Performance

Report

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| Name of service: | Frankston Nursing Home |
| Service address: | 8-12 Nolan St FRANKSTON VIC 3199 |
| Commission ID: | 3979 |
| Approved provider: | Merakis Enterprises Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 22 November 2022 |

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 L. Malone, 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 Site Audit; the Site Audit 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 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said staff support consumer’s dignity and consumers are treated with respect. They provided examples of how care and services are culturally safe and allow them to express and maintain their cultural practices. Consumers and representatives said they are satisfied with their involvement in decision making, are supported to make choices through accurate and timely information, and that these choices are respected.

Staff were able to provide examples of how they support consumers in choices involving risk such as eating foods against recommendations and leaving the service independently, and said they are supported by protocols to assess risks and enable informed decision making to allow consumers to live the best life they can. Staff were able to describe how they support individual consumers in their cultural or religious practices and management described a commitment to inclusive care which respects individual identity. Staff were able to describe how they protect consumer privacy and confidential information and what respecting privacy means to individual consumers.

The Assessment Team found the service has a range of policies and procedures which support safe and inclusive care. Information to support choices was observed displayed in the service and other accessible resources such as the consumer handbook.

A review of care documentation found evidence consumers are informed of their rights and their choices are supported.

I find this Standard Compliant as six of the six specific Requirements are found to be Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives said care and services are planned around what is important to them and that they are satisfied with their participation in assessment and care planning. They said staff communicate changes to assessment and care planning, they are kept well informed of consumer outcomes and some said they had seen a written care plan.

Care documentation considers risks associated with the care of individual consumers such as risks to skin integrity and pressure injuries, complications of diabetes, falls, behaviours related to dementia and impaired swallowing, and provided relevant and individualised strategies to manage these risks. Information reflected the needs, goals and preferences of individual consumers and reflected feedback provided by consumers, representatives and staff. Assessment and care planning documentation provided evidence of regular reviews of care, and responsiveness to change in the consumer condition, and that the service engages other providers of care such as allied health, medical and specialist providers to support consumer wellbeing.

Staff described ongoing engagement with consumers and representatives about assessment and care planning through regular consultation and communication. They said consumers are offered a copy of their care plan and described processes of documentation of assessment and care planning outcomes

I find this Standard Compliant as five of the five specific Requirements are found to be Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives were satisfied with the care they receive and provided examples of ways it is tailored to their needs. Representatives of consumers with cognitive impairment described being well informed of assessment outcomes, available interventions and incidents. Consumers and representatives were satisfied they are able to access medical practitioners and other service providers if they needed.

Staff were able to describe the needs, goals and preferences of individual consumers, and identify the risks involved in their care such as falls, challenging behaviours, pain and complications of diabetes. In the management of pain, skin and wound care and the use of restrictive practices, staff demonstrated knowledge of best practice principles. Staff described using validated assessment tools, engagement of specialists such as wound or dementia specialists and use of non-medication strategies to support care. Staff described accessing a range of health providers and could describe referral pathways and types of changes in a consumer’s condition which would prompt referral.

A review of consumer care files provided evidence the service has effective processes for communicating and documenting consumer’s needs, goals and preferences including where care is shared. Care documentation demonstrates the involvement of a range of allied health, medical and specialist providers in consumer care and that deterioration in consumer’s condition is identified and responded to in a timely way. Staff said they receive current and accurate information and information contained in the care planning documents reflected feedback from consumers and representatives. The Assessment Team found in the use of restrictive practices, pain management and skin and wound care, the service has processes in place to support a best practice approach. For consumers with a prescribed restrictive practice appropriate consents, detailed assessment and behavioural support plans and regular monitoring is in place.

The service demonstrated effective systems and infection control practices to minimise the transmission of infection, including COVID-19 infection. A current outbreak management plan (OMP) was reviewed by the Assessment Team which guide’s the service’s response to an infectious outbreak. The service practices antimicrobial stewardship and demonstrated appropriate and practical approaches to the use of antibiotics. Staff described seeking pathology confirmation of infection, medical review and implementation of non-medication strategies when considering antibiotics.

I find this Standard Compliant as seven of the seven specific Requirements are found to be Compliant.

# 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the services and supports consumers receive for activities of daily living are effective in optimising their independence and quality of life. They described being able to maintain social relationships and do things of interest. Consumers provided examples of how staff understand their needs and preferences such as when independence is limited by pain, provide support to participate in activities of enjoyment such as group activities or community outings, or provide emotional support during grieving and loss.

Staff demonstrated understanding of individual consumer’s support needs and preferences and described how they adapt care to meet these such as providing one on one support in a consumer’s room, spending time in the garden or ensuring consumers are assisted to be ready for a visitor or outing. Lifestyle staff described how they seek to get to know consumers and get their input to create an inclusive activity program.

