Performance

Report

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| Name of service: | Polish Retirement Home |
| Service address: | 3 Percival St BAYSWATER VIC 3153 |
| Commission ID: | 3189 |
| Approved provider: | Australian-Polish Benevolent Association of Victoria Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 August 2023 |
| Performance report date: | 15 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 Polish Retirement Home (**the service**) has been prepared by D. Fekonja, 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 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Consumers and/or their representatives are satisfied consumers’ risks are appropriately assessed and individualised strategies are planned to mitigate the risks. Care planning documents identified risks related to the use of a bed pole, restrictive practices, falls, unplanned weight loss, and pressure injury. The staff were able to describe specific consumer risks and individualised risk minimisation interventions were enabled to ensure safe and effective care was provided.

Care documentation for one consumer with multiple restrictive practices in use identified that informed consent had been obtained in all cases and there was extensive explanation of the reason for use, benefits, and risks associated with the use of the mechanical restrictive practice. Assessments were undertaken to ensure that all risks were identified and mitigated. There was also a range of falls prevention strategies in place due to the consumers risk of falls.

Staff were aware of the risks involved with the mechanical restrictive practice and ensured that checks were conducted discretely on a regular basis to ensure the consumer’s ongoing safety.

Based on the information I find the service’s assessment and planning is effective and considers risks to consumers to ensure safe and effective care and services are delivered.

I find the service compliant with this Requirement.

# 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

A review of 7 consumer care files reflects consumers’ pain, skin, and the use of restrictive practices are effectively assessed and managed. Consumers and/or their representatives are satisfied consumer care is tailored to their needs and preferences and is provided by competent and caring staff who respect their right to make choices about their personal and clinical care. Staff were able to describe an understanding of the consumers they cared for and their specialised needs.

The service has a suite of policies and procedures to guide pain and wound management that align with best practice, however, the ‘use of restraint’ policy and procedure provided by the service is not in line with current legislation. The use of restrictive practices is identified through clinical assessment and review of medications at entry to the service, upon returning from the hospital, and following a medication review by the general practitioner or specialists. The service refers to the mandatory national quality indicator information and resources from the Commission’s website about the appropriate use of restrictive practices.

All consumers subject to restrictive practice had appropriate assessments, ongoing reviews, and informed consent in place. The service said it will update its restrictive practice policy and procedure to integrate relevant legislative requirements. There was evidence provided of strategies and interventions used for a consumer from a non-English speaking background and with changed behaviours. The service ensures staff who attend to them are able to speak their language to help provide support and reassurance thus requiring less chemical restraint.

Consumers’ wound management aligns with best practices with wound chartings containing wound descriptions, photographs, and the dressing regime. Wounds found not to be healing are referred for specialist review.

Care documentation and information from clinical and care staff demonstrate the service uses verbal and non-verbal pain assessment tools to monitor the effectiveness of pain management and both non-pharmacological and analgesia strategies to manage consumers’ pain. One consumer preferred to use non-pharmacological methods to manage their pain and the service ensured they provided alternate methods such as massage, heat creams, and gentle exercises to assist with their preferences.

Based on the information provided I find the service is managing restrictive practices according to the legislative requirements even though their policies and procedure are not up to date. The service has acknowledged this deficit and has stated the policy will be updated.

I find the service compliant with this Requirement.

# 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 an effective system is in place to determine staff numbers and the range of skills required to meet consumers’ needs and deliver safe and quality care and services. Consumers and/or their representatives are happy with the staffing level and skill mix at the service and stated staff are available when the consumer calls for assistance. They are happy there are staff who speak their language to assist them and one consumer said staff always have time to talk to them and attend to their needs.

Staff described how the service’s management, plans and allocates staff to support the continuity of care including during infection outbreaks, or in circumstances when a consumer requires specialised or more frequent care such as palliative care, or when they are unwell.

Existing staff are utilised to fill shifts and ad hoc scheduling of shifts with nursing agencies has been established as required. The service maintains a casual pool of registered nurses and care staff. A registered nurse is rostered on duty on-site across all three shifts. There is a continuity of care with the same staff rostered to consistent areas and consumers.

The service currently does not have an electronic call bell reporting system and explained that call bell response times are monitored through the service’s feedback mechanism and observation of staff practice. Feedback from management, consumers, representatives, and observations by the Assessment Team demonstrated minimal call bell alerts through the annunciator panel and observed prompt response by staff.

Based on the information I find the service compliant with this Requirement.

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)