Performance

Report

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| Name: | Frankston Nursing Home |
| Commission ID: | 3979 |
| Address: | 8-12 Nolan St, FRANKSTON, Victoria, 3199 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 28 May 2024 to 29 May 2024 |
| Performance report date: | 21 June 2024 |
| Service included in this assessment: | Provider: 2932 Merakis Enterprises Pty Ltd  Service: 19352 Frankston 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 Frankston Nursing Home (**the service**) has been prepared by M Waniczek, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not appliable as not all requirements were assessed |
| **Standard 4** Services and supports for daily living | **Not appliable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not appliable as not all requirements were assessed** |

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

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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. | Compliant |

Findings

The service demonstrated effective management of high-impact or high-prevalence risks associated with the care of each consumer, such as falls, diabetes management, and complex care needs.

The service demonstrated staff complete a Fall Risk Assessment Tool (FRAT) for all consumers upon entry, which is evaluated and updated during planned care reviews and as consumer needs change. Care documentation demonstrated effective assessment, management, and monitoring of falls by staff. Care documentation reflected evidence of notification to the consumer’s representative and medical practitioner after a fall occurs, and appropriate referral to a physiotherapist or occupational therapist for post-fall review, with interventions to minimise the risk of falls implemented. Staff demonstrated knowledge of the service’s post-fall policy and procedure.

Documentation reviewed demonstrated individualised diabetic information and guidelines, including medical practitioners progress notes.

Consumers and representatives noted, and care documentation confirmed, the service weighs all consumers at least monthly. Consumers who lose more than two kilograms in one month, or exhibit steady weight loss over several months, are monitored weekly and referred to a medical practitioner or dietitian.

The service has a range of clinical policies and procedures including the care and management of falls, diabetes, nutrition and hydration and catheters.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 3(3)(b).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

Consumers and representatives confirmed they are satisfied with how consumers are supported to optimise their independence, health, and well-being. Staff demonstrated knowledge of consumers’ needs and preferences.

The lifestyle program is developed based on consumers’ preferences and with one-on-one activities available for those consumers who choose not to attend group activities. Ongoing evaluation occurs through meetings, surveys, and verbal feedback, allowing consumers to have input into the program. Individual care planning documentation identified social, and lifestyle needs and preferences. The Assessment Team noted the lifestyle calendar was displayed throughout the service and in consumers’ rooms.

The Assessment Team observed consumers engaged in both one-on-one and group activities. Care and lifestyle staff work together to ensure consumers are appropriately dressed and ready to attend and or participate in activities of their choice.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 4(3)(a).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

Consumers and representatives confirmed staff are competent and provide consumers with a safe, caring, and respectful environment.

Management demonstrated the use of an effective workforce planning framework. When leave occurs, permanent staff are offered additional shifts prior to the use of agency staff. Staff described receiving SMS messages via the rostering application or phone calls when unplanned leave occurs, offering them additional shifts. Staff confirmed the service employs a sufficient number of staff.

Consumers advised call bells are answered in a timely manner. Staff described monitoring and actioning call bells via the automated system, which includes a real-time view in the clinical manager’s office. The Assessment Team observed, and documentation reviewed confirmed, call bell response times averaged less than 5 minutes, which is aligned with the service’s policy response timeframe.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(a).

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