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: | on 17 October 2023 |
| Performance report date: | 30 November 2023 |
| 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 N Eastwood, 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 applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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)(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 |

Findings

Consumers and a representative provided positive feedback on the care provided, both personal and clinical care. Staff demonstrated knowledge of consumer care needs and interventions planned to provide safe and effective care. A review of care files reflected individualised strategies to minimise restrictive practices and manage skin integrity, wound, and pain.

There are processes and systems to support staff transition to a newly implemented electronic document system, as well as clinical oversight and auditing processes to ensure consumers receive the care, they require to optimise their health and wellbeing.

The Assessment Team noted examples of additional resources to support the oversight of restrictive practices processes and reviews. There is an auditing process in place to ensure effective transition to the electronic documentation system. This process is supported by a registered nurse who demonstrated how wound documentation will be better maintained in the electronic system. There was evidence of referrals for specialty wound management consultation and implementation of recommendations. There was also evidence of documentation and assessments consistent with the post falls management protocol including appropriate consideration of pain and transfer to hospital of a consumer on anticoagulation therapy.

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

# 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 confirmed they are encouraged to pursue activities of interest to them and described how the service supports them with services and supports for daily living. A monthly calendar of group activities is developed based on the preferences and interests of the consumers living at the service. Staff described how they ensure consumers are prepared and ready to attend activities of their choice and the mechanisms to gather consumer feedback and suggestions to inform activity planning.

The Assessment Team observed monthly activities schedules visible throughout the service and in consumer rooms and noted examples of improvements such as the addition of gardening beds, at the suggestion of consumers, and a regular men’s club meeting.

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

The service effectively plans its workforce to enable the delivery of safe and quality care and services to consumers, supported by the use of an electronic rostering system. Management described how they ensure adequate staffing to provide safe and quality care by having a roster that identifies the designation of staff members and is relevant to care needs of consumers. When there is unplanned leave, vacant shifts are electronically advertised to permanent and casual staff, with agency staff used as a last resort. Staff confirmed there is adequate staffing and strategies in place to ensure shifts are filled.

The Assessment Team noted adequate levels of staff across all shifts and planning in advance of rostering requirements. The service is in the progress of reinstating additional monitoring of staff training to ensure completion of mandatory modules.

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 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)