerns or issues. Staff described other services available to support consumers, including Medical officers, speech pathology, dietitian and external specialist services.

The organisation had policies, procedures and guidelines for the following key areas of care, restraint, skin integrity and pain management in line with best practice. Staff were able to access this information electronically.

Restraint:

The service identified 46 consumers receiving psychotropic medication which was considered a chemical restraint. The psychotropic monitoring documentation maintained by the service identified diagnosis, medication prescribed and review by the Medical officer. Clinical nurses described the review of psychotropic medications and authorisations identified gaps in documentation. Clinical nurses with support from the specialist dementia clinical nurse were ensuring the authorisations were current and that medications had been reviewed by Medical officers. Two consumers recently had their psychotropic medication reduced or ceased.

Training was provided dementia training for staff in the week preceding the assessment contact. Staff had been advised that non-pharmacological interventions were required to be documented prior to as required medication being administered or an incident report would be required.

Twenty-two consumers had a physical restraint in place, this included 14 consumers who resided in the Memory support unit, eight consumers who have bed rails, beds against the wall, low beds and one consumer who used a comfort chair. Consumer files reviewed demonstrated authorisations were current and had been reviewed.

Skin integrity:

All consumers received pressure area care, this included encouraging consumers to walk to the dining room for meals, moving from dining room chairs to lounge chairs or encouragement to attend the exercise program and other lifestyle activities.

Nine consumers had pressure injuries. For one named consumer with complex pressure injuries, the clinical file demonstrated regular wound dressing and monitoring occurred, nutritional supplements were prescribed, and re-positioning occurred every two hours. Ongoing education for registered staff in relation to pressure area care had been implemented.

Pain management:

Consumers’ pain was regularly assessed to evaluate pain management strategies and identify any changes to pain levels. Review of consumers’ files demonstrated pain assessments were completed, reviewed and evaluated. A range of pharmacological and non- pharmacological strategies were used in conjunction with allied health professionals to assess and manage consumers’ pain.

Based on the evidence contained above, it is my decision this Requirement is Compliant.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team did not assess all requirements in this Standard and therefore an overall compliance rating or summary for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

Consumers’ emotional, spiritual and psychological well-being was promoted through the provision of services and supports of daily living.

Consumers confirmed they were supported spiritually, when their mental health or well-being had been negatively impacted and could explain the ways that the staff supported them during difficult life events. Consumers advised they were not experiencing any distress over the sale of the service or the appointment of receivers as management and staff had provided them with reassurance. Consumers and representatives confirmed staff were kind and caring and they were comfortable raising issues with staff or management, should the need arise.

Review of care documentation identified information regarding the emotional, spiritual and psychological needs of the individual consumers, and strategies to increase their well-being. Care documentation identified consumers spiritual and cultural beliefs.

Consumers received support from the Older Person Mental Health Service and dementia specialists following referrals made by the service. Staff described the spiritual support available to consumers at the service, which included weekly church services for different denominations practised by consumers at the service.

Staff stated when they identified a negative change in a consumer’s demeanour and were concerned for their emotional or psychological well-being, they would attempt to address the issue through documented strategies as outlined in the consumer’s care documentation. Staff described the individual strategies used for consumers, which aligned with information documented in reviewed care documentation.

Any ongoing concerns regarding consumers’ emotional or psychological well-being were escalated to registered staff and clinical management for assessment. Following assessment consumers were referred to appropriate counselling services, and amendments were made to leisure and behavioural care plans where appropriate.

Staff were observed talking to consumers, participating in activities and engaging with consumers throughout the assessment contact. The June 2021 Newsletter updated consumers on the activities of the service including introduction of new staff, infection control training completion and events held last month. Minutes of consumer meetings included reassurance provided to consumers that kitchen staff will be retained when the catering division of the organisation was sold. A chapel was available and regular church services were held. Brochures and posters on chaplaincy and advocacy services were available within the service.

The monthly activities calendar included events that were of interest to females, males, groups and individuals to align with consumers individual service and support needs. The service recognised and celebrated days of significance including birthdays and ANZAC Day.

Based on the evidence contained above, it is my decision this Requirement is Compliant.

# STANDARD 7 Human 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

The Assessment Team did not assess all requirements in this Standard and therefore an overall compliance rating or summary for the Quality Standard is not provided.

## 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.*

The workforce was planned which enabled the number and mix of members of the workforce to deliver and manage safe and quality care and services.

Consumers and representatives confirmed there was sufficient staff to meet consumers’ care needs including provision of assistance when required.

Staff advised they had enough rostered staff and adequate time to attend to consumers’ personal preference and care needs. The hours for the roster were calculated based on the service having full occupancy of consumers. The service currently has several vacant beds including a twenty-bed wing was closed. Staff confirmed that staff unable to attend their shifts were replaced. Staff received training and support from management. Environmental staff were satisfied with staffing and had sufficient time to complete their duties.

The recruitment of permanent and casual staff was conducted as needed, the published roster was issued to staff with all projected shifts filled including supernumerary staff rostered daily as required to cover shifts or provide one to one support to consumers. Registered staff felt supported by management at the service to deliver safe and effective care.

The workforce was planned, based on the number of consumers at the service, the needs of consumers and the layout of the service. There was capacity to increase base hours to match changes in consumers’ needs including providing one to one consumer support and care as required. There was a process to replace staff on leave, the service had a pool of casual staff and access to agency staff to ensure shifts were filled. There was a process in place to ensure call bell response times were monitored. Any call bell response times which were outside of reasonable timeframes were investigated by clinical staff.

Review of feedback and complaints records did not evidence any workforce issues. The service had a staff member assigned seven days per week at reception to conduct visitor screening prior to entry to the service. An additional acting Clinical nurse role had been implemented specifically to support the Memory support unit. Staff were observed responding promptly to requests for assistance from consumers, either verbally or via the call bell system. Medications were observed to be administered as scheduled. Scheduled services and activities were observed to occur at designated times.

In relation to the Organisation being under receivership, management advised the service had not reduced any rostered hours and continues to roster, and cover shifts as per business as usual processes. Staff were informed of organisational changes and updates through regular meetings and emails. Management advised the change in executive had not affected staff attendance at the service. The Organisation had an acting Executive Manager of Residential/and Chief Clinical Officer based at the service. continued to be supported by the Head Office in Brisbane, however the Board has been dissolved and is now directed by the CEO and the Receivers appointed.

Based on the evidence contained above, it is my decision 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.