Performance

Report

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| Name of service: | Jimboomba Community Aged Care |
| Service address: | 13-21 East St JIMBOOMBA QLD 4280 |
| Commission ID: | 5797 |
| Approved provider: | Signature Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 June 2023 |
| Performance report date: | 26 July 2023 |

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 Jimboomba Community Aged Care (**the service**) has been prepared by S Turner, 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 - Site; the Assessment Contact - 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 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 |
| 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 |

Findings

Consumers and representatives provided very positive feedback about the care provided at the service and the manner in which staff attended to consumers. They said consumers’ needs and preferences were effectively communicated amongst staff and that changes in condition were identified and responded to in a timely manner. Representatives spoke highly of the service and said staff keep them informed and communicate with them regularly.

The Assessment Team included in their sample consumers with complex health conditions including neurodegenerative disorders, cognitive impairment, diabetes mellitus and chronic pain. Care documentation demonstrated timely identification, effective assessment, management, and evaluation of care delivery that included the management of wounds, pain, nutrition and hydration, continence care, hygiene care and medications.

For consumers who had experienced a reduction in their appetite, dental review and referral to a dietitian had occurred, high energy high protein drinks were being provided, oral intake was being recorded and weight was being monitored. Where consumers had compromised skin integrity there was evidence of regular skin checks, the use of pressure relieving devices and strategies to support repositioning. Wound management plans were in place and wound care was delivered in accordance with care directives.

Care documentation contained adequate information to support effective and safe care delivery. Staff demonstrated a shared understanding of consumers’ care needs and the processes in place to support care delivery. Staff were familiar with strategies to relieve pain including non-pharmacological interventions such as massage and the use of heat packs. Care documentation demonstrated staff notified the medical officer and consumer representatives when the consumer experienced a change in condition or a change in their medication, a clinical incident, or was transferred to or returned from hospital.

Management said staff from the local hospital emergency department recently visited the service to provide falls management training that included various options for the management of consumers who had experienced a fall. As a result, the service has updated its falls management policy and procedures. The policy guides staff to refer consumers following a fall to external medical services and the Comprehensive Aged Residents Emergency Partners in Assessment, Care and Treatment (CAREPACT) team, to monitor consumers for deterioration in the service, if appropriate.

Consumers were reviewed regularly by their medical officer and where a consumer’s condition had changed or deteriorated referrals were made to other health specialists and service providers. Registered staff described the referral process and provided examples of consumers who had been referred. Where appropriate the consumer’s representatives were included in discussions. There was evidence of the involvement of palliative care specialists, physiotherapists, speech pathologist, chiropractors, and pain management specialists in consumers’ care delivery.

Clinical equipment and resources were available to support care delivery and included pressure relieving devices, heat packs, sensor mats, creams and emollients and equipment to support continuous infusions of analgesia.

The Assessment Team identified inconsistent practice in the management of compression stockings for some consumers. This was discussed with management who then implemented toolbox talks, provided additional training resources, included an identifier on the electronic care management system and committed to addressing this at upcoming staff meetings.

The service has policies and procedures that guided clinical practice and strategies in place to monitor care. The service collated monthly clinical indicators for wounds, pressure injuries, falls, unplanned weight loss, behaviours, urinary tract infections, medication incidents and the use of chemical restraint. Information is analysed, shared with staff, and used to inform care delivery.

I am satisfied consumers received care that was tailored to their needs and optimised their health and well-being; changes or a deterioration in a consumer’s health were identified and addressed in a timely manner. Information systems supported care delivery. While deficits in the management of compression stockings were identified, actions to address this were implemented by management.

For the reasons detailed, I find Requirements 3(3)(a), 3(3)(d) and 3(3)(e) are 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

Consumers and representatives said staff were able to meet consumers’ needs and preferences in a timely manner; consumer feedback included ‘staff are lovely’, medication was provided at the same time each day and that preferences, including for example shower times were consistently met. One representative said staff were generally rostered to the same area which supported consumer confidence, including for those consumers with a degree of cognitive impairment. They said that on occasion, if there was a need to cover leave, staff may be rotated across the service.

There were processes to ensure the workforce mix was monitored to enable the delivery of quality care; planned and unplanned leave was managed. Staff said they were able to complete their work and that vacant shifts were covered when unplanned leave occurred.

Management described the processes used to monitor workforce planning which included the rostering of registered nurses, reviewing the roster each morning to address unplanned leave and reviewing call bell data. Additionally, the organisation was undertaking a roster review for the service to ensure appropriate staffing levels were in place.

I am satisfied the workforce is planned and there are sufficient staff to deliver safe, quality care.

For the reasons detailed I find Requirement 7(3)(a) is Compliant.

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)