Infinite Care Cornubia

Performance Report

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**Commission ID:** 5341

**Provider name:** Infinite Aged Care (Cornubia) Pty Ltd

**Assessment Contact - Site date:** 10 August 2021 to 11 August 2021

**Date of Performance Report:** 27 September 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Assessment Team’s report for the Site Audit report conducted 09 February 2021 to 11 February 2021
* the Performance report for the Site Audit completed 13 April 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 2 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

The Assessment Team did not assess all Requirements under this Standard; therefore, a compliance rating or summary is not provided.

## 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.*

Care documentation demonstrated assessment and planning was undertaken, including the identification of risks to consumers’ health and well-being. Consumers and representatives reported they were involved in the planning of the consumer’s care. Consumers and representatives expressed satisfaction with the assessment and care planning processes and the care and services provided to consumers.

Care documentation confirmed assessments were completed upon entry to the service and had been reviewed regularly and when changes occurred. Initial assessments were undertaken by registered nurses and an interim care plan was developed. The need for referral to allied health professionals was identified on the consumer’s during the assessment process and initiated where necessary. Care planning documentation identified consumer risks were documented to inform the delivery of safe and effective care. Some identified risks for consumers included smoking, falls, skin integrity and medication.

Registered staff described the 31-day assessment process and identified where a copy of the assessment process instructions was located in the nurses’ station. Registered staff stated the outcomes of assessments were documented in care plans and discussed with care staff, which guided staff in the delivery of safe and effective care. Staff reported they were provided information about new consumers, or updates regarding a consumer’s care needs during handover. Staff confirmed they could access information about consumers’ care needs electronically.

Actions had been taken to address the non-compliance in this Requirement which was identified in the Site audit report dated 9 February 2021-11 February 2021. Registered staff were provided with training to improve their understanding and competence in the entry process for consumers. This included training on the 31-day entry process, a focus on consumer individualised care planning, case conferences and the consideration of risk. The Care coordinator oversaw the entry process to ensure the process was followed and completed and any risks were identified

A registered nurse had been employed as a second Care coordinator, to support the current Care coordinator whose role included supporting and mentoring registered staff. The 31-day assessment checklist was updated to include a prompt to consider risks that may be present and require additional assessments to be completed. An incident documentation flow chart was developed to prompt staff to review and reassess a consumer following an incident.

Staff education on escalation, investigation and documentation of incidents was delivered to registered staff at the clinical team meeting held weekly and was delivered to new staff during orientation. The Care manager reviews all incident forms to consider possible causes or contributing factors and to ensure these were addressed.

All consumers were reviewed to identify any clinical risks. Clinical risk assessments were completed for any risks identified. Any identified risks were reviewed on a weekly basis using the clinical review process. New risks were identified through the revised entry processes.

Clinical assessment tools were available on the electronic clinical care system. The service had clinical guidelines and policies and procedures to guide staff in their practice. A copy of the 31-day assessment process was observed in each nurses’ station. Clinical development workshop session plan evidenced the content of training in assessment and planning. Meeting minutes evidenced information provided to staff in relation to assessment and planning. Risk register identified clinical risks had been identified for individual consumers.

Based on the information contained above, it is my decision this Requirement is now Compliant.

# STANDARD 3 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

The Assessment Team did not assess all Requirements under this Standard; therefore, a compliance rating or summary is not provided.

### 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.*

Consumers and representatives were satisfied the care they received was individualised and optimised their health and wellbeing. Consumers and representatives confirmed consumers received the care they need and described the ways the care being provided is meeting their needs Staff demonstrated knowledge of the individual consumer’s care needs.

Progress notes, care plans and charts were individualised evidencing care that was safe, effective and tailored to the specific needs of the consumer. Effective care delivery included diabetes and catheter management, wound care and pain management. The service had policies and procedures for key areas of care, including restraint, skin integrity and pain management in line with best practice.

