Performance

Report

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| Name: | The Good Shepherd Nursing Home |
| Commission ID: | 5954 |
| Address: | 565 University Road, ANNANDALE, Queensland, 4814 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 31 October 2023 to 1 November 2023 |
| Performance report date: | 4 December 2023 |
| Service included in this assessment: | Provider: 3417 The Good Shepherd Limited  Service: 3868 The Good Shepherd Nursing Home |

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 The Good Shepherd Nursing Home (**the service**) has been prepared by B 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, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all Requirements Assessed |
| **Standard 5** Organisation’s service environment | **Not Applicable as not all Requirements Assessed** |
| **Standard 7** Human resources | **Not Applicable as not all Requirements 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 |
| 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 considered consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences.

Care planning documentation for consumers demonstrated effective assessment, management and evaluation of restrictive practices, falls risk, weight loss, skin integrity and pain management.

Care documentation evidenced wounds are managed in accordance with the wound management plan. Consumers with pressure injuries or chronic wounds have a wound care plan and charting which is completed following treatment and after every review.

The service was able to demonstrate consumers experiencing chronic pain receive regular pain assessments identifying the site, type and severity of pain identified. Care planning documentation included assessment by validated assessment tools, and interventions of both pharmacological and non-pharmacological interventions recorded and reviewed for effectiveness.

Where restrictive practices are used, assessments, authorisation, consent and monitoring were demonstrated. Behaviour support plans are in place for consumers who are subject to restrictive practices and the service maintains a psychotropic medication register.

Medication administration records demonstrated three consumers who receive time sensitive medications are not receiving their medications as prescribed by the Medical Officer (MO), however, consumers expressed they did not feel impacted by this. Management provided a continuous improvement action plan to rectify these deficiencies.

The service was able to demonstrate effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer. Staff demonstrated knowledge of the process for identifying, managing, documenting and investigating incidents, reporting these are documented in the incident management system.

Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including diabetes, falls, skin integrity, pain management and behavioural support needs and the risk mitigation strategies to support consumer care delivery.

Following consideration of the above information, I have decided that Requirements 3(3)(a) and 3(3)(b) are Compliant.

# 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 was observed to be presented in a clean, comfortable, safe, and well-maintained manner. Consumers were observed to freely move around the service both inside and outside. Consumers confirmed they felt safe and comfortable in the service, the service was always clean, and they could move freely around the service. Cleaning and maintenance staff described the process to ensure all tasks were completed and monitored.

Management described the cleaning arrangements for the service including daily general cleaning and regular deep cleans of consumer rooms and common areas.

The Assessment Team identified a lack of fire safety equipment in the designated smoking area and raised this with management. The service installed fire safety equipment near the designated smoking area during the assessment contact.

Following consideration of the above information, I have decided that Requirement 5(3)(b) 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 consider they received quality care and services when they need them from people who were capable, kind and respectful.

The service demonstrated the workforce is planned to meet the needs of consumers and provide safe and quality care and services. The service has systems and processes in place to ensure there is sufficient staff rostered across all shifts, even in instances of unplanned staff absences. Call bell response times were monitored, with delays in response for assistance investigated by management.

Staff considered there were sufficient staff to deliver care and services in accordance with the consumers’ needs and preferences. Staff said they are provided with the support and training needed to perform their roles.

Staff were observed providing mobility assistance and supervision throughout the service and supporting consumers during activity sessions and with their meals. Staff interacted politely with consumers, including conversing and seeking feedback on their daily needs and preferences with care and service delivery.

Following consideration of the above information, I have decided that Requirement 7(3)(a) 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)