Performance

Report

**1800 951 822**

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| Name of service: | Nazareth Residential Aged Care |
| Service address: | 23 Hawthorne Street WOOLLOONGABBA QLD 4102 |
| Commission ID: | 5096 |
| Approved provider: | The Nazareth Lutheran Church of South Brisbane |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 August 2023 |
| Performance report date: | 1 September 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 Nazareth Residential Aged Care (**the service**) has been prepared by J Earnshaw, 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
* the provider’s response to the assessment team’s report received 21 August 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 have been assessed |
| **Standard 5** **Organisation’s service environment** | **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

The service demonstrated the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals, and preferences, including the effective management, identification, assessment, and evaluation of consumers' clinical needs, including skin integrity, diabetes, challenging behaviours, and wound management.

Consumers/representatives provided positive feedback on the care and services consumers receive at the service. Staff demonstrated knowledge of consumers’ individual care needs and preferences and additional support strategies.

Care documentation identified individualised strategies to guide staff in the provision of personal and clinical care delivery to consumers and effective assessment, management, and evaluation of care delivery.

Where restrictive practices are used, assessments, authorisation, consent and monitoring were demonstrated for chemical and mechanical restraints. Behaviour support plans are in place for consumers who are subject to restrictive practices and the service maintains a psychotropic medication register. However, the Assessment Team report described 14 consumers as subject to environmental restraint as they did not have access to a code or electronic access key and were unable to freely exit the service.

During the assessment contact, the service commenced actions to remedy the deficiency identified, such as reviewing freedom of movement and restrictive practise, gaining informed consent for the use of the environmental restraint and provision of the electronic access code to consumers as appropriate. Management reported procedures will be reviewed and updated to ensure future consumers will be assessed for environmental restrictive practice and, if subject to environmental restraint, informed consent will be gained during the entry process.

The Approved Provider, in their response, advised the improvement measures committed to, had been implemented.

In coming to my decision of compliance with this requirement, I have considered the information included in the Assessment contact report under this and other requirements alongside the Approved Provider’s response and compliance history. I am satisfied the Approved Provider has implemented adequate measures to address the deficits raised.

# 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

The service environment was observed to be safe, clean, and well-maintained, generally enabling free access both indoors and outdoors, with well-maintained gardens, courtyards, and communal areas.

Consumers/representatives considered the service environment to be clean and well maintained and reported maintenance requests are attended to promptly. Staff described processes for ensuring the service is clean and well maintained and how maintenance matters are recorded, prioritised and actioned.

The Assessment Team report identified that the front door to the service is locked, and some consumers did not have access to a code or electronic access key and were unable to freely exit the service and the designated smoking area was not fitted with firefighting equipment or mechanisms to call for assistance.

The Assessment Team reported actions taken and committed to by Management in response to raising these matters.

In relation to freedom of movement, these actions included reviewing restrictive practise, and provision of the electronic access code to consumers as appropriate.

In relation to the smoking area observations, management commenced implementation of improvement measures including:

* fitting a fire blanket to the designated smoking area and consideration of individual call bell pendants, to provide consumers the ability to call for assistance when using the smoking area.
* provision of education to staff regarding smoking safety and how to use a fire blanket.
* for consumers who choose to smoke, smoking safety assessments would be reviewed in consultation with the consumer/representative.

The Approved Provider, in their response, advised the improvement measures committed to, had been implemented.

In coming to my decision of compliance with this requirement, I have considered the information included in the Assessment contact report under this and other requirements alongside the Approved Provider’s response and compliance history. I am satisfied the Approved Provider has implemented adequate measures to address the deficits raised.

# 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 demonstrated processes to ensure the workforce is planned and deployed to deliver quality care and services according to consumer needs.

Consumers/representatives considered there to be enough staff to provide consumers with safe and quality care and services. The Assessment Team observed staff responding to consumers' calls for assistance in a timely manner.

Staff reported having sufficient time to undertake their duties and described processes for filling vacant shifts and when unexpected leave occurs. The service utilises agency staff as required and advised they have increased staffing hours to meet the legislated care minutes which come into effect on 1 October 2023.

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)