Performance

Report

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| Name: | Clifton Nursing Home |
| Commission ID: | 5997 |
| Address: | 20 Norman Street, CLIFTON, Queensland, 4361 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 October 2024 |
| Performance report date: | 14 November 2024 |
| Service included in this assessment: | Provider: 1621 Clifton Co-Op Hospital Ltd  Service: 3909 Clifton Nursing Home |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Clifton Nursing Home (**the service**) has been prepared by P. Sherin, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – 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 team’s report received 1 November 2024 providing additional information.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 3(3)(b): Ensure implementation of effective improvements to systems and processes for managing restrictive practices and the administration of time-sensitive medication.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |

Findings

Having considered the Assessment contact report and the Provider's response, I find the service non-compliant with Requirement 3(3)(b). The non-compliance is related to the following:

* The service is not demonstrating effective management of restrictive practices and the administration of time-sensitive medication.

I have made this decision based on the following analysis.

**Requirement 3(3)(b)**

Sampled consumers and representatives expressed positive feedback regarding the care consumers receive, specifically in relation to the management of pain, falls, wounds, and pressure injuries.

Staff demonstrated knowledge of risks to individual consumers such as falls, pressure injuries, and unplanned weight loss and described the strategies implemented to manage and mitigate these risks.

Review of care documentation identified pain assessment and charting is conducted, and pain management strategies are implemented and assessed for effectiveness. Where wound management plans are required, review evidenced regular monitoring, dressing changes, measurements, and wound photography to track healing. Policies and procedures are available to guide staff practice in identifying and managing high impact and high prevalence risks to consumers.

However, the Assessment contact report identified the service did not demonstrate safe and effective management of time-sensitive medication or restrictive practices. The Assessment contact report brought forward the following information:

* For 2 consumers administered medication for Parkinson’s disease, review of records identified between the period of 20 September 2024 to 15 October 2024 most doses were administered more than half an hour earlier or later than the prescribed time, with a significant percentage administered between one to 4 hours outside of the prescribed time.
* Management said the service’s medication administration system does not provide alerts when medication is late, and the service does not actively monitor administration of time-sensitive medication. The service’s medication policy does not specifically address time-sensitive medication.
* Review of care documentation for most consumers subject to restrictive practices identified these do not include risk assessments or individualised behaviour support plans.
* Incidents of aggression due to a consumer’s changing behaviour do not consistently result in a review of the consumer’s behaviour support plan to evaluate the effectiveness of strategies for behaviour management. Management confirmed not all behaviour support plans have been completed and many have not been reviewed.
* Signed consent from a medical officer and the consumer or their substitute decision-maker for the use of restrictive practices is not always recorded.

The Provider’s response acknowledged the assessment team’s findings and advised of planned improvements to remediate the deficits. The Provider advised the organisation has engaged a consulting firm to implement a range of quality improvement initiatives, including the provision of a mentoring program and ongoing training and support for the service’s new Clinical care manager and the clinical team. In relation to medication management and restrictive practices, the following specific actions are planned:

* Review and update of all restrictive practice assessments and authorisations for all consumers subject to a restrictive practice by 15 November 2024.
* Development of individualised behaviour support plans for consumers by 8 November 2024.
* Review and amendment of the service’s medication management policies to include active monitoring mechanisms to ensure accurate administration of time-sensitive medication. An audit of time-sensitive medication has been completed with the findings to be reported to management, clinical staff, and the Board for further discussion on identified areas of immediate improvement.
* Provision of training and education for registered and enrolled nursing staff on restrictive practices, behaviour support, and safe administration of time-sensitive medication by the end of November 2024.

Having considered the Assessment contact report and the Provider’s response, I find deficits remain. Proposed improvement actions to strengthen systems, processes, policies, and staff training have not been fully implemented, and will require time to be embedded within the service and to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

**Requirement 3(3)(c)**

Consumers and representatives expressed confidence in palliative and end-of-life care provided to consumers at the service.

Review of care documentation identified end-of-life care plans are in place for consumers on a palliative pathway, and regular pain checks and repositioning occurs.

Staff described how they care for consumers nearing end-of-life to ensure their comfort is maximised and dignity maintained, and the actions taken to support consumers’ families and representatives as required.

Staff complete training in the provision of palliative and end-of-life care. The service is currently implementing a palliative care team who will receive additional training and provide specialised support for consumers on a palliative pathway.

Based on the information above, I find this Requirement is compliant.

**Requirement 3(3)(d)**

Consumers and representatives said staff know consumers well and they are confident staff can identify a change in consumers’ health and condition. Consumers said they have access to medical services if their health declines or changes.

Care staff described the signs they look for to identify change or deterioration in consumers’ health and how they escalate any concerns to registered staff. Registered staff described the service’s assessment and escalation processes following changes to a consumer’s health and condition, including contacting the medical officer and transferring to the local hospital as required. Registered staff send the medical officer a daily email update and book telehealth consultations which are conducted once a week. The service also has access to an after-hours home doctor service if required.

Review of care documentation identified timely and appropriate response to deterioration in sampled consumers. Review of incident documentation demonstrated appropriate escalation and involvement of external health professionals.

Management stated, and staff confirmed, deterioration and changing conditions of consumers are discussed during daily handover. This information is also recorded on handover sheets and progress notes for staff to refer to, and care plans are updated as required.

Based on the information above, I find this Requirement is compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)