Kewarra Aged Care

Performance Report

110-124 Cottesloe Drive
Kewarra Beach QLD 4879
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**Commission ID:** 5890

**Provider name:** Kewarra Lifestyles Pty Ltd

**Site Audit date:** 16 November 2021 to 18 November 2021

**Date of Performance Report:** 14 December 2021

# Performance report prepared by

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# 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 Commissioner’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.
* the provider’s response to the Site Audit report received 10 December 2021.
* other relevant information held by the Commission including internal referrals received.

# 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

Overall consumers/representatives considered staff knew the consumers as individuals and provided examples. Consumers/representatives considered consumers are treated respectfully and with dignity, are supported to maintain their independence and to make decisions about their care and services.

Consumers said they are supported to take risks and engage in activities of choice, providing examples such as maintaining independence and consumption of alcohol. Consumers advised they are provided with information to assist them in making choices about their daily care and lifestyle choices, such as activity calendars, menus, noticeboards, meetings and communication from staff. Information displayed on noticeboards was provided in a number of languages.

Staff talked about consumers in a respectful manner and described how the consumer’s culture influenced how care and services are delivered on a day to day basis. Staff described ways that consumers are supported to make informed choices such as through participation in case conferences, at consumer meetings, receipt of information from the service and through discussion with staff regarding day to day choices. Staff demonstrated awareness of the named consumers choices to live their best life and that the service supports consumers to remain independent in their decision making.

Care documentation demonstrated, consultation with consumers to support and understand consumers personal preferences in relation to care and services and what is important to them. Care documentation included information regarding consumer’s’ representatives and nominated Enduring Power of Attorney.

The service is guided by organisational policy, procedures and systems.

The service utilises a range of assessments which demonstrates choices offered to consumers regarding their lifestyle preferences, with both clinical and non-clinical provision of care and services are culturally safe; and reflects consumers’ individual choice, needs and preferences.

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

Overall, consumers consider that they feel like partners in the ongoing assessment and planning of their care and services and most consumers/representatives said the assessment and care planning processes result in consumer’s receiving the care they need, such as with skin care and specialist dietary requirements. Consumers/representatives described what was important to them in terms of how their care is delivered, including end of life preferences, and said the service understood their care needs, goals and preferences.

Staff demonstrated understanding of the assessment and care planning processes, for example, staff described the service’s assessment and care planning processes to enable the development of individualised consumers care and services; the three monthly review process; and involvement of other health professionals as needed. The outcomes of assessments are generally documented in care and service documentation and discussed with the consumer and their representative and summary care plans were available in consumers rooms. Staff described how they are guided by individual consumers preferences, and consumer assessment, planning and handover information to inform the delivery of safe and effective care.

Staff said they receive information about new consumers and updates in relation to changes in consumer needs or risks identified, during handover, through updates and reviews recorded within consumer care documentation.

The service’s assessment processes identify clinical risk, care documentation is individualised and includes risks specific to the consumer, including risk management strategies and interventions agreed upon by the consumer/representative and with involvement of other health professionals.

Review of consumer assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences; and demonstrated consumer/representative involvement in the assessment and planning of the consumer’s care through conversations with staff, case conferences and care documentation reviews. Consumers described how the people who are important to them are involved in discussion about their care including family members or representatives.

The organisation has a documented suite of policies, procedures and assessment tools that guide and support staff to undertake assessments and planning.

The service’s electronic care documentation system evidences staff can view comprehensive individual consumers’ care documentation. Staff described how they access relevant consumer information within the electronic care documentation system and in hard copy form.

Staff could describe the current needs and what is important to the named consumers regarding delivery of personal and clinical care, which aligned with care planning documents and feedback from consumers/representatives.

The service has policies and processes to guide staff on partnering with consumers in care planning and appropriate involvement of others in consumer care including referral processes for other health professionals.

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/representatives said they feel consumers care is safe and right for them and staff respond promptly to any changes in their condition. Overall care documentation for the consumers generally demonstrated consumers receive effective personal and clinical care and timely and appropriate referrals occur when needed.

Consumer care documentation demonstrated identification of, and response to, changes in the consumer’s condition and/or health status and included referrals to a range of health professionals including physiotherapist, podiatry, dietitians and specialist services.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. For example, for consumers who have a diagnosis of diabetes have care directives and a diabetic management plan implemented to manage and minimise this risk.

Staff demonstrated an understanding of and were able to identify the highest prevalence risks for consumers and how incidents were used to inform changes in practice. The service records high impact and high prevalence clinical and personal risks for consumers through an incident management system, electronic care planning system and electronic psychotropic medication register.

Staff demonstrated awareness of the process for end of life care and consumer/representative preferences. Review of care planning documents detailed consumers’ advance care planning information and end of life preferences.

