

**Performance Report**

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| Name: | Rosalie Nursing Care Centre |
| Commission ID: | 5802 |
| Address: | 18 Howard Street, ROSALIE, Queensland, 4064 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 October 2024 |
| Performance report date: | 7 November 2024 |
| Service included in this assessment: | Provider: 1308 Alzheimer's Association of Queensland Inc  Service: 3776 Rosalie Nursing Care Centre |

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 Rosalie Nursing Care Centre (**the service**) has been prepared by Bruce Bassett, 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, older people/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all requirements were assessed |
| **Standard 7** Human resources | **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 demonstrated high-impact and high-prevalence risks are effectively managed through regular assessment of risk and implementation of suitable risk mitigation strategies. Consumers and representatives said they were satisfied risks to consumers are effectively managed. Risk assessments were completed and strategies to mitigate risks were documented and communicated to staff.

Care planning documentation identified strategies were in place to manage identified risks and were recorded in consumers’ care documentation. Clinical data and incidents were recorded, collated, trended, and reported regularly. A risk register is used to track consumers with identified risks and is updated monthly. Risk management is supported by policies and procedures to direct care, maintain availability of equipment and manage referrals to specialists including allied health professionals, behaviour management specialists, wound specialists, and geriatricians. Staff demonstrated knowledge of consumers’ clinical risks and the individual mitigation strategies in place.

Staff and management identified management of changed behaviours as a high- impact and high-prevalence risk due to the cohort of consumers at the service. Staff interviewed demonstrated knowledge of individual consumers’ behaviour management strategies, triggers to their behaviours, their interests and how to provide engagement and/or distraction as needed. Staff were observed to be interacting with consumers in a kind and calm manner, demonstrating individual knowledge and understanding. Consumers and representatives interviewed expressed satisfaction with the way changed behaviours are managed by staff.

When a consumer suffers a fall, a Registered Nurse and Medical Officer (MO) will review the consumer. Referrals to physiotherapists and other specialists are completed as per individual consumer needs. Daily post falls physical and pain assessments are conducted and falls prevention strategies are reviewed for effectiveness. Case conferences are completed with representatives to ensure responses are in accordance with preferences.

Falls prevention strategies in place include the use of hip protectors, increased monitoring of food and fluid intake, supporting consumers using mobility aids such as wheelie walkers, and ensuring regular toileting routines for consumers considered to be at high risk of falls. Equipment such as sensor floor mats, low low beds, concave mattresses, and regency chairs are used for consumers where the need has been assessed with risks and care plans documented for individual consumers.

The service has policies to direct the minimisation of restrictive practices. The Clinical Nurse Manager is responsible for management of restrictive practices with oversight from the Director of Care and the Care Governance Manager. Representatives interviewed described how restrictive practices are discussed with them, the risks explained, and consent sought.

A review of the services ‘as needed’ medication usage report identified four consumers receiving regular administration of ‘as needed’ psychotropic medication. A review of documentation for two of these consumers identified they both have a diagnosis of anxiety and dementia, and the MO has prescribed the oxazepam for ‘behaviours/anxiety’ and ‘agitation/anxiety’. However, when the medication was administered, corresponding progress note entries did not always include anxiety as a reason for administration. Reasons documented in progress notes for the administration of this medication included ‘resistive to cares’, ‘yelling’ and ‘kicking’.

Management provided a Plan for continuous improvement (PCI) in response to feedback provided by the Assessment Team. The PCI includes the following actions;

* Full audit of all medication orders and indicators to ensure identification of chemical restraint – planned completion date 17 October 2024.
* Training on chemical restraint definition to Director of Care Clinical and Registered nurses – planned to occur in RN meeting 17 October 2024.
* Audit of PRN medication to ensure compliance with legislation and procedure – planned to be conducted 17 October 2024.
* Introduction of a weekly audit of PRN chemical restraints inclusive of progress notes to ensure requirements of preventative strategies, non-chemical interventions and consent are documented. – this will be reviewed after six consecutive weekly audits.
* Assistant in Nursing (AIN) training on behaviour charting to ensure inclusion of all information including triggers and interventions – date to be confirmed.
* Audit of all behaviour care plans, followed by training for staff on documentation, identification of triggers and prevention strategies and development of criteria of information to be included in care plans. – planned completion date 11 December 2024.

Following consideration of the above information, I have decided this requirement is 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 available to meet personal and clinical needs in a timely manner and provide care according to preferences outlined in care plans. Management demonstrated the workforce is planned to align with consumers’ needs. The service demonstrated systems and processes to maintain adequate staffing across all shifts.

Staff said there are enough team members to meet consumers' needs and preferences, allowing them sufficient time to finish tasks and provide care and services.

Management said workforce planning starts with a workload analysis for each consumer, guided by a staffing plan and regular feedback from staff during meetings. To meet staffing needs, the service ensures care staff shifts are filled internally where possible and agency staff are utilised where this is not possible. When staff take leave, the roster coordinator covers shifts with the existing workforce and can utilise staff from nearby facilities within the overarching organisation. Management said rosters are reviewed fortnightly and monthly, and the staffing levels are trended against the Quality Indicators, incidents, and complaints.

The Assessment Team examined the roster and found that all base shifts had been filled in the previous month, noting nil agency staff usage and the service meeting the minimum care minutes and workforce governance responsibilities.

Following consideration of the above information, I have decided 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)