Consumer care files documented services and supports which aligned with consumer and representative feedback. Care documentation was demonstrated to be individualised and provides information on the supports required for consumers to participate in ways that are important to them and maintain social connections. Care documentation demonstrated the involvement of external providers in consumer care such as allied health and medical professionals to optimise consumer independence and wellbeing in areas of care such as

mobility, behavioural management, social participation, nutrition and swallowing. The service demonstrated effective systems of communicating and documenting information regarding the consumer’s needs, goals and preferences, and information in the care file was found to be individualised and accurate.

Equipment to support leisure and lifestyle was found to be accessible and clean, and staff were able to describe how equipment is prescribed and reviewed to ensure it is safe for consumers.

Consumers interviewed by the Assessment Team were generally satisfied with the quality of meals and said they are offered choice. While some complaints regarding meals were noted, it was found management had taken action in response and the service utilises consumer feedback through a consumer food focus group in menu planning. Staff said they complete nutrition assessments and involve dieticians and speech pathologists to ensure consumers receive meals in line with their dietary needs.

I find this Standard Compliant as seven of the seven specific Requirements are found to be Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives described how they feel at home at the service and said they have input into aspects of the service design such as choosing furniture and furnishings. Consumers can freely access the indoor and outdoor service environment and were satisfied the service is safe and clean.

The Assessment Team observed the service to be easily navigated and have homely features such as artworks and soft furnishings, and a range of equipment to support consumer care. Some minor cosmetic damage such as scuff marks were noted but the environment was generally found to be clean and well-maintained. Management described recent renovations at the service such as a coat of paint in some rooms and new wallpaper in the hairdresser’s and theatre rooms.

Staff were informed of their role in reporting hazards and ensuring equipment and the service environment is safe. Maintenances staff described a schedule of regular preventative maintenance, and reactive maintenance in response to issues as they arise. Management said the service has recently employed an environmental services staff member and continues to actively recruit.

I find this Standard Compliant as three of the three specific Requirements are found to be Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt encouraged to provide feedback on care and services and were aware of external advocacy services and other avenues of raising complaints. They were satisfied the service is responsive to their feedback and that appropriate action is taken. The Assessment Team found information promoting feedback and advocacy services is accessible and displayed throughout the service.

Staff described how they support consumers and representatives to raise feedback and how they try to resolve issues as soon as possible. Management and staff described an open disclosure approach when things go wrong, and consultation with the consumer in their responses to raised concerns.

Management described how feedback is used to improve the quality of care and services and identify areas for improvement and how this is captured through a range of sources such as focus groups, written and verbal feedback and incidents. The Assessment Team found evidence the service records and monitors feedback and has relevant written policies and procedures to support an effective feedback and complaints process.

I find this Standard Compliant as four of the four specific Requirements are found to be Compliant.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said consumer’s needs are attended to in a timely manner and staff are considerate, helpful and kind. Consumers and representatives were satisfied staff were competent in their roles and receive training which allows them to deliver the care and services to meet consumer’s needs.

Management and staff acknowledged difficulties filling shifts in response to unplanned leave and staffing supply in the regional area. Staff described actions taken such as use of casual and agency staff, redistribution of workload or management assisting with service delivery at times to ensure the delivery of safe and effective care when short staffed. Management described a range of strategies such as active recruitment, positive team culture, partnership with local training organisation and engagement of staffing agencies to support workforce planning and deployment.

The service has competencies and qualifications outlined for each role and provides relevant training to support the workforce in delivery of outcomes required under the Standards and staff said they can access the training they need. Management described regular assessment, monitoring and review of staff performance and documentation provided evidence of annual performance appraisals.

I find this Standard Compliant as five of the five specific Requirements are found to be Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives said the service is well run and they participate in development and delivery through food focus groups and being engaged in decisions about the service environment refurbishment. Management described a range of ways consumers are engaged such as through meetings, annual surveys, care consultations, focus groups and an ‘open-door’ policy. Management described a governance structure, supported by policies and procedures, which promotes a culture of safe and inclusive service delivery.

The Assessment Team provided evidence in the site audit report demonstrating the service’s approach to inclusivity of individual consumer’s diversity and identity, and governance structures and systems which are accountable and effective in the delivery of safe and quality care and services. The service demonstrated effective systems of organisation-wide governance related to information and financial management, and examples provided in the site audit report demonstrate how these contribute to positive consumer outcomes.

The service has a range of policies and procedures to support risk management which are effective in the identification of abuse and neglect, managing and preventing incidents and high-prevalence, high-impact risks, and supporting consumers to live the best life they can. Staff demonstrated an understanding of these policies in their practice. The Assessment Team found some gaps in Serious Incident Response Scheme (SIRS) documentation related to unwitnessed falls and consideration of contributing factors, but a review of these incidents found actions undertaken by the service were appropriate. The service has systems to capture information from audits, feedback, clinical indicators and incident data and changes to legislative and regulatory requirements and uses this information to drive continuous improvement.

Management and staff demonstrated a practical understanding of the organisation’s clinical governance framework in relation to antimicrobial stewardship, the minimisation of the use of restrictive practices and open disclosure.

I find this Standard Compliant as five of the five specific Requirements are found to be Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)