Staff demonstrated individual knowledge of consumers’ needs and preferences and how to meet their needs in accordance with care planning guidelines. These needs and preferences included sleep preferences, pressure area prevention methods, behaviour strategies and pain management needs for individual consumers. Care staff confirmed registered staff were readily available and care staff reported to them any concerns in relation to consumers’ personal or clinical care delivery. Care staff advised they reported wounds and skin breakdown to the registered staff for prompt commencement of wound care treatment and management. Registered staff stated they relied on input from care staff, allied health professionals, Medical officers and consumers and their representatives to gauge the effectiveness of clinical care delivery. Clinical indicator reports were also used to gauge the effectiveness of preventative strategies relating to falls and pressure injuries.

Actions had been taken to address the non-compliance in this Requirement which was identified in the Site audit report dated 9 February 2021-11 February 2021. To ensure any changes to treatment was effectively communicated, the Care coordinator attended Medical officer visits. Progress notes were reviewed daily by the Care manager to maintain effective clinical oversight and monitoring. Areas required addressing or documentation that was outstanding was captured and provided to registered staff for completion.

Weekly pain reviews for consumers on controlled medications was commenced in March 2021 to ensure effective pain management for consumers. Registered staff training on the pain review process and the timely response to consumers with pain and assessment and charting was undertaken.

A review of consumers with complex health care needs including blood pressure directives, diabetic directives and consumers with urinary catheters was undertaken. Any directives, including ranges for monitoring, have been updated on the care system to guide staff practice and create an electronic alert. All complex healthcare tasks were noted to be allocated in the electronic system and visual prompts on clinical white board in nurses’ stations were observed.

Continence management training was facilitated, and a review of all consumer’s continence needs, and continence aids was undertaken. The Care coordinator oversaw continence aid assessment, allocation and ordering and auditing. A continence portfolio champion from the care staff was allocated to each floor. Education was provided for the care staff undertaking continence care responsibilities.

A wound chart audit tool was introduced to monitor wound care delivery and documentation compliance. Audits regarding wound charting were undertaken weekly and management reported, and audit results confirmed, improvement in the completion of documentation and wound care delivery. Twenty-one registered staff attended digital wound care training and six registered staff attended additional onsite training by a wound product representative.

Based on the information contained above, it is my decision this Requirement is now Compliant.

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

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

Consumers with high-impact or high-prevalence risks were effectively managed. Care documentation supported identification and management of high impact of high prevalence risks associated with the care of each consumer at the service. Consumers and representatives confirmed the service explained the risks to consumers’ well-being and they were involved in steps to reduce those risks

Care planning documentation evidenced the service had effective processes to manage high impact and high prevalence risks associated with the care of consumers. Care documentation described the key risks for consumers, including nutrition, falls, pain and pressure injury.

The Clinical team including registered staff described the main high impact and high prevalence risks for consumers sampled, and individual risks were reflected in care documentation. Staff were aware of how to report and document incidents and the registered staff described how incidents were reviewed and any required follow up was actioned. Staff demonstrated an understanding of consumers in their care and provided examples of managing individual consumer risks. Handover processes occurred prior to the commencement of each shift identifying consumers’ care needs, including identified risks for each consumer and the use of white boards in nurses’ stations contained information identifying consumer risks. High risk consumers were discussed by the core clinical staff and management on a weekly basis to ensure a collaborative approach to their care.

Actions had been taken to address the non-compliance in this Requirement which was identified in the Site audit report dated 9 February 2021-11 February 2021. The service ensured education was provided to the workforce to minimise risks to consumers to support clinical care in line with best practice processes for high impact and high prevalent risks. Registered staff attended root cause investigation of incidents to ensure correct analysis of consumer incidents was undertaken to minimise risks to consumers. The service created the position of a wound care champion to educate and assist all staff in the effective identification and management of consumers who were at risk of pressure areas and wounds. Workshops held for staff included topics including clinical risk, clinical documentation, consumer assessment, care plan evaluation processes, restraint and restrictive practices.

