Performance

Report

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| Name of service: | Proserpine Nursing Home |
| Service address: | 42 Anzac Road PROSERPINE QLD 4800 |
| Commission ID: | 5393 |
| Approved provider: | Proserpine Nursing Home Inc |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 24 January 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 Proserpine Nursing Home (**the service**) has been prepared by D. McDonald, 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 Site Audit; the Site Audit 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 | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers, or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they felt valued, and staff treated them with respect and dignity. Staff described what treating consumers with dignity and respect meant in practice. Policies and procedures had an inclusive, consumer centred approach to delivering care reflecting the organisation’s commitment to diversity.

Consumers said staff understood their needs and preferences and knew what to do to make sure they felt respected, valued, and safe. Staff described how they ensured care was culturally safe for each consumer. Consumer’s cultural care needs were assessed on entry and documented in the consumer’s care plan.

Consumers said they could make decisions affecting their health and well-being and had as much control over the planning and delivery of care and services as they wanted. Staff gave examples and were observed to help consumers make day-to-day choices including care planning, and meal selection. Documentation showed consumers were involved in case conferences and had made decisions about who was involved in their care.

Consumers said they were supported to make decisions about taking risks in day-to-day life. Staff described how the organisation has supported consumers to have choice and control, including where risk is involved. Care documentation supports risks had been assessed, decisions regarding risk had been noted and mitigation strategies were utilised.

Consumers said they received information in a way they understood, were involved in meetings, and were encouraged to ask questions about their care. Staff described different ways information was communicated to ensure it was easy to understand and accessible to consumers. Documentation reflected accurate, timely and relevant recording and communication of information by staff, management, and evidenced the service provided each consumer with information in a way which met their needs.

Consumers said the service protected the privacy and confidentiality of their information. Staff explained how they knock and ask for permission before entering a consumer’s room and always close the door when attending personal care or any other private service to the consumers. A privacy policy outlined how the service maintained and respected the privacy of personal and health information for the consumers.

# 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 |
| Requirement 2(3)(b) | Assessment and planning identify and addresses the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. | Compliant |

Findings

Consumers said their care was well planned, met their needs and considered risks to their safety, health, and well-being. Staff demonstrated sound knowledge of the care planning systems and processes, including those to ensure care was reviewed regularly and where care needs changed. Consumer files demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals, and preferences of consumers, including identified risks.

Consumers said care plans identified their goals and preferences including advance health directives. Staff were aware of consumer needs and preferences with examples provided of how they supported these. Care plans demonstrated current needs, goals, and preferences with consumers having an advance care directive in place.

Consumers said they were actively involved in the assessment, planning and review of their care and services. Staff described the processes in place to ensure the service partnered with consumers to assess, plan and review care and services. Planning documents demonstrated integrated and coordinated assessment and planning involving medical officers, specialist and allied health professionals.

Consumers and representatives said outcomes of assessment and planning were effectively communicated and the care and services plan was provided to them. Management confirmed consumers/representatives were always offered a copy of the consumer’s care and service plan. Care planning documentation provided evidence of outcomes of assessment and planning communicated to consumers.

Consumers said staff regularly communicated with them about their care and services, sought feedback, and made changes to meet their needs, goals, and preferences. Staff described how they contributed reviews and provided an overview of the 3 monthly review process. Care plans reflected the had been reviewed routinely, following an incident or when a change in condition occurred.

# 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers said they were confident they were getting care which was safe and right for them. Staff described how the organisation supported them to deliver personal and clinical care in line with best practice and meeting the needs of each consumer to ensure their skin integrity was maintained and any pain was managed. Policies and procedures guided staff in providing safe and effective care, and delivery of care according to consumers’ needs, goals, and preferences.

Consumers said risks to their well-being such as falls, pressure areas, weight loss, and infection were assessed, explained, and managed to reduce risk. Staff gave examples of how they managed high-impact or high-prevalence risks for consumers. Policies, procedures, and clinical protocols guided how staff managed high-impact or high-prevalence risks.

Consumers said symptoms such as pain were managed well and if their condition deteriorated their wishes were known and staff knew what to do. Staff were equipped and trained to provide end of life care, registered nurses were available to support care staff, and a palliative care service was available to support the team. Care and service plans reflected changes in care and services, in line with the consumer’s end of life care needs, goals and preferences.

