Kubirri Aged Care Centre

Performance Report

49 Johnston Road   
MOSSMAN QLD 4873  
Phone number: 07 4084 4900

**Commission ID:** 5783

**Provider name:** The Salvation Army (Queensland) Property Trust

**Assessment Contact - Site date:** 1 March 2022 to 2 March 2022

**Date of Performance Report:** 11 April 2022

# Performance report prepared by

Tara Wurf, delegate of the Aged Care Quality and Safety Commissioner.

# 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** |  |
| Requirement 1(3)(d) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| 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 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 28 March 2022.
* The re-accreditation decision dated 24 June 2021.
* The performance report completed 24 June 2021 following the site audit conducted 20-22 April 2021.
* Other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 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

The Assessment Team did not assess all requirements in this Standard and therefore a standard summary and compliance rating is not provided.

## Assessment of Standard 1 Requirements

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

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

Consumers and their representatives are satisfied consumers are supported to take risks based on their personal preference. Consumers gave examples of their chosen activities that involve risk, such as smoking, going fishing, playing bowls at the local club, mobilising on a scooter and spending time in the community.

Staff demonstrated an understanding of consumers’ preferences and choices to undertake activities, including those that involve an element of risk. Staff described risk assessment processes, risk mitigation strategies and monitoring for specific consumers that chose to undertake activities that involve risk. Management advised the service consults consumers and their representatives about risks and trials different solutions to reduce or mitigate risk. Staff explained that consumers have access to advocacy services (including the chaplain and the local justice of the peace) to support them in the process to make informed decisions about taking risks.

Consumers’ care planning documentation identified areas in which consumers are supported to take risks. Risk assessments had been completed and recorded discussion with the consumer and/or their representative in relation to the activities of their choice.

The organisation has policies on privacy and dignity of risk to guide staff in how to support consumers to take risks. The service has a suite of documents including risk assessments and client safety forms which are completed for consumers where risk is identified for consumers. Staff receive training in risk assessment and management.

Actions have been taken to improve the performance of the service in this requirement and include:

* Staff education and training in risk assessment and management, and use of the service’s electronic care management system.
* Dementia Services Australia’s involvement in consumer assessments and care planning.
* An admission guide to ensure assessments are completed upon entry to the service.

Based on the information above, it is my decision this requirement is now compliant.

# 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 in this Standard and therefore a standard summary and compliance rating 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.*

Consumers and representatives confirmed they are involved in assessment and care planning and said their care needs are met.

Assessments are completed on entry to the service. Care and service plans are developed and reviewed three monthly or more frequently as consumer needs change. Assessment and care planning processes identify the needs, goals and preferences of consumers, including any identified risks.

Care and service plans were individualised and contained information about risks identified in relation to each consumers’ health and wellbeing. Risks included smoking, falls, self-harming, pressure injuries and weight loss. For each consumer, risks had been identified, risk assessments completed, and risk management strategies documented to guide staff in the delivery of care.

Staff demonstrated knowledge of the service’s assessment and care planning processes, risks to individual consumers and how to use information in the service’s electronic care management system to deliver care. Registered staff advised consumers are referred to specialist practitioners if required following assessment. Management described their process to review identified consumer risks and incidents, to identify trends, initiate referrals and ensure all those involved in the consumer’s care are consulted.

The organisation has policies, procedures and guidelines regarding assessment and planning to guide staff practice. Staff receive training relevant to their position.

Actions have been taken to improve the performance of the service in this requirement and include:

* Staff education and information to support consumers to smoke safely.
* Staff training in the use of the service’s electronic care management system.
* An admission guide to ensure assessments are completed upon entry to the service.

Based on the information above, it is my decision this requirement is now compliant.

### Requirement 2(3)(e) 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.*

*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.*

Consumers and their representatives said staff regularly talk to them about their care and explain information. They confirmed care and services are reviewed regularly and when changes occur.

Staff demonstrated understanding of the needs and preferences of consumers at the service, consistent with information in consumers’ care plans. Staff described incident reporting processes and understood how incidents may trigger a review or reassessment. Management described the service’s review processes and monitoring process in place to ensure care plans are reviewed regularly and as required.