The service collated incident data monthly and analysed the information to identify trends, including high impact or high prevalence risks which were discussed at meetings. Risk assessments were conducted for all high impact or high prevalence risks prior to consumer and representative discussions to identify the risk and to facilitate discussion regarding the management of the risk. The service created a spreadsheet for quick and easy reference which listed consumers who were deemed as having high prevalence risks and identified the risk and management strategies. The organisation and clinical team sourced reliable and current best practice education from an external organisation focusing on streamlining and educating the care pathway.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Deterioration or changes to consumers’ mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner, this was supported by care documentation and staff interviews. Care documentation, progress notes and incident reports supported recognition and response to changes in the health condition or capacity of consumers. Consumers’ representatives confirmed they were notified in a timely manner of changes or deterioration in consumers’ condition.

Consumers who had experienced deterioration or changes in care needs including shortness of breath, catheter management, neurological changes, falls and wound care, had documentation which supported their change in care needs were identified and responded to in a timely manner. Review of consumer files demonstrated registered staff notified consumers’ Medical officers and their representatives when consumers experienced a change in condition, experienced a clinical incident or was transferred to hospital.

Care staff demonstrated knowledge of symptoms that may indicate a deterioration in a consumer’s condition. Care staff stated they would refer to registered staff if they observed changes or deterioration in consumers.

Actions had been taken to address the non-compliance in this Requirement which was identified in the Site audit report dated 9 February 2021-11 February 2021. Education had been provided in relation to the service’s clinical pathway for a deteriorating consumer policy. Registered staff were aware of actions to take when consumers deteriorated which was in line with policy directives. Staff confirmed they had received education and training on clinical assessment and documentation.

Clinical reports were observed to document information including incidents, hospitalisations and handover practices were observed which included advising staff of changes to a consumer’s health condition including detailed instructions for staff to follow in the event of a deteriorating consumer.

Based on the information contained above, it is my decision this Requirement is now Compliant.

### 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.*

Care documentation and information systems evidenced information relating to consumers’ condition, needs and preferences was documented and communicated within the organisation, and with others where responsibility for care was shared. that information regarding consumer’s condition, needs and preferences is documented and then shared within the service to those providing care and services to consumers. Consumers and representatives confirmed consumers’ needs and preferences were effectively communicated between staff.

Care documentation identified registered staff notified the Medical officer and consumers’ representative when the consumer experienced a change in condition, an incident occurred, or a consumer was transferred to or returned from hospital. Documentation evidenced that consumers’ condition, needs and preferences was documented for the use of others involved in cares, including behaviour management strategies, wound care pathways, medication requirements, pain management strategies and nutritional supplements. Documentation completed by allied health professionals were reflected in consumer care plans and care plans were updated to reflect recommendations by Medical officers and allied health professionals.

Staff confirmed changes in consumers’ care was communicated at the service, through electronic alerts, handover meetings and the notification of changes to daily care in a consumer care plan. Registered staff described processes for accessing and sharing information about consumers when they moved between the service and hospital and the notification of consumer’s representatives and Medical officer when change in condition occurred for a consumer. Care staff described individual consumer needs which were reflective of consumer care plan directives.

Care staff stated they received changes and updates to consumers’ condition through handover, email communication, meetings and the use of daily team get togethers. Staff described that as changes for consumers occurred regularly, that each day staff gather at a specified time on each level to discuss changes and updates to individual consumer care requirements.

Electronic alerts were observed electronic alerts in the electronic care planning system notifying staff of changes to a consumer’s health status, needs and preferences. Allied health professionals and Medical officers had access to consumer files to update care directives to support care delivery to consumers.

Actions had been taken to address the non-compliance in this Requirement which was identified in the Site audit report dated 9 February 2021-11 February 2021.

Consumers have had their care plan reviewed, ensuring consumers’ goals, needs and preferences had been captured. Care plans contained detailed information that was current to guide staff practice. Progress note entries demonstrated changes to consumers’ condition was documented and captured on relevant forms and charts in a timely manner to reflect the current status of each consumer. The service created a spreadsheet for quick and easy reference which listed consumers who were deemed as having high prevalence risks and identified what these risks were and effective management strategies. All staff including temporary staff had access to the spreadsheet ensuring they were aware of consumers who were deemed to be at risk.

