Performance

Report

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| Name: | Jimbelunga Nursing Centre |
| Commission ID: | 5468 |
| Address: | 259 River Hills Road, EAGLEBY, Queensland, 4207 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 September 2023 |
| Performance report date: | 25 October 2023 |
| Service included in this assessment: | Provider: 5915 Northern Sydney Local Health District  Service: 3758 Jimbelunga Nursing Centre |

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 Jimbelunga Nursing Centre (**the service**) has been prepared by B Bassett, 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 1 Consumer dignity and choice | Not Applicable as not all Requirements Assessed. |
| **Standard 3** Personal care and clinical care | **Not Applicable as not all Requirements Assessed.** |
| **Standard 5** Organisation’s service environment | **Not Applicable as not all Requirements Assessed.** |
| **Standard 7** Human resources | **Not Applicable as not all Requirements 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 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 |

Findings

Overall, consumers and their representatives said staff treat consumers with dignity and support their identity, culture, and diversity. Consumers said staff ensure their dignity is maintained during care delivery and interactions and that staff were aware of what was important to them as individuals. For example, consumers spoke about staff awareness of their hobbies, food preferences and people who are important to them.

Staff described and demonstrated understanding of individual consumers’ choices, interests and culture and provided examples of respectful care delivery with personalised interactions. For example, staff described providing meal assistance to a consumer that varied daily dependant on his level of dexterity as he prefers to feed himself when he can.

Staff said they receive culture and diversity training and described how they support consumers in this regard through providing individualised care.

Care documentation of sampled consumers described life history, culture, personal interests, and preferences to inform staff delivery of care and guide their interaction with each consumer.

Staff were observed engaging positively with consumers, speaking in a kind and respectful manner, closing doors to consumer’s rooms when delivering care, seeking consumer feedback, and responding to consumer requests. The service operates under a model of care which emphasises connection through relationships, diversity, self-determination, and healing.

After considering the above information I have decided Requirement 1(3)(a) is 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 |

Findings

Consumers and representatives said staff are meeting the personal and clinical care needs of consumers. For example, a consumer with diabetes said, ‘staff check my sugar levels each morning after breakfast and give me my jab.’ The consumer said her Medical Officer (MO) told her the effective management of her diabetes might result in the cessation of medication. Another consumer with Parkinson’s disease said staff assist his condition by ensuring his time sensitive medications are administered on time.

Care documentation aligned with the care information described by consumers. For example, medication charts evidenced timed administration of medication and blood glucose levels (BGL) are monitored as per medical officer (MO) advice.

Care documentation identified that personal care and clinical care considerations by the service met consumers’ individual needs. Care plans contained current and updated information, for example, when a change in consumers’ circumstances or an incident occurred. Care documentation recorded the daily cares provided to consumers including wound care management information, food and fluid intake, pain assessments and diabetes management.

In relation to restrictive practice, Behaviours support plans (BSP) were in place for consumers with challenging behaviours and included triggers and strategies to guide staff support. A review of the service’s restrictive practices records identified consumers have been assessed and consent authorisations completed by the MO and decision maker and were reassessed regularly.

The Assessment Team observed staff assisting and providing care and services to consumers and utilising devices and equipment to keep consumers safe. For example, consumers who experienced falls had sensor mats in their rooms to alert staff when they mobilise. Wheelchairs and 4-wheel walkers were observed to be within reach of consumers.

After considering the above information I have decided Requirement 3(3)(a) is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers said the service is clean, well maintained and comfortable. Consumers expressed satisfaction with their ability to move throughout the service and being able to get assistance when required. For example, consumers said staff keep their rooms clean, assist them with air-conditioner settings and assist their mobilisation throughout the service.

Staff interviewed were able to explain cleaning responsibilities and schedules and the procedure of maintenance request and hazard reporting to ensure timely rectification. The service has a preventative and scheduled maintenance process in place to manage the living environment, combined with regular cleaning programs to ensure the service is kept clean and safe for consumers. Review of documentation such as cleaning schedules and maintenance records evidenced the service has effective monitoring systems in place to support a safe and clean environment.

The Assessment Team observed consumers mobilising independently throughout the service. Walkways were clear, windows and sliding doors were often open providing fresh air throughout the service, and consumers were observed enjoying indoor and outdoor areas. Consumers have access to maintained garden areas adjacent to their rooms and extending throughout the service grounds.

After considering the above information I have decided Requirement 5(3)(b) is 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 |

Findings

The service has a specialised rostering team to produce a roster to match consumers’ care and service needs. Staffing levels are planned to support the replacement of staff on leave, including those on leave with short notice due to illness. The service monitors staff response times to calls for assistance through a variety of methods including call bell audits, consumer meetings and feedback and complaints processes. The service had a range of policies and procedures to guide workforce planning and rostering.

Clinical and service staff interviewed said they have enough time to complete their work, are generally replaced when staff are unable to attend for an allocated shift and feel they can approach the rostering team for any shift need requirements.

Management demonstrated monitoring methods to ensure appropriate levels of staffing are maintained including via consumer meetings, incident reports, clinical indicator reports and audits.

Consumers said staff provide the care and services they need and respond to their requests in a timely manner. Consumers were able to provide examples of staff coming to their assistance when needed, including if they needed extra cleaning, assistance to the bathroom and if they require urgent attention.

Observation by the Assessment Team indicated staff were not rushed when providing care and services, and consumers were engaging with staff in a relaxed manner. Staff were observed attending to call bell alerts in a timely manner.

After considering the above information I have decided Requirement 7(3)(a) is 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)