Care documentation reflected regular review of consumers’ care and services; three-monthly or more frequently as changes occur. The service also has a ‘resident of the day’ process whereby staff review care and service needs for a selected consumer. Care plans reflected changes made to the delivery of care and services following reviews by allied health professionals. Care documentation for a consumer with high risk behaviours reflected review by multiple health specialists and evidence of regular weekly reviews.

The service monitors clinical indicators, including skin integrity, medication incidents, restraints, infections and falls.

Actions have been taken to improve the performance of the service in this requirement and included reviewing and updating the handover processes to include both a written and verbal handover at shift changes.

Based on the information 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 in this Standard and therefore a standard summary and compliance rating is not provided.

### Assessment of Standard 3 Requirements

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

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

Consumers are satisfied staff meet their needs and preferences. They provided positive feedback about staff and reported that staff regularly monitor them and provide assistance when required.

Consumers’ care planning documentation described the key risks to consumers and strategies to manage those risks. Key risks included risk of falls, complex behaviours, pain, weight loss and pressure injuries.

Management described the high impact and high prevalence risks for consumers at the service, including falls, weight loss, and complex behaviours.

Staff demonstrated understanding of consumers’ individualised needs and preferences, the most significant risks to consumers and strategies to manage those risks. This was consistent with care planning information. Staff described how information is shared about consumers and risks, including at handover.

Care staff were aware of how to report and document consumer incidents. Registered staff described how incidents are reviewed and acted upon.

The service has a documented risk management framework which guides how risk is identified, managed and recorded. Policies are available to all staff on high impact or high prevalence risks associated with the care of consumers. The service has processes in place to monitor incidents and individual consumer risks, including by collecting and reviewing monthly clinical data.

Actions have been taken to improve the performance of the service in this requirement and included:

* Staff training on falls, clinical trending, care planning, deterioration and referrals.
* Establishing a high risk high prevalence (HRHP) register of consumers with risks.
* Clinical monitoring processes and meetings to discuss clinical risks.
* Cytotoxic management training for staff, guidelines implemented and care plans developed for relevant consumers.
* A weight flow chart to guide staff practice.

Based on the information 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.*

Consumers and representative were satisfied consumer’s care needs and preferences are effectively communicated between staff and they receive the care they need.

Staff described how information is shared when changes occur and how changes are documented in handover documentation. For example, if someone has had a change to their diet, is transferred to hospital or is going out with family.

The service has an electronic care management system that is accessed by staff, medical officers and other health professionals involved in the care of consumes.

Care planning documentation (including progress notes, care and service plans and handover reports) reflected information sharing with and input from other health professionals.

Actions have been taken to improve the performance of the service in this requirement and included training staff in the use of the electronic care management system.

Based on the information above, it is my decision this requirement is now compliant.

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

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

Consumers and representatives were satisfied that referrals are timely, appropriate and occur when needed.

Care planning documentation included evidence of referrals and reflected the input of others such as allied health professionals, medical officers and other specialist services.

Staff described how information is shared when referrals are made to individuals, other organisations and providers of care. Staff described the input of other health professionals in the delivery of care and services for individual consumers.

The service has procedures for making referrals to external health professionals through electronic messages and telephone communications.

Actions have been taken to improve the performance of the service in this requirement and included:

* Changed process to send referrals by email and upload into the service’s electronic care management system. Staff were trained in the referral process.
* Staff training on the service’s electronic care management system to ensure they were using the system effectively and ensuring referral information was uploaded.

Based on the information above, it is my decision this requirement is now compliant.

### 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.*

The service has documented policies and procedures relevant to minimisation of infection-related risks and promotion of antimicrobial stewardship. The service has a documented infection control program and demonstrated preparedness in the event of an infectious outbreak, including COVID-19. The service has a vaccination program available for consumers and staff.

Consumers and representatives reported that staff wear masks and shields, including during the recent period of COVID-19 outbreaks in the region. They said the service screens visitors for COVID-19 and they have observed staff providing extra cleaning of high touch points and regularly washing their hands and using hand sanitiser.

Staff have received training in infection-control related topics, including hand hygiene, the use of appropriate personal protective equipment (PPE), cough etiquette and cleaning processes. Registered and care staff described the processes to monitor consumers for illness or infection-related risks.

