Performance

Report

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| Name: | Strathpine Aged Care |
| Commission ID: | 8252 |
| Address: | 5 Bland Street, STRATHPINE, Queensland, 4500 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 May 2024 |
| Performance report date: | 5 June 2024 |
| Service included in this assessment: | Provider: 7079 Strathpine Aged Care Pty Ltd  Service: 23597 Strathpine 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 Strathpine 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 29 May 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all Requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all Requirements were assessed** |
| **Standard 5** Organisation’s service environment | **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 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 |

Findings

Consumers and representatives confirmed staff were respectful with interactions with consumers and provided the consumers’ cares with dignity. Staff knew each consumers’ identity and culture and was able to speak to this. Care planning documents included the consumers’ country of birth, the consumers’ life story, any cultural holidays or important dates and included important people for each consumer. Staff were observed to treat consumers with dignity and respect in all interactions. Lifestyle staff will sit with the consumer and their families on arrival to the service and complete background and lifestyle documentation relating to the consumer, which was located on consumers’ care files and summarised in the consumer’s care plan. New consumers were introduced at consumer meetings or at daily activities by the lifestyle staff. All staff had undertaken dignity and respect training as well as culture and diversity training as part of their orientation.

# 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

Consumers and representatives were satisfied with the care consumers received, specifically in relation to wound care, falls and the management of consumers’ pain. Staff were aware of the policies around wound care and associated pain and could explain where to find them and how they applied. Staff were aware of wound care and pain and falls management strategies for consumers. Care planning documentation identified consumers at risk of falls, pressure injuries, and pain. The Clinical Care Co-ordinator and Clinical Nurse monitored progress notes daily for risks associated with consumers’ care and communicated daily to all registered staff any changes in consumers’ care needs through handover. Documentation identified the service was effectively managing high impact and high prevalence risks.

Care documentation for consumers identified with wounds evidenced referrals, and recommendations from wound care specialists, and detailed wound care planning that aligned with the treatment planning provided by specialists. Documented evidence of monitoring, dressing changes, measurements, and wound photography to track healing was present. Registered staff advised actions taken to prevent wounds including pressure injuries included monitoring falls to reduce skin tears, use of limb protectors, regular repositioning, use of pressure relieving equipment such as pressure relieving cushions and mattresses and following up on information from care staff in relation to any changes in skin condition. Care staff stated pressure injury and wound prevention strategies include using barrier creams, repositioning, pressure relieving equipment and notifying registered staff of any changes in consumer skin profile. Staff conducted daily skin assessments while providing cares. Consumers confirmed staff regularly make visual assessments of their skin.

Consumers and staff explained how non-pharmacological strategies were used for relieving pain including distraction, physiotherapy exercises, massage, and heat. Any strategies and their effects were recorded in the consumer’s care plan and progress notes in the electronic care management system. Registered staff followed a pain pathway for guidance which included identifying pain and possible causes, completing pain assessments and pain charting, and providing referrals to the medical officer or physiotherapist for appropriate management. Any as required medications charted were administered, monitored for effectiveness, and recorded. Registered staff confirmed any pain that was not being well managed could be escalated to clinical management, the medical officer or the specialist team at the local hospital for advice.

Management stated consumers identified as high falls risk were monitored closely and strategies such as sight checks, sensor beams, low beds and room sensors were employed to alert staff of any movement by the consumer. Registered staff confirmed there was a falls pathway to follow if a consumer has a fall including top to toe assessment, neurological observations if a head strike was evident or suspected or the consumer was on anticoagulant medication. Consumers were referred to hospital or the specialist aged care team at the local hospital for review if they were injured. All consumers who had a fall were referred to their medical officer and the physiotherapist for review.

Clinical governance meetings were held monthly and daily huddles were held to discuss management of high-risk consumers. Topics included wounds and pressure injuries, falls and pain management, and this information was then disseminated to registered staff for implementation of any strategies. Key performance indicator reports were completed each month to track the management of high impact high prevalence risks, which evidenced a general decrease in these 3 areas particularly wound management.

# 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

Consumers felt safe living within the service and said the environment was clean, met their expectations and was well-maintained. Consumers confirmed they could move outdoors easily, and the design of the one-level service facilitates easy access to all internal and outdoor living areas, including the dining, entertainment areas and large gardens. Consumers were observed moving around the service using a range of mobility assistive equipment both indoors and outdoors. Each room within the service excluding the memory support unit had a private outdoor patio area with seating available. The memory support unit had a communal outdoor area, with undercover seating and tables, which was freely accessible for all consumers. The service was observed to be full of natural light, safe, clean, and well maintained with appropriate lighting, handrails, automatic doors, open access to communal areas and undercover outdoor areas freely available to consumers.

Maintenance staff onsite evidenced completion of routine maintenance, preventative maintenance, pest control and general checks to ensure the safety of consumers. Hazards and safety issues were identified, escalated, and managed though communication with maintenance staff and Directors who approved work orders.

Cleaning staff worked to a cleaning manual schedule located on the cleaning trolley, which included the cleaning of each consumer’s room, internal communal areas, and thoroughfares, including high touch points. Housekeeping staff completed training in the use of a cleaning checklist, and daily audits confirmed compliance with the checklist and cleaning was completed in each area.

# 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 there was adequate staffing levels and a planned mix of staff to meet the needs of the consumers. Consumers and representatives confirmed there were enough staff at the service, with cares being delivered safely and in line with consumers’ preferences. Management ensured there was enough staff to provide safe and quality care by having a roster which currently had extra staff for supervised shifts as the service was commencing and onboarding staff regularly in preparation for further consumers entering the service and other wings opening.

Staff confirmed they had enough time to complete their tasks in the allocated timeframes and were not needing to handover tasks to the next shift. The Facility manager confirmed they were undertaking the rostering to ensure the right mix and number of staff and will determine if unplanned leave will be filled with their own staff or agency staff.

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)