Consumers said staff knew them and would pick up a change in their condition, would listen and act on any concerns they had, and would respond with appropriate actions and care when needed. Policies, procedures, and clinical protocols guided staff in the management of deterioration. Care documentation, clinical protocols and observations, demonstrated deterioration was recognised and responded to quickly.

Consumers and representatives said care coordination was good, care was constant and reliable, and information was communicated well. Care documentation provided adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs. Staff were observed transferring information to each other and accessing the care management system.

Consumers said the organisation had referred them to appropriate providers, organisations, or individuals to meet their care needs. Consumer records showed timely referrals to health practitioners, specialised allied health, or other services to meet the care needs of consumers. Staff gave examples of individual consumers who had been referred to external supports.

Consumers said they were confident in the organisation’s ability to manage an infectious outbreak, staff practiced good hand hygiene and helped them stay safe. Staff were observed wearing appropriate PPE, practicing hand hygiene, maintaining social distancing and effectively sanitising equipment prior to and after use. Policies, procedures and clinical protocols were used to minimise the need for antibiotics and an antimicrobial stewardship policy guided staff practice.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean, and well maintained. | Compliant |

Findings

Consumers described how the service supported them to do the things they wanted to do and how they were supported in independence, health, well-being, and quality of life. Staff described how they accessed consumer records to assist consumers to stay well and healthy. Care plans reflected consumer needs, goals, and preferences, how they optimised their independence, and were able to maintain their independence.

Consumers said they were supported and encouraged to acknowledge and observe sacred, cultural, and religious practices of significance to them. Staff described how they supported consumers in their everyday practices, and they recognised diversity to provide services meaningful to the consumer. Consumers care plans contained information about the consumers emotional, spiritual, and psychological needs, goals, and preferences regarding religion, food, outings, gardening activities, and personal goals.

Consumers said they had an active social life, maintained their interests, and were supported to have personal relationships. Staff described how they worked with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Care plans and consumer meetings minutes showed the organisation designed services and supports with the consumer to reflect the consumer’s changing needs, goals, and preferences.

Consumers said their services and supports were well coordinated. Staff described how the organisation tells them about a consumer’s condition, needs, goals and preferences as it relates to their own roles, duties, and responsibilities. An effective system to manage information, consumer care and service plans showed evidence of updates, reviews, and communication alerts.

Consumers’ care and services plans showed the organisation collaborated with other individuals, organisations, or providers to support the diverse needs of consumers. Staff identified individuals, organisations, or providers where they made referrals and described how they referred consumers. Established links with individuals, organisations, and providers, ensured consumers had access to a range of services and supports.

Consumers said they could choose from suitable and healthy meals, snacks, and drinks. Meals were observed to be well presented and of good quality. Processes were in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences and consumers were consulted in developing menus.

Consumers said they felt safe when using equipment and the equipment provided was suitable and met their needs. Staff described how they were trained to safely use the equipment and how they identified potential risks, as well as the responsibilities they shared for the safety, cleanliness, and maintenance of equipment. Equipment to assist consumers with their independence and mobility such as wheelchairs, walkers and hoists were accessible, appeared to be safe, were clean and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings, and equipment are safe, clean, well maintained, and suitable for the consumer. | Compliant |

Findings

Consumers’ rooms were personalised with photographs and memorabilia and had their own furniture. Staff described how consumers were supported to make the service feel like home, and how they supported consumers to maintain independence. Common areas had been furnished and decorated with a modern colourful feel. Large gardens and a variety of courtyards were attractive and observed to be enjoyed by consumers, the larger courtyard was utilised for activities.

Consumers and representatives gave positive feedback with the cleanliness and maintenance of the service. Consumers moved freely around the service. Handrails were present in passageways and bathrooms. Rooms were well lit, and curtains reduced glare. A scheduled maintenance program was in place. Approved contractors were engaged for higher level maintenance such as renovations, electrical and plumbing. Reactive maintenance records demonstrated issues were addressed quickly.