The service’s infection prevention control lead described their role and responsibilities, including how they monitor staff hygiene practices and appropriate use of personal protective equipment.

Management monitors infections through review of clinical data and registered and care staff provided practical examples of how they minimise antibiotic usage at the service.

The Assessment Team observed visitor screening processes, appropriate signage displayed throughout the service, sufficient supply of personal protective equipment (PPE), staff and visiting health professionals using PPE, staff practicing hand hygiene.

Actions have been taken to improve the performance of the service in this requirement and included:

* Review of the COVID-19 outbreak procedure.
* A range of actions to prepare for a COVID-19 outbreak, such as electronic visitor screening processes, stock inventories and trackers, flowcharts to guide staff, and training for staff.
* An antimicrobial stewardship audit tool to monitor antibiotics and infections within the service.
* Participation in Medication Advisory Committee meetings with the pharmacist, medical officer and local hospital.
* ‘Resident medication management reviews’ completed by a third-party provider and pharmacy.

Based on the information above, it is my decision this requirement is now compliant.

# 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 in this Standard and therefore a standard summary and compliance rating 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 felt the service environment was clean, safe and comfortable. They reported they can move freely inside and outside the service as they wish. Consumers were satisfied with the cleanliness of their rooms and the service generally.

The Assessment Team observed the service environment to be safe, clean and well-maintained. Courtyard gardens were easy to access, included shaded sitting areas, and was fully fenced and secured with self-locking gates. Dining areas were large and open with comfortable seating and tables. There were multiple communal areas at the service and a range of chairs to meet consumers’ preferences, including high back chairs, soft fabric lounge chairs.

The service has a regular preventative maintenance schedule and maintenance issues are reported and actioned promptly.

The service has taken actions to improve the service environment, particularly in relation to the designated smoking area. Improvements included:

* The service has risk assessed all consumers who smoke and implanted a register of consumers who smoke.
* Staff received education in risk assessments and smoking hazards.
* The service has a designated safe smoking area which is situated clear of the main building but accessible and sheltered from adverse weather conditions and equipped with emergency safety equipment (fire blankets, extinguishers and call bell). The area is easily monitored by staff.

The Assessment Team observed the designated smoking area to be clean, tidy and sheltered. It was equipped with ashtrays and a fire blanket and fire extinguisher mounted on nearby columns. A call bell was readily available.

Consumers who smoke said they always smoke in the designated smoking area and said the area was comfortable and shaded from adverse weather.

Based on the information 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 in this Standard and therefore a standard summary and compliance rating is not provided.

## Assessment of Standard 7 Requirements

### 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.*

Consumers expressed confidence that staff are competent and said staff know what they are doing, are well trained and meet their care needs.

Position descriptions for registered and care staff outlined the knowledge and experience required for each role. Recruitment processes were established and ensured appropriate skills/qualifications are verified prior to commencement. The service has a process to monitor nurse registrations, visa requirements, criminal history checks and completion of mandatory training. This is monitored by the clinical manager and the organisation’s human resources department.

Management advised annual mandatory training is provided to all staff and is competency-based.

The management team regularly monitor staff performance, including by seeking feedback from consumers and representatives.

Staff provided positive feedback about the education and training provided by the service. Staff advised they are encouraged to self-identify development opportunities and can request additional education. Staff confirmed they had undertaken competency assessments in handwashing and manual handling. All staff advised they have completed infection control training including the use of personal protective equipment and donning and doffing.

Actions have been taken to improve the performance of the service in this requirement and included:

* The service has employed new clinical staff.
* Implemented a range of training for registered and care staff, including on the service’s electronic management system and serious incident reporting scheme (SIRS), medication administration and a range of infection control related topics.
* Policies and procedures included staff induction training in code of conduct, personal protective equipment, hand hygiene, manual handling, fire safety, and information technology.

Based on the information 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.*

Consumers reported management and staff have appropriate skills and knowledge to deliver care and services that meet their needs and preferences.

Management and staff described the service’s orientation and training processes, including mandatory training, competency assessments and role-specific training. New staff confirmed receiving orientation induction shifts and having access to supervised “buddy” shifts.

Training is a combination of mandatory and role-specific training provided through various methods, such as face to face, online, toolbox and through publications provided to staff.