Staff advised changes in consumers’ needs and preferences is communicated at shift handover and via the service’s electronic care documentation system. Care staff described their responsibility to escalate any changes or deterioration in a consumer's condition to the registered staff. Registered Nurse on site 24 hours per day, 7 days per week.

The service has policies and processes related to recognising and responding to clinical deterioration, referrals, restrictive practice and consumer information management which includes privacy requirements and documentation guidelines for health practitioners and staff.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff demonstrated understanding of infection control management and confirmed they have received training in infection control principles, donning and doffing of personal protective equipment and COVID-19 /outbreak management.

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 supports 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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers advised they are supported by the service to undertake lifestyle activities of interest to them and maintain social and emotional connections with those people who are important to them. There are sufficient activities and choices available at the service which allows consumers to engage in activities at a level they feel comfortable with.

Consumers said they enjoy the food offered and it is of suitable variety, quality and quantity. Individual consumer’s dietary needs and preferences were reflected in care documentation.

The service was able to demonstrate services and supports for daily living to promote each consumer’s emotional, spiritual and psychological well-being. Lifestyle staff described how assessments and life history are completed with the consumer/representative upon and after entry to the service. They advised they develop an understanding of the consumer’s likes and dislikes, interests and history and incorporate that into the lifestyle program.

Review of the lifestyle activity calendars and discussion with staff demonstrated there are a variety of activities offered to meet the different needs and preferences of consumers including pastoral care services and weekly church services.

Care planning documentation included information about consumers life history, activities of interest and information about relationships consumers wish to maintain. Care documentation included information regarding external support services assisting consumers to maintain their interests, access the community and participate in activities outside the service. Consumers were observed to be engaged in a variety of group and individual activities.

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/representatives said they feel they belong in the service and feel safe and comfortable in the service environment. They said the service is safe, clean and well maintained and consumers are able to move freely indoors and outdoors as they wish.

Consumers described and were observed accessing activities in different areas of the service, including outdoor, undercover areas and said the service environment is welcoming and visitors are welcomed at the service.

The service environment was observed to be welcoming, including a covered front entry, sitting and dining areas, and external garden areas. Consumer rooms were personalised and contained personal belongings and items of meaning were on display at the entry to consumer rooms.

Staff described the process of reporting hazards and maintenance requests and consumers advised they have not experienced any issues with maintenance. Cleaning staff said that they follow a schedule for cleaning and could describe infection control processes and extra cleaning requirements in relation to COVID-19.

The site audit report informed the service had a maintenance schedule and equipment was observed to be clean, well maintained, and appropriate to consumer needs.

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/representatives described changes implemented to resolve their complaint they were able to describe the resolution process in response to their feedback to the service.

The Service has policies to guide staff in facilitating management of complaints, including continuous improvement, complaints and open disclosure.

Staff were able to describe appropriate actions taken on receipt of a complaint and described their understanding of the open disclosure process, that was consistent with the documented policy.

Management confirmed the complaints and feedback from consumers/representatives are investigated and said they communicate with consumers/representatives in an open and transparent way and an apology is provided.

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/representatives generally confirmed there are sufficient staff who attend promptly when they called for assistance and were confident that members of the workforce are competent and have the qualifications and knowledge to provide care and services that meet their needs.

Staff advised they have adequate staff rostered and adequate time to attend to consumers’ personal preference and care needs and confirmed vacant shifts are filled when unplanned leave occurs.

The site audit report provided information that the service reviews call bell and sensor mat response times, which demonstrated that response times are consistently monitored, and results indicate generally prompt responses from staff to consumers requests for assistance.

The service has a training program that includes mandatory training and identifies training needs of staff through various methods including feedback from consumers/representatives, audit results, performance reviews, clinical indicators, and changes in industry legislation.

The service has systems in place to monitor staff qualifications and competencies to ensure they remain up to date.

The organisation has a staff performance framework that includes annual performance appraisals and opportunities for professional development.

Review of education records identified role specific training is provided and monitored for attendance.

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/representatives advised they are confident the service is well run and are satisfied with their level of engagement in the development, delivery and evaluation of care and services.

The Service was able to provide examples of recent planned changes to the service which involved the input of consumers/representatives.

Staff advised they can readily access the information they need to provide the care and services necessary to meet consumer needs, goals and preferences through access to the electronic care documentation system and to policies and procedures on the organisation’s intranet.

The organisation has a documented risk management framework including policies and procedures regarding the management of and the consumer’s right to take risks.

Reportable incidents are recorded in the organisation’s incident management system and escalated to the clinical governance executive group for monitoring and to ensure the service is meeting reporting responsibilities. Incident data is analysed and used to inform continuous improvement activity, contributing to the prevention of further incidents. Incident data also informs risk management practice, policy and procedures.

The site audit report provided information that, at the time of the audit; the service had effective governance processes for continuous improvement, financial governance, workforce governance, regulatory compliance and consumer feedback and complaints management.

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.