Holland Park Aged Care

Performance Report

21 Birdwood Road   
Holland Park West QLD 4121  
Phone number: 07 3421 4000

**Commission ID:** 5864

**Provider name:** CPSM Pty Ltd

**Site Audit date:** 18 May 2021 to 20 May 2021

**Date of Performance Report:** 25 June 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives confirmed that staff are respectful towards consumers, and their individual identity, culture and diversity is recognised and valued. They said consumers are encouraged and supported to maintain their independence and are confident that staff know what is important to them. Consumers confirmed they can express themselves through decorating their room, engagement in different activities and involvement in various events important to them.

Consumers and representatives described the ways that their relationships are supported, both inside and outside of the service, and said they are satisfied that care and services are undertaken in a way that affords them dignity and respects their personal privacy.

Consumers and representatives considered that consumers are supported to exercise choice and provided examples of ways the service supports consumers to take risks and live they life they choose.

Staff demonstrated and understanding of things of importance to consumers, and provided examples of how they ensure consumer preferences are supported and respected. For example, supporting individual consumer choices as to where they wish to eat meals and activities they wish to attend.

Staff described how the service undertakes discussions in relation to supporting consumers who wish to take risk, and review of a named consumers’ care documentation identified a dignity of risk assessment had been completed including discussion of risks and benefits.

Staff described various information is provided to consumers in relation to their care and services which enabled consumers to exercise choice. For example, activity calendars, newsletters, informal discussions and formal case conferences.

Care documentation included information specific to the individual consumers including goals and preferences; and an individualised communication care plan to guide staff in the preferred communication for each consumer.

The organisation has a privacy and confidentiality policy that specifies how information is collected, the purpose of collection, and who has the right to access the information.

The organisation has a risk management policy that outlines the risk identification process as well as assessment, planning, monitoring and review processes. Policies are available to guide staff including consumer’s right to take risks which includes examples of risk-taking activities, risk identification and management processes.

The organisation had a risk management framework that outlines how risk is identified, managed and recorded; policies, processes and flowcharts were available to all staff on risks associated with care of consumers. The organisation had documented policies and procedures regarding the protection of personal information which guides staff practice in the collection, storage and use of information relating to consumers.

Review of documentation provided to the Assessment Team evidenced consumers are provided opportunities to participate in decision making and exercise choice and independence.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives said they feel like partners in ongoing assessment and planning of consumers care and services, and are involved in the assessment and care planning review process. Consumers and representatives said the service involves them in the three monthly care plan review process or as consumers care needs change.

Consumers and representatives expressed satisfaction that the assessment and care planning processes delivered safe and effective care and services; and felt that staff were aware of what is important to the consumer.

Consumers and representatives said that they had been involved in discussions with the service about advanced care and end of life care planning. Consumers and representatives said staff talk to them about consumers care and services; and while not all consumers and representatives said they had received a copy of the consumer’s care plan, that all said they can access the care plan should they choose to.

Registered staff demonstrated an understanding of the service’s assessment, care planning and evaluation process including consumer assessments on entry to the service and three monthly care plan review. The Care Manager said consumers three-monthly care plan reviews included review of consumer’s medications charts, observations, weight, review of care plans and any restraint authorisations in place.

The Care Manager described how the service involved consumers, representatives and other health professionals in the assessment, care planning and review process. Care staff said consumers discuss their care preferences, and these are recorded in care documentation and communicated to staff via shift handover.

Staff demonstrated an understanding of the service’s incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which may prompt a reassessment.

Care planning documentation reflected individualised needs, goals and preferences and included specific risks to each consumers’ health and well-being such as falls, skin integrity and diabetes management. Care plans were readily available to all staff, including visiting health professionals.

The service had policies and procedures to guide staff in the assessment and planning process, advanced care planning and assessing consumer care at the end of life.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

### Consumers and representatives considered consumers received personal care and clinical care they needed, and consumers expressed feeling safe. They said the consumers’ needs and preferences are effectively communicated between staff and expressed satisfaction with access to other health professionals as required.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met. For example, for one named consumer who is a risk of falling staff explained strategies implemented to minimise this risk such as frequent monitoring and falls prevention equipment. Staff said the communication of changes in consumers’ needs and preferences is communicated at handover and updated in consumer care plans. Registered Nurses are available on site 24 hours a day, seven days per week to support in consumer care delivery.

