Infinite Care Ipswich

Performance Report

43 South Street
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**Commission ID:** 5489

**Provider name:** IC (SEQ) Pty Ltd

**Assessment Contact - Site date:** 9 October 2020

**Date of Performance Report:** 30 November 2020

# Publication of report

This Performance Report **may 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 provider’s response to the Assessment Contact - Site report received 4 November 2020.
* the Infection control monitoring checklist completed by the Assessment Team.
* referral information received by the Commission as well as information received from the public.

# 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 of this Standard and therefore an overall compliance rating for the Quality Standard 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 interviewed said consumers’ personal and clinical care needs are met.

The service has policies and procedures in relation to pain and skin integrity to support and guide staff practice. The service had also accessed the services of external specialists to provide education or review procedures for staff.

Review of care planning documents for consumers identified these reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. For example:

* The Assessment Team sampled consumers with active pressure injuries, chronic pain and/or recent changes to their pain needs and identified care delivery was safe, effective and tailored to their needs and preferences.
* For the consumers who are receiving psychotropic medication including the use of chemical restraint, care planning documents included risk considerations, regular medical officer review and alternative strategies to be trialled prior to the use of as required (PRN) psychotropic medications.
* A consumer with a high risk of falls had strategies in place to manage the risks which included the use of safety equipment and monitoring by staff.

Registered and care staff could describe consumers’ individual needs, preferences, the most significant clinical/personal care risks and how these were being managed or monitored in line with their care plans. They said they were provided with relevant training and they would seek advice from senior clinical staff, medical officers and allied health professionals when they have concerns in relation to a consumer’s personal or clinical care delivery.

The service also demonstrated it had enhanced its clinical processes and systems, which included the development and implementation of a case conferencing schedule and streamlined its clinical monitoring tool.

Clinical incident data was collected, trended and analysed monthly and regular meetings held to discuss skin care, behaviours, medication, falls prevention and infection control. Restraint and psychotropic medications were also reviewed with medical officers to monitor and reduce its use.

# STANDARD 5 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

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### 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.*

Consumers and representatives were satisfied with the cleaning at the service and reported they felt safe. Consumers were able to access outdoor areas independently of staff and had access to their call bells when in their rooms.

The Assessment Team observed areas of the service to be safe, clean and well-maintained. Corridors were observed to be uncluttered and equipment such as lifting hoists and wheelchairs to have appropriate storage areas.

Staff could explain the process of reporting maintenance requests or when risks are identified. Maintenance staff advised all scheduled maintenance was up to date and maintenance issues discussed with consumers and staff at meetings.

Fire evacuation diagrams and illuminated emergency exit signage was displayed and fire-fighting equipment readily available for staff.

# 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 of this Standard and therefore an overall compliance rating for the Quality Standard 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.*

Consumers and representatives interviewed provided positive feedback about staff at the service and reported the consumer’s care needs were met.

However, the Assessment Team identified that consumers were not satisfied with the number and knowledge of agency staff. Examples provided by some consumers included agency staff were not knowledgeable about their diet or equipment and one consumer reported there were language barriers. The Assessment Team noted these concerns had been reported and were being actioned by management at the time of the visit.

The Approved Provider acknowledged that the use of agency staff can create anxiety for consumers and advised these concerns were historical during a period of increased absenteeism in response to COVID 19 testing. It further reported that strategies to mitigate risk had commenced being implemented prior to the Assessment contact, which included the employment of additional staff (registered and care staff) and the appointment of new management. The service demonstrated the use of agency staff has continued to decline over the past four months (July to October 2020). It further advised, follow up with individual consumers identified by the Assessment Team, had occurred with no ongoing concerns reported.

The Assessment Team also interviewed staff (both internal and agency) in relation to workforce management. Some staff reported agency staff were unfamiliar with consumers or routines and they were not able to complete an orientation or handover before commencing. However, feedback from one agency staff member interviewed during the visit confirmed they had received a handover and had been provided with access to care plans.

The Approved Provider response advised of its workforce strategy which included the ongoing recruitment of staff (outlined above), the use of a single agency (where skills and competency requirements had been defined); budding of agency staff with a permanent staff partner and use of alternative processes for providing handover information if unable to attend. The service also provided evidence to support it had strengthened its handover processes (within the last eight weeks) which included the provision of a high risk consumer register to alert staff.

I have considered the further evidence provided by the Approved Provider in relation to its workforce and the information contained within the Assessment Contact report. I note the service had acknowledged there was period of increased agency use and had commenced actions to address this prior to the Assessment contact. The service demonstrated over a four month period there had been an ongoing reduction in the use of agency staff and consumers identified by the Assessment Team reported no further concerns with care or services. There were processes in place to orientate and screen agency staff including an enhancement to its handover to alert of high risk consumers. Furthermore, I have also considered the evidence provided under Standard 3 requirement 3 a, where consumers and representatives interviewed felt that the consumer’s care needs were met and care documentation supported the safe and effective delivery of care.

Given the further evidence submitted by the Approved Provider in relation to the issues identified by the Assessment Team, I have decided this requirement is compliant.

# STANDARD 8 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

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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.*

The organisation has effective organisational wide governance systems in place in relation to information management continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example:

* Staff and management reported they can access relevant information when they need it. This included access to consumer care plans, the organisation’s policies and procedures and updates to changes in consumer needs through handover.
* The service maintains an electronic record of the plan for continuous improvement and management advised continuous improvement activities were formulated in line with the organisation’s development plan or in response to incidents, feedback, trends, audit results or new legislation.
* The organisation had been responsive to requests for budgetary changes to support consumer needs which included the purchase of specialised mobility and care equipment.
* Workload and staffing challenges are discussed at various meetings and the service provides monthly reports to management, the quality and governance team and the organisation’s Board on staff rostering hours and agency staff usage hours, continuous improvement activity, clinical indicator reports, complaints and mandatory reporting incidents.
* The organisation used an education calendar and an online education platform for staff to complete their mandatory training. Management scheduled staff training based on staff feedback and identified gaps in staff knowledge to improve service delivery.
* The service has monitored and ensured regulatory compliance through an internal audit schedule and registers. Staff were informed of changes in legislative requirements and demonstrated an understanding of regulatory compliance in relation to their roles.
* The service monitored feedback and identified trends, which were reported to the quality governance team each month. Identified areas of improvement were reflected in the organisation’s continuous improvement plan.

# 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.

# Other relevant matters

The Assessment Team also completed an Infection control monitoring checklist during this visit in relation to the service’s preparedness for a COVID 19 outbreak. Observations and reviews completed by the Assessment Team identified deficiencies in relation to:

* the service’s outbreak management plan – this did not include current staff list floor plans, cohorting processes, centralised information on consumers, contact details for other key stakeholders as well as procedures for hospital transfer, clinical handover and access to electronic systems.
* availability of cleaning products for staff areas including sign in areas
* lack of density and social distancing signage displayed.

The Approved Provider’s response included further evidence to support these areas had been covered and/or addressed. This included updated floors plans, increased density signage, evidence of key contact details and consumer information, provision of sanitising wipes at the sign in area as well as a copy of its workforce action plan, staff lists and cleaning manual.

Based on the Approved Provider’s response I am satisfied the service had responded to areas identified by the Assessment Team.