Performance

Report

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| Name: | Narangba Aged Care |
| Commission ID: | 5757 |
| Address: | 23 Young Road, NARANGBA, Queensland, 4504 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 July 2024 |
| Performance report date: | 29 August 2024 |
| Service included in this assessment: | Provider: 3345 Tingari Group Pty Ltd  Service: 23598 Narangba Aged 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 Narangba Aged Care (**the service**) has been prepared by Kimberley 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 provider’s response to the assessment team’s report received 16 August 2024
* 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 |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service had effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer, such as diabetes, skin integrity, falls and changed behaviours including the use of restrictive practices. High impact, high prevalence risks to consumers were managed effectively via clinical review, which included other health professionals when required. Staff described the main risks to consumers and the risk mitigation strategies used to manage these risks. Clinical management reviews, trends, and analyses clinical incident and quality indicator data which were reported both within the service and the broader organisation.

For consumers requiring diabetic management, diabetic management plans were in place including reportable parameters for blood glucose readings, and care instructions for high and low blood glucose events. Documentation supported blood glucose levels were recorded as per individual management plans and staff had a shared knowledge of consumers’ individual diabetic needs.

Consumers at risk of impaired skin integrity confirmed they were provided with regular pressure area care and had access to pressure relieving devices including cushions and mattresses. Staff described strategies to support consumers’ skin integrity which included the application of creams and regular monitoring of consumers’ skin. Skin assessments were completed when consumers entered the service, regularly alongside care plan reviews and in response to any identified issues or concerns.

Consumers were assessed by a physiotherapist on entry to the service and following any falls. Consumers assessed as being at high risk of falling had falls management strategies in place including sensor mats and mobility aids, and were referred to various allied health specialists, including podiatrists, creating a multi-disciplinary approach to falls management. Care and registered staff demonstrated awareness of the service’s falls procedures, including the creation of incident reports, referrals and observations.

Behaviour support plans for consumers with changed behaviours evidenced individualised triggers, warning signs, strategies and risk assessments were documented. Staff demonstrated an awareness of individual strategies to support consumers during episodes of changed behaviour. Chemical restraint was used as a last resort for behaviour management, and registered staff listed alternate actions such as assessing for pain and hunger as possible indicators for consumers’ changed behaviours. The service was actively working to reduce the use of chemical restraint when it was identified as no longer required. Risk assessments and consent forms were completed in line with legislative requirements for consumers subject to the use of chemical restraint.

Based on the information recorded above, it is my decision the service is effectively managing the high impact and high prevalence risks associated with the care of the consumers; therefore, this Requirement is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

**Requirement 8(3)(c)**

Effective organisation wide governance systems relating to the following:

(i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance and (vi) feedback and complaints.

The service demonstrated effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. Management demonstrated an understanding of the organisation’s regulatory obligations under the User Rights Principles pertaining to security of tenure.

The Assessment contact report contained information including the service was unable to demonstrate effective systems in relation to regulatory compliance, regarding notification of reportable incidents and understanding of environmental restraint. The Assessment contact report included three incident examples that had occurred which had not been escalated to the Serious incident response scheme as per legislative requirements.

The Approved provider in its written response to the Assessment contact report refutes the three incident examples warranted escalation to the Serious incident response scheme. For one named consumer it was noted the consumer had a severe episode of changed behaviour and was subsequently injured and required medical attention. The consumer’s representative assisted in calming the consumer but was physically assaulted by the consumer and unintentionally struck the consumer while removing themself from harm. The Approved provider evidenced in its response this incident does not meet the threshold of a reportable incident. While the consumer required medical attention, this was because of the severity of the changed behaviour rather than a result of the unintentional strike to the consumer. The Approved provider further stated a review of closed circuit television footage confirmed the consumer’s representative did not hit the consumer. It is my decision the contact to the consumer was reasonable given the consumer was in the act of injuring themselves and injuring others during the incident.

For a second named consumer, the Assessment contact record indicates an incident involving the consumer and another consumer whereby the perpetrator pinched and pulled the other consumer’s collar from behind, causing them to choke, which was not reported to the Serious incident response scheme. The Approved provider in its written response provided evidence to support the incident was reported in accordance with legislative timeframes. Further investigation of the incident evidenced the consumer was attempting to gain the otherconsumer’s attention, rather than causing them harm. It is my decision; the service has met its legislative requirements in relation to this incident.

A third consumer was noted in the Assessment contact report to have an episode of myiasis in a toe wound. The Approved provider in its written response provided detail the regular wound care was attended and monitored for the consumer. Immediate action was taken when the myiasis was identified, open disclosure processes were implemented, specialist services were contacted to provide advice and the consumer did not show any signs of infection or pain. It is my decision; this course of events does not meet the threshold for neglect of a consumer and therefore does not constitute a reportable incident.

The Assessment contact report contains information regarding a lack of shared understanding at the service regarding environmental restraint. It was identified the front door to the service was locked and assessments of the cognitive and dexterity ability of consumers to be able to use the key code and exit the service without assistance had not occurred. Consumers were observed to require assistance from staff to leave the building and staff confirmed some consumers required assistance to exit the service. The Approved provider in its written response to the Assessment contact report has provided further contextual information regarding the exit door to the facility. On the day of the Assessment contact, a consumer who lives with dementia had returned from hospital and exited the service into the public car park prior to staff intervention, and a decision was made to secure the front door. The Approved provider stated usual processes are that the front door is unlocked during business hours and manned by reception staff every day of the week. The Approved provider in its response confirmed a comprehensive risk assessment has been completed for all consumers in relation to their informed choice, dexterity, independence, dignity of risk and choice to exit the service.

In considering this information as it pertains to organisational governance and regulatory compliance, it is my decision the organisation had effective systems in relation to regulatory compliance and understands the legislative requirements relating to restrictive practices and incident escalation. I am satisfied the service has taken reasonable and proportionate action to assess consumers in relation to their ability to independently exit the service, and analysed incidents to ensure incidents were escalated as required. Therefore, it is my decision this Requirement is Compliant.

**Requirement 8(3)(d**)

Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

The service had effective risk management systems and practices in place to manage high impact and high prevalence risks, identify abuse and neglect of consumers and support consumers to live the best life they can. The service’s incident management system demonstrated how the service effectively managed and acted to investigate incidents and prevent future occurrences.

Staff demonstrated an understanding of consumers with high impact or high prevalence risks; these included falls, changed behaviours and compromised skin integrity, and demonstrated how they implemented the service’s policies in alignment with best practice to manage these risks. Care staff demonstrated knowledge of what constituted an incident and when to escalate to registered staff.

The process for incident reporting began with registered staff creating a report in the service’s incident management system. Incident summaries were reviewed by the Facility manager and State Operations manager to determine if the report required escalation. Management advised and documentation confirmed all incidents were investigated and evaluated.

The service conducted mandatory training for all staff via its online training system. Staff demonstrated an understanding of the Serious incident response scheme, incident reporting and escalation processes at the service. The service used information captured by the incident management system to improve the quality of care and services for consumers, allowing them to live their best life and informed continuous improvement activities.

Based on the information recorded above, it is my decision the organisation demonstrated effective risk management systems and practices; therefore this Requirement 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)