Care planning documentation included evidence of how staff had supported consumers including those with complex clinical are needs. For example, falls risk and consumers at risk of weight loss. Documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

The service has policies, procedures and guidelines to support the delivery of care provided including in relation to restraint, wound management, pain, end of life care, and escalation of changes in consumers’ condition. The service monitored care delivery through the analysis of clinical incident data which is reported monthly.

The service has implemented policies and procedures related to infection control and antibiotic management to guide staff. Staff confirmed they have received training in infection minimisation strategies including hand hygiene, appropriate use of personal protective equipment and outbreak management. Registered staff are trained in antimicrobial stewardship and the service has a Medication Advisory Committee that monitors antibiotic use.

Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives considered that consumers get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. They said staff are kind and caring, and consumer’s emotional, spiritual and psychological needs are met.

Consumers and representatives said consumers are supported to undertake lifestyle activities of interest to them and maintain contact with people of importance. Consumers who are married described ways staff supported them and promoted their privacy and dignity.

Consumers and representatives confirmed that information about consumers’ daily living needs and preferences is shared with others where responsibility for care is shared.

Most consumers provided positive feedback in relation to food and confirmed that it was of adequate quantity, quality and variety. Consumers provided examples of how individual meal choices and preferences are supported by the service.

Care planning documentation included information about consumers life history, hobbies, activities of interest and individual wishes and preferences, including personal relationships of importance. Individual consumer’s dietary needs and preferences were reflected in care documentation.

Staff confirmed they have access to equipment used to provide and support lifestyle services and the equipment is suitable, clean and well mainted at the service.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers said that they feel at home, safe and comfortable and well cared for by staff. They expressed satisfaction that the service environment was clean and well maintained.

The General Manager said all consumers new to the service are taken on a tour, and staff said they have received training in modifying the environment to improve quality of life. confirmed the service has processes for reporting and responding to maintenance issues including weekly review of the maintenance register to identify any outstanding maintenance issues.

The service environment was observed to be welcoming, including signage to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to their concerns. Consumers and representatives who had raised concerns considered management to be responsive to the feedback and expressed satisfaction with the outcome.

Management said information regarding internal and external complaints processes are provided to consumers and representatives on entry to the service. They said consumers are encouraged to provide feedback or a complaint during resident meetings, care reviews and surveys. Staff demonstrated an understanding of the service’s complaints processes, and refer that they would refer the matter to their management.

The service demonstrated that consumer complaints and feedback is captured through various ways, including feedback forms, phone calls, case conferences and consumer meetings. Review of the service’s plan for continuous improvement identified consumer feedback is used to improve the quality of care and services.

The service was guided by a complaints management policy including how complaints are received, documented and managed. The service had an open disclosure policy, and review of documentation evidenced the service applied this policy during complaints resolution.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives said consumers receive quality care and services when they need them from staff who are knowledgeable, capable, kind and caring. Consumers confirmed staff are respectful, and said staff at the service had appropriate skills and training to provide care and services. Consumers and representatives were generally satisfied with staff response to call bells.

Staff expressed satisfaction there were sufficient staff to provide consumers care and services. Staff confirmed they have completed practical and online competency assessments in a range of areas including infection control, manual handling and medication administration.

Management described how they determine whether staff are competent and capable in their role, which included position descriptions setting out qualifications, training and experienced required for roles. Staff competencies and training include orientation on commencement of employment, mandatory training programs and annual performance reviews. Staff expressed satisfaction with the training provided by the service.

Review of staff rosters confirmed registered nurses are rostered on all shifts, and minutes of meetings evidenced staffing is monitored and discussed by management. Review of call bell response records identified an average response time of less than four minutes.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and representatives considered that the organisations is run well and that they are involved in the development, delivery and evaluation of care and services.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The governing body exercised accountability for the delivery of safe and quality care and services through monthly reporting on the service’s performance in relation to human resources, consumer feedback and actions take, incidents and clinical indicators.

Governance systems were in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; and consumers are supported to live the best life they can.

There are policies to guide staff practice including in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.