Performance

Report

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| Name: | Glenella Care |
| Commission ID: | 5349 |
| Address: | 35 Davey Street, GLENELLA, Queensland, 4740 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 31 October 2023 |
| Performance report date: | 13 November 2023 |
| Service included in this assessment: | Provider: 296 Annimaci Pty Ltd  Service: 3701 Glenella Care |

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 Glenella Care (**the service**) has been prepared by K. Reed, 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 Performance report completed 03 July 2023, following an Assessment contact -site 07 June 2023
* 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 | Not Applicable as not all Requirements were assessed |

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

# 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

The service was ensuring the delivery of personal and clinical care in accordance with the consumers’ needs and preferences particularly relating to the documentation of restrictive practice authorisations and behaviour support plans.

The service was found to be non-compliant with this requirement following the Site Assessment Contact on 7 June 2023, related to ensuring a common understanding of restrictive practices for staff and ensuring accurate documentation was maintained, monitored, and reviewed when in use.

Corrective actions have been taken to address previous deficiencies in this Requirement, actions have included the following:

Staff received training in understanding restrictive practice, via electronic learning and during staff meetings. The management team reminded staff how to access policies and procedures, and staff explained and demonstrated where to locate them in paper and electronic formats.

The access to the memory support unit main door was reviewed and changed to being unlocked during the day, so consumers could move freely to other parts of the building. After hours, the door was locked for security reasons and all staff knew the electronic code and could unlock the door to allow consumers into the other areas of the building.

Staff updated behaviour support plans to detail alternative strategies to any restrictive practices for consumers with challenging behaviours. In the memory support unit, staff were educated that the least form of restrictive practice was to be used. The behaviour support plans detailed these as including distraction, redirection, offering food and drinks, toileting, checking for pain, and offering social activities.

Consumers expressed satisfaction with the care they received, including their ability to move throughout the service freely and those consumers that were not subject to environmental restrictive practices were able to use the exit code. Two consumers were observed to use the electronic keypad at the front door to exit the service independently.

Care documentation identified that consumers who were subject to an environmental restrictive practice had the appropriate consent documentation in place and it was up to date, with the documentation signed by the Medical Officer, a Registered Nurse from the service and either the consumer or their representative. Each relevant consumer had a behaviour support plan in place with intervention strategies documented and documentation confirmed a case conference was held with each sampled consumer and or their representative.

Staff explained what restrictive practice was and the different types of restraint used at the service. Staff explained if consumers had a form of restraint in place, what the intended use of the restraint was. Staff were issued ‘flash cards’ that they could carry around with them, listing types of restraint and strategies for supporting consumers with challenging behaviours. Staff confirmed these cards were available and accessible.

Based on the information recorded above, this Requirement is now Compliant.

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)