

**Performance Report**

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| Name: | 501 Respite & Care Services |
| Commission ID: | 5385 |
| Address: | 501 Pine Ridge Road, BIGGERA WATERS, Queensland, 4216 |
| Activity type: | Site Audit |
| Activity date: | 12 November 2024 to 14 November 2024 |
| Performance report date: | 11 December 2024 |
| Service included in this assessment: | Provider: 2437 Nightbreeze Pty Ltd  Service: 5395 501 Respite & Care Services |

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 501 Respite & Care Services (**the service**) has been prepared by Grace Hope-Simpson, 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 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 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 and representatives said staff treat them with dignity and are familiar with their preferences. While most consumers and representatives said they had no cultural requirements relevant to service delivery, consumers were confident the service would support their cultural needs if they had any. Care documentation contained information on consumers’ life stories and interests. Documentation confirmed the service has policies and procedures to guide staff in delivering culturally safe care. Staff said, and training records confirmed, staff receive cultural diversity training.

Consumers and representatives said consumers are supported to make choices about their care and to be independent. Couples who reside at the service said they are supported to maintain their relationships, share rooms and exercise choice about personal care. Care planning documentation recorded consumer choices and observations confirmed staff ask for permission before providing care and comply with requests made by consumers.

The service has policies in place to support consumer dignity of risk. Consumers who take risks to enhance their quality of life confirmed the service had helped them understand the risks involved and identify safety strategies to minimise those risks. Staff knew how the service supports consumers to take risks.

Most consumers and representatives interviewed said they received timely and accurate information to support their daily decision making. However, a minority of consumers reported lack of access to menu information. This feedback was provided to management who gave an undertaking to address the matter. Other information concerning activities, meeting and events is disseminated through newsletters, activity schedules, posters and an application for representatives. Staff were also observed reminding consumers about upcoming events.

Most consumers and representatives said the service respects their privacy and protects their personal information. Staff described strategies they use to protect privacy, such as knocking on doors and ensuring curtains are drawn before providing care. Information is stored on password protected computers or in locked offices.

# 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 identifies 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 and representatives said that upon entry to the service, a thorough assessment and planning process occurs which identifies consumers’ needs, goals, preferences and risks. Care planning documentation for 15 consumers showed a range of risks assessments used, including for skin integrity, pain, falls, mobility, nutrition and hydration, wounds and diabetes. Validated risk assessment tools are used to determine strategies to manage risk and guide staff practice. Clinical staff outlined the assessment process, confirming involvement of a range of allied health and other medical professionals to inform the care plans later developed.

Care plans confirmed the service’s assessment and planning process effectively identifies and addresses consumers’ needs, goals and preferences, including those related to end-of-life and advanced care planning. Advanced care plans are in place, or where not, there is evidence the matter has been discussed with consumers and/ or their representatives. Palliative care plans are also in place, with detailed end of life wishes documented. Staff described how they approach conversations about end of life, and confirmed referral to a palliative care team can be made when needed. Staff have recently attended advance care planning training.

Consumers and representatives described partnering with the service and other providers in the assessment and planning process. Consumers confirmed their representatives can be involved in care plan reviews. Documentation demonstrated that a range of other organisations, providers and allied health professionals shape the development of care plans. For example, wound care nurses, aged care assessment teams and external medical officers are involved.

The outcomes of assessment and planning are clearly documented in care and services plans which are accessible to staff via the service’s Electronic Care Management System (ECMS). Consumers and representatives were aware they could request a copy of the care plan, and care documentation is readily available to visiting health professionals who can access the ECMS.

The service has an embedded process for ensuring care plans are regularly reviewed and care and services match consumers’ current needs. Documentation showed care plans are reviewed at least 3 monthly via the resident of the day system, and when there is an incident or change in circumstances or needs.

# 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

The service provides safe and effective care for wounds, pain, unplanned weight loss, catheter care, diabetes management, and chemical and environmental restraint. Staff follow best practice guidance, policies and procedures to optimise consumer health and wellbeing. Staff and management generally demonstrated understanding of restrictive practices requirements. Clinical care is aligned with each consumer’s assessed needs and personal care supports good clinical outcomes. Staff demonstrated knowledge of individual consumer’s personal and clinical care needs. Documentation and interviews with consumers with complex care needs, such as catheter care, pressure injuries and changed behaviours, showed those consumers are receiving care that is safe, effective and in line with best practice.

However, the Assessment Team identified deficiencies in the administration of time sensitive medications to a small minority of consumers. Management outlined several improvement actions to address the matter, including the procurement of a new medication management system. Records indicated the service has trained clinical staff in the administration of time sensitive medications and representatives of the effected consumers were satisfied with management of the consumers’ condition. Given the minimal impact to consumers, overall representative satisfaction and the service’s plan to address the deficits, the service is found to be compliant with Requirement 3(3)(a).

