 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: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 June 2024 |
| Performance report date: | 8 July 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 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, 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 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)(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)(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 the care provided was safe, personalised, and supported health and well-being. Staff effectively addressed individual needs according to care plans. Staff demonstrated adherence to policies and procedures guiding care and clinical practice. Restrictive practices were documented with appropriate authorisations, consent, and were accompanied by individualised behaviour support plans (BSPs). Care documentation aligned with assessment and planning needs and consumer preferences.

The service monitors clinical incidents such as falls, weight loss, behavioural changes, medication use, and pressure injuries. Any emerging clinical concerns are escalated to the Clinical Manager (CM) and Director of Nursing (DON). These issues are then highlighted at handover meetings, and the outcomes are communicated at management, registered and enrolled staff meetings. Care documentation reviewed confirmed this as regular process.

Staff demonstrated knowledge and understanding of both the clinical and personal needs of consumers. Staff were able to identify and discuss consumers with complex care requirements, time-sensitive medication needs, emerging behavioural issues, cognitive decline, those at risk of falls, or those who have recently required specialist intervention or referrals.

Care documentation evidenced regular assessment of consumers with chronic pain and implementation of individual plans and procedures for wound care and pressure injury management. Management discussed how consumers are monitored by staff when pain arises, and demonstrated how the identification of pain is escalated to registered staff for treatment, referral or when required medication if appropriate. Alternative therapies for pain management are considered, including a current review of the physiotherapy program at the service.

The Assessment Team reviewed restrictive practice documentation for consumers, which identified the service follows organisational and legal procedures for assessments, obtaining authorisations and consent, and ongoing monitoring when using restrictive practices. The service maintains BSPs for consumers subject to restrictive practices, which included details on communication strategies and behaviour triggers to manage consumer changes in behaviour prior to the implementation of restrictive practices.

Information about consumers' diagnoses, prescribed medications, and changes in prescribing are recorded in the service's psychotropic register. The Assessment Team identified that consumers and their medications were regularly reviewed in accordance with the organisational policy.

Consumers said staff promptly respond to their health concerns and any deterioration in their physical condition. Consumers’ care documentation demonstrated that changes in physical or behavioural conditions were identified and responded to in a timely manner.

Registered staff described how consumers are regularly monitored by both registered and care staff. Changes in a consumer’s health or abilities are promptly escalated and communicated to the CM and DON. Staff discussed the process of referring consumers to specialists and transferring them to the hospital when necessary. The Assessment Team report included evidence of staff identifying and responding to changes in consumers’ health and recognising and responding effectively to instances of consume deterioration.

The service monitors consumers’ health status through monthly clinical reviews, which involve consumers and their families meeting with key staff members representing clinical, lifestyle, kitchen, and management. These meetings focus on discussing care planning and personalised care.

Consumers and their representatives said they are satisfied the service implements effective practices to minimise infection risks for consumers. Consumer care documentation demonstrated monitoring and assessment of consumer infections.

The Assessment Team observed clinical and care staff using masks and completing hand washing when providing consumer care in accordance with the organisation’s COVID-19 response plan. Staff practices promoted infection control and antimicrobial stewardship and the service was able to demonstrate staff had received education and training on infection control and minimising the use of antibiotics. The service has documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19.

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

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service demonstrated that the workforce is recruited, trained, equipped, and supported to meet consumers’ needs and preferences. Consumers said they were confident staff have the skills required to deliver care and services to meet their preferences and needs. New staff said they undertake orientation, buddy shifts and complete initial training prior to being allocated shifts. The service has a training program to be completed by all staff that includes mandatory training modules, including skilled based training and proficiencies. Sampled staff demonstrated a sound understanding of consumers’ needs, preferences, and requirements.

The Assessment Team reviewed mandatory training modules which identified all staff are up to date in their training which included manual handling, the serious incident response scheme (SIRS), the use of hoists and slide sheets, infection control and medication skills and delivery.

Interviews with staff confirmed they have had recent training on the Quality Standards, incident reporting, infection control and medication and staff said they are supported through both online education and face to face training. Staff were able to describe the training, support, professional development, and supervision they receive during orientation and on an ongoing basis.

Monitoring of workforce capability is supported by senior staff including the CM, DON, IPC Lead and RNs who were able to describe the processes by which they monitor staff, review incidents, record comments and complaints and identify when additional education may be required for individual staff members.

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)