Staff confirmed they completed training in relation to the Quality Standards, which detailed their responsibilities relevant to their position. Management said training was completed online and discussed at meetings. Training needs are discussed at performance reviews.

The service has a policy to guide staff recruitment and selection. Staff training records demonstrated mandatory training is completed and a range of education topics are covered throughout the year. Records evidenced assessments of competency are undertaken for infection control, manual handling, safety, personal protective equipment, hand hygiene and fire safety. The service has a process to follow up with staff who have not completed their mandatory training.

Actions have been taken to improve the performance of the service in this requirement and included:

* Staff training in the use of the service’s electronic management system.
* The organisation implemented a new electronic HR system to record and monitor workforce training and competencies.
* Management monitor staff competencies through the electronic system and via regular direct monitoring of staff performance.
* Staff are directed and alerted to refresher and new training courses vis SMS text messaging.
* All staff have received conflict of Interest and code of conduct training.

Based on the information above, it is my decision this requirement is now 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 in this Standard and therefore a standard summary and compliance rating 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 organisation wide governance systems.

The service’s electronic care management system stores relevant information relating to consumer’s care and services and is accessible to service staff and others involved in the care of consumers. The organisation has policies and practices to ensure the security of its information management systems and to control access and minimise the risk of unauthorised use. Staff said they can generally access the information they need to deliver safe and quality care and services, and to support them to undertake their respective roles.

The organisation has implemented a process to monitor and review the performance of the service, to take actions to address performance deficiencies and to identify opportunities for improvement. The service has a documented plan for continuous improvement (PCI). The service prepares reports of key performance indicators and these are regularly provided to senior management, the Chief executive Officer (CEO) and the Board. The service identified a range of recent improvements made, including the implementation of new systems to manage risk and HR/training.

The organisation has developed financial management procedures and practices that include an annual budget for the service. Management identified a range of recent expenditure made by the service to purchase equipment required for consumers.

The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care.

The organisation has processes to track and respond to relevant legislative changes, including changes in aged care legislation. The service monitors its regulatory compliance through internal and external audits, clinical data and consumer feedback. Staff were aware of recent changes in regulation such as serious incident response scheme, restrictive practices and behaviour support plans. Service policies and practices had been updated to reflect these recent changes.

The organisation has effective systems to document feedback and complaints and to regularly communicate complaints to the Board. Continuous improvement reports are provided monthly to the service’s regional managers, general manager, the CEO and the Board.

Actions have been taken to improve the performance of the service in this requirement, specifically in relation to information management, continuous improvement and workforce governance. Improvements included:

* Staff training in the use of the service’s electronic care management system.
* The organisation implemented a new electronic HR system to record and monitor workforce training and competencies.
* The service’s plan for continuous improvement is updated and reviewed by the organisation’s management.

Based on the information above, it is my decision this requirement is now compliant.

### 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.*

The organisation has implemented effective risk and incident management systems and practices, and provided a documented risk management framework and associated policies.

The organisation has policies and processes to manage risk and to support consumers to take risks. Consumers’ care documentation evidenced assessments of risk and strategies to support consumers who choose to take risks. Staff training is provided in risk assessment and management.

The organisation has implemented an incident management system which includes incidents involving consumers and staff. Detailed records of incidents are maintained, including information about who was involved, the incident time and location, the incident type and actions taken following the incident.

Risk and incidents are monitored and regularly reported to the Board.

Management and staff were aware of the organisation’s risk management register and monitoring systems and had been trained in their operation and were able to explain the relevance of systems to their role.

Actions have been taken to improve the performance of the service in this requirement and included:

* Establishing a high risk high prevalence (HRHP) register of consumers and clinical monitoring processes and meetings to discuss clinical risks.
* Provided a range of training to registered staff and all staff.
* Improvements to the dedicated smoking area to ensure the area is safe and comfortable for smokers.
* Auditing and benchmarking are monitored by the service’s management and the organisation’s senior management team.

Based on the information above, it is my decision this requirement is now compliant.

### 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.*

The organisation has a documented clinical governance framework and policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure.

Staff had been trained in these policies and described their relevance to their work. Staff understood the principles of open disclosure including the need to acknowledge when things go wrong and offer an apology. Staff described strategies to minimise the risk of infections and use of antibiotics, and the legislative