The service demonstrated high impact, high prevalence risks to consumers are managed effectively, including through collaboration with other health professionals. Staff described the main risks to consumers and the risk mitigation strategies in place. Care plans contained evidence of best practice assessment and management of consumers with high falls risk, and impaired skin integrity. Management reviews, trends and analyses clinical incident and quality indicator data for reporting purposes. Daily management meetings are held with the clinical team, to identify emerging clinical concerns.

The service demonstrated the wishes of consumers nearing end of life are honoured. Care documentation showed the service had followed the palliative care plan and honoured the end of life wishes of a consumer who had recently passed away. Staff described the service’s palliative care pathway, and how they maintain consumers’ comfort when they are nearing the end of life.

Consumers/representatives said the service identifies changes in a consumer’s health and wellbeing and responds in a timely way. Registered staff explained the actions taken when a consumer has been identified with deterioration. Care staff explained the escalation process they follow when they identify changes in a consumer’s physical or psychological state. Care documentation, including weight, observation and behaviour charts, corroborated these interviews, demonstrating staff recognise, report and respond to changes in a consumer’s condition.

The service demonstrated effective information sharing within the service and with others involved in care. Consumers and representatives said staff know their needs and preferences and the service communicates effectively with representatives. Care documentation contained sufficient information to support provision of safe and effective care. Hospitality staff confirmed receiving dietary information from the clinical team and observations showed consumers receiving the meals they are assessed as needing. Handovers were observed to be effective and supported by written documentation. Established communication protocols exist for consumers using external medical officers.

Care documentation, consumer and staff interviews demonstrated timely and appropriate referrals are made to support consumer care. Staff and management described a referral process when changes in consumer health or well-being were noted. For example, the service makes referrals to dementia services to obtain care recommendations for consumers with changed behaviours. Documentation also confirmed recent referrals to physiotherapists and medical officers for consumers who experienced falls and referrals to dieticians for consumers with unplanned weight loss.

The service demonstrated effective infection control processes, outbreak management planning and antibiotic stewardship. There are established policies and procedures in relation to antimicrobial stewardship, infection control and there is an outbreak management plan in place. The service has infection prevention and control leads and outbreaks are reviewed monthly. Consumers said staff pay attention to hand hygiene and observations confirmed regular use of PPE and hand sanitiser when providing consumer care. Pathology is required to confirm infection, before antibiotics are prescribed, in line with antimicrobial stewardship principles.

# 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 said they get the service and support they need to participate in activities that interest them and which optimise their independence. Staff explained, and documentation confirmed, the service provides lifestyle activities to suit consumers with different support needs. Consumer input is invited to develop the activity schedule, and one on one time is provided to consumers who do not want to participate in group activities.

Consumers and representatives said staff support consumer emotional and psychological well-being. Referrals are made as necessary for consumers experiencing the need for greater mental health support.

Consumers, representatives and staff confirmed consumers are supported to engage with the community inside and outside the service. Consumers were happy with the lifestyle program and described recent enjoyable activities they had participated in. Consumers are supported to engage in community events such as a community cycling group, and the service actively encourages participation by visiting family and friends, to make them feel welcome and support relationship building.

Staff from across the service had shared understanding of consumer needs, preferences, values and life histories. Consumers reported receiving care in line with their preferences and reviewed care documentation showed lifestyle assessments are completed and care plans contained accurate information about consumer likes, dislikes, needs and preferences.

Documentation showed, and staff confirmed, the service actively refers consumers to external professionals and community groups, to support daily living and wellbeing. For example, the service supports consumers to access mental health supports, a cycling group for older people and both visiting and community-based hairdressers.

Most consumers were satisfied with the quality and quantity of food served to them and said they are offered choices at meal times. Hospitality staff had shared understanding of consumers’ dietary requirements. However, a small minority of consumers were not happy with the quality of food offered, and management gave an undertaking to have the menu reviewed by an allied health professional.

Equipment provided to support consumers’ daily living was clean, maintained and suited to needs. Staff said there was adequate equipment for consumers to participate in recreational and social activities. Maintenance staff demonstrated the servicing program for mobility equipment and hoists. Consumers confirmed they have access to the library for books, puzzles and other equipment.

# 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 described the service as their home. Observations showed a welcoming atmosphere, with signage throughout to support navigation. The service has several open plan common areas and a larger common area for dining and activities. Consumer rooms are personalised, and consumers were mobilising independently throughout the service. The layout of the service supports socialising both indoors and outdoors. Consumers were observed participating in activities and a range of lifestyle facilities and equipment was observed in use during the visit.

Consumers said the service is kept clean, they feel safe and can move freely throughout the service. Documentation showed there are scheduled preventative maintenance and cleaning schedules in place. Cleaning and laundry staff confirmed access to equipment and chemicals needed to do their jobs and chemicals were properly stored. Observations raised come concerns with the condition of an outdoor walkway and lack of firefighting equipment in a designated smoking area, however improvement actions were either already underway or an undertaking given to address the issues.