Consumers and representatives said equipment and furniture at the service was safe, well-maintained, and suitable for their needs. Furniture, fittings, and equipment was observed as safe, clean, well-maintained, and suitable for the use and needs of the consumers. Records showed all equipment were regularly checked and serviced as required.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers confirmed they were encouraged and comfortable to give feedback and make complaints. Staff described how they assisted consumers to give feedback and make complaints. Policies and procedures guided staff in handling complaints or feedback. Complaints could be made verbally, in writing, and emailed, and could be anonymous, with feedback forms and suggestion boxes readily available.

Consumers said they were provided with information on advocacy, language services and ways of raising and resolving complaints. Management provided an overview of translation services, advocacy, and specialist services made available to consumers. Posters and brochures on advocacy and complaint services, were printed and available in other languages.

Consumers gave positive feedback with management responses to matters raised. An electronic system facilitated an effective feedback and complaints management process supported by policy, procedures, work instructions, and staff and consumer training. Meeting minutes and quality reports provided evidence of action and open disclosure practice in response to feedback.

Consumers and their representative’s said management their feedback and complaints resulted in improvements being made. Management reported complaints and feedback were used to improve how care was delivered and service provided. Records showed staff were trained and supported to foster a culture of continuous improvement, consumer input was trended, and meeting minutes evidenced feedback and complaints were used to improve services.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said there were enough staff at the service and their needs were met. Management described the various processes and mechanisms used to ensure there were enough staff to provide safe and quality care. Staff confirmed they were busy; however, they work as a team to make sure consumer care needs are met. A plan to recruit extra staff members and a separate budget had been allocated to increase the number of staff available to fill shifts.

Consumers said staff were kind, gentle and caring when providing care. Staff were observed to always greet consumers by their preferred name, and demonstrated they were familiar with consumer's individual needs and identity. Management stated the service had policies and procedures to guide staff practice and outlined how care and services were to be delivered in a respectful, kind, and person-centred manner.

Consumers said staff performed their duties effectively, and were confident staff were skilled to meet their care needs. Staff were positive with the support management provided to them and described the training they received on a monthly and annual basis, or when there was an identified need for further training. Position descriptions provided included key competencies and qualifications either desired or essential for each role, and staff were required to have relevant qualifications.

Consumers said the organisation trained, supported, prepared staff and they had confidence in the ability of staff to deliver their care. Staff said they received adequate training, support, professional development, and supervision for them to able to carry out their roles effectively. The recruitment and selection process contained regulated processes including police checks and registration verifications.

Staff confirmed performance appraisals happened regularly, including during their probation, and information from the performance appraisals was used to guide the education and staff development program. Management maintained records of staff completing performance appraisals and followed up staff who had missed an appraisal.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. | Compliant |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers stated they were confident the service was run well, and they were engaged in the development, delivery and evaluation of care and services. Staff described the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service. Consumer meeting minutes reflected positive consumer engagement and coverage of the development, delivery and evaluation of care and services, as well as feedback and complaints.

Management described the organisational structure and hierarchy and how it supported accountability over care and services delivered. Systems and processes monitored the performance of the service and ensured the governing body was accountable for the delivery of consolidated reports to identify the service’s compliance with the quality standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery.

Effective organisation wide governance system in place guided information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Management explained the organisation demonstrated compliance through their risk management system and the organisational governance system. The organisation utilised a diversity of online systems such as electronic care management system, staff intranet and risk management system to allow the Board, executive team, management, and staff to have live access to information. The chief financial officer was responsible for managing the annual budget for the service and supported the facility manager.

Staff confirmed they had received education on risk and provided examples of their relevance to their work such as prevention of falls, infections, managing challenging behaviours and minimisation of the use of restrictive practices. An electronic system was used to capture incidents and critical incidents were escalated to regional management and clinical governance staff. Guidelines, policies and procedures supported the management or risk, allegations of elder abuse and ensuring consumer lived their best life.

A clinical governance framework ensured the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process through accessible policies, procedures, and guidelines. Open disclosure was evident in progress notes and incident reports. Staff had been educated about the policies and provided examples of their relevance to their work such as minimisation of the risk of infections through ensuring strict adherence to hand hygiene, appropriate donning and doffing of PPE, and timely identification of infection-related symptoms.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)