Based on the information contained above, it is my decision this Requirement is now Compliant.

# STANDARD 7 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

The Assessment Team did not assess all Requirements under this Standard; therefore, a compliance rating or summary is not provided.

## 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.*

#### The number and mix of members of the workforce was planned to enable the delivery and management of safe and quality care and services. Consumers and representatives confirmed there were sufficient staff to deliver safe and quality care to consumers, which met consumer needs and preferences. Staff were satisfied with the service’s staffing model and that management took appropriate action to address staff concerns.

Consumers and representatives confirmed there were adequate staff numbers to provide the care and assistance consumers required. Consumers confirmed a reduction in unfamiliar staff and described how care was often delivered by someone they knew and who knew their individual needs and preferences and what was important to them. Consumers reported staff were suitably skilled to undertake their roles and confirmed their care and service delivery was timely and met their needs.

#### Consumers confirmed that in the event they needed to use their call bell for assistance, staff respond promptly. Consumers confirmed the timeliness of staff regarding medication administration.

#### Actions had been taken to address the non-compliance in this Requirement which was identified in the Site audit report dated 9 February 2021-11 February 2021. As of 11 August 2021, the service had recruited 38 staff members, including registered and care staff, hospitality and administration staff. The service’s recruitment, selection and training processes ensured staff were appropriately qualified with the skills required to perform their roles contributing to the appropriate mix of staff on shift. The recruitment of additional permanent staff contributed to reduced use of temporary staff resulting from increased staff availability and rostered shifts being filled on an ongoing and future basis.

#### Recruitment of management team members has occurred since February 2021, including an Acting Facility Manager, Care coordinator and Clinical manager. Additional staff. The rostering team scheduled additional staff during identified service peak periods and allocated staff across the care continuum ensuring consumers had access to appropriately skilled and qualified staff when required. The service had inbuilt contingency plans for unplanned staff leave, including offering additional shifts to ongoing staff prior to engaging temporary employees. Additional staff allocation was completed at the commencement of and during each shift if necessary to ensure the staff mix was adequate for consumers’ needs and preferences.

#### Care staff confirmed they had enough time to provide consumers with the care and services they required and confirmed registered staff were supportive and available to provide support when needed. Care staff described recently implemented on-shift communication processes, including a daily meeting, between care staff and registered staff which ensured consumer priorities, needs and preferences were communicated throughout the shift.

#### Care staff advised mentoring was available from registered staff when required, with additional processes in place ensuring consumer focussed communication between registered staff and care staff, including agency staff occurred. This included the use of a shared whiteboard in the nurses’ area to communicate consumer care priorities during the shift, which was updated at varying times.

#### Temporary staff undertook an orientation day in addition to service specific education prior to commencing their first shift. This was established in collaboration with the service’s preferred temporary staff provider who supported the service with a pool of ongoing staff across the shift continuum. When on shift, temporary staff were partnered with and supervised by registered staff to facilitate knowledge transfer and promote the delivery and management of safe and quality care and services to consumers.

#### Call bell registers were reviewed daily by management with any notable delays in response times analysed and reported upon weekly to the clinical governance team. Analysis outcomes such as cause of delay were recorded within the report. Management reported, and the complaints register confirmed, there were no complaint trends regarding call bell response times. Call bell response analysis linked the reduction in response times with the recruitment of additional staff and the reallocation of staff mix across all shifts.

#### Results from the consumer satisfaction survey identified 96% of consumers feel staff know what they are doing and 95.8% of consumers reporting registered and care staff were available when required. A reduction in the use of temporary staff was noted from April 2021, temporary staff were employed on shifts during times of staff education to enable regular staff to participate and complete scheduled training. Staff were regularly rostered to the same consumer area. Staffing numbers were increased in line with consumer acuity.

#### Staff were observed assisting consumers in a calm, non-rushed and respectful manner. Staff knew the consumers well, evidenced by addressing consumers by their preferred names and talking to consumers about topics of interest. The organisation had a human resource management policy which included roster management, guidelines for use of agency staff, code of conduct, professional development, recruitment and selection including staff disciplinary policies and procedures.

#### Increased temporary staff usage was identified as multi-faceted with higher staff turnover impacting the service’s ability to have long term workforce planning, resulting in temporary staff usage for staff replacement and unplanned absence due to fatigue and lack of engagement. Staffing processes have since been reviewed with strategies in place to support the engagement and orientation of temporary staff working on site when necessary, enhanced master roster allocations (including a staff allocation model to enabling higher levels of staff continuity), weekly recruitment assessments, development of an internal casual pool and the recruitment of new staff.

#### Based on the information contained above, it is my decision this Requirement is now Compliant.

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

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

#### The workforce at the service was recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards. Consumers and representatives confirmed staff were suitably skilled, adequately trained and competent in undertaking their roles.

#### Actions had been taken to address the non-compliance in this Requirement which was identified in the Site audit report dated 9 February 2021-11 February 2021. Actions were included on the service’s Plan for continuous improvement to demonstrate the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

#### Staff stated they had received the training they needed to confidently and competently undertake their roles. Temporary staff confirmed participation in an orientation program and had been trained in how to use the electronic care documentation system and could comfortably access and view consumer care documentation.

#### Care staff described the support resources available in the nurse’s work areas. These resources included a whiteboard highlighting consumer care priorities for the shift, education and practice material guiding the provision of quality care and a quick reference process guide. Evaluation of training and education had been taken and evidenced post-training evaluation evidenced a marked improvement in staff knowledge across the care and registered workforce.

#### Following standard induction processes such as police certificate checks and health declarations, accompanied shifts were provided. A minimum of three accompanied buddy shifts were rostered, with more provided if required.

#### The organisation introduced a comprehensive orientation program for the workforce including temporary staff. This provided role specific content and included expected standards of care and service practices and outlined processes and procedures. Staff had received training on the Quality Standards and the Serious Incident Response Scheme and understood their reporting and information management responsibilities. Staff could request additional training and confirmed this had been supported by registered staff and management.

#### Training needs were discussed at performance reviews and refresher training was provided when the need had been identified. Staff advised training was provided through electronic modules, in handovers, in person workshops, through mentoring and buddying and one-on-one skills development with supervisory staff. Training records confirmed temporary staff had received training in the use of the electronic care documentation system and had been provided with log in details.

#### Care and registered staff attended several education and training workshops in areas targeting wound and skin care, falls, behaviour support alongside mandatory training modules. Clinical education sessions to support staff skills development and to contribute to positive consumer care outcomes. Training records evidenced staff participation in the training initiative developed for care and registered staff referred to as ‘Snap’ sessions. These training sessions included topical presentations that staff completed on their mobile telephone, electronic tablet or computer. An additional induction process was introduced to support the onboarding of new staff to ensure they are appropriately skilled to undertake their new roles. The program provided service, and role specific information and education prior to the staff member commencing their first shift and prior to the corporate induction.

#### A draft Engagement Plan was developed embedding continuous improvement as part of the staff culture and building a culture of excellence. The plan promoted communication and consultation between management and staff as part of ongoing change and improvement initiatives and was evidenced through documented consultation workshops and staff meetings.

#### Staff training records confirmed mandatory training was completed and a range of education topics was covered throughout the year including clinical topics, COVID-19 related education, Quality Standards and education relating to the Serious incident response scheme.

#### The service created and recruited staff to become subject matter experts known as behaviour support, falls or wound and skin champions. These staff worked with the clinical team ensuring consumer behaviour, wound or skin support needs were assessed and documented in the care plan for staff to follow.

#### Based on the information contained above, it is my decision this Requirement is now Compliant.

# 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.