Equipment and furnishings were observed to be well maintained, clean, safe for use and fit for purpose. Staff understood the reactive maintenance request process and records showed these are attended to in a timely manner.

# 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 and representatives said they feel confident to raise concerns or complaints directly with staff or at consumer meetings. Review of consumer meeting minutes, survey responses and the consumer handbook demonstrated the service encourages and supports feedback and complaints. Feedback forms and a collection box are on display and staff confirmed they provide support to consumers to complete these.

Consumers and representatives said they had not needed to use advocates or external complaints avenues, but confirmed they were aware of these. Information about advocacy services and the Commission complaints line is on display and listed in the consumer handbook. At the time of audit, the service did not have any consumers requiring access to interpreters or translation services, however staff were aware of language services they can access should this change.

The service demonstrated a documented and effective complaints management process. Consumers and representatives said the service takes action in response to feedback and complaints. Feedback, complaints and the actions taken to respond have been documented. Policies and procedures, including on open disclosure, are implemented and staff understand these.

Management confirmed they review feedback and complaints to identify trends and identify areas for improvement. Review of the service’s Plan for Contiuous Improvement (PCI) identified improvements in response to consumer and staff feedback. For example, finance was recently approved to update furniture in the memory support unit and improvements to the cleaning schedule were made, in response to consumer feedback.

# 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

The service demonstrated a planned approach to rostering that results in a number and mix of staff that enables delivery and management of safe and effective care. Consumers and representatives said there are enough staff and they respond to consumer requests in a timely manner. Observations confirmed timely call bell response times during the audit. Hospitality and care staff said there are enough team members to get their work done. Registered staff hours were increased earlier in 2024 in response to an identified need. Management described and roster review confirmed that unplanned absences are covered either by existing staff or through an agency.

Consumers reported and observations showed, kind, respectful, appropriate and personalised interactions between staff and consumers. Staff explained how they approach communication with consumers and reported that they would have no concern about immediately escalating unkind or disrespectful behaviour to management. Training records showed staff have been trained in the Code of Conduct for Aged Care and Charter of Aged Care Rights.

Consumers and representatives said staff know what they are doing and are confident staff have the skills and knowledge to provide care that aligns with consumers’ needs and preferences. Staff described the qualifications, registrations and checks required for work. The service demonstrated effective systems to support staff to maintain their competencies in accordance with organisational standards.

Consumers and representatives said they are satisfied staff are equipped and supported to deliver care and services to a high standard. Staff described orientation, mandatory training, and further education which enable them to fulfill the responsibilities of their roles. Management detailed the recruitment process, how they monitor mandatory training and how other training needs are identified. Documentation confirmed that a training needs analysis, audits, annual performance reviews, and incident reports are used to inform ongoing training priorities.

The service has established annual performance appraisal and probation performance management processes. Records showed the annual appraisals were up to date at the time of audit, and employees on probation were being actively monitored. Management outlined other ways they monitor staff performance, including through consumer and representative feedback.

# 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 and representatives confirmed they are encouraged and supported to provide meaningful input to the design and evaluation of care and services. Documentation review and staff/ management interviews corroborated this. For example, consumer and lifestyle meeting minutes show issues raised in these consumer forums are escalated to the governing body and actioned via the service’s PCI. Consumer input is also elicited through surveys and internal audits. However, at the time of audit the service did not have a Consumer Advisory Body. In response to feedback, management took immediate steps to establish one, inviting all consumers to participate.

The service has a governance structure which supports governing body accountability for safe and quality care. Information is fed to the governing body through reporting structures and committees. For example, a clinical governance committee and a governance committee is in place. The governing body has contracted an external consultant to guide compliance efforts and respond to legislation changes. The governing body has endorsed policies, procedures, and principles to guide safe, quality, and inclusive care and services.

The service demonstrated effective, organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service demonstrated systems to ensure effective management of high impact, high prevalence risks through clinical reviews and monitoring of clinical and quality indicators each month. Incidents reports are reviewed and discussed in governance meetings; approval has been given to procure a new medication management system to address an area of higher risk. Clinical indicators are audited, and review of reporting documentation showed the service generally complies with reporting legislation. Staff understand their reporting obligations under the Serious Incident Reporting Scheme.

The service demonstrated a clinical governance framework with policies, principles and work instructions that address antimicrobial stewardship, minimising the use of restraints and the use of open disclosure when things go wrong. Staff demonstrated shared understanding of these concepts and understood how the principles apply to their roles. For example, the service procured a urinalysis machine which has considerably reduced the amount of antibiotics prescribed and antibiotics are not prescribed without supporting pathology results. Registered staff have been trained in restrictive practices and documentation confirmed the service applies open disclosure, investigates and issues apologies when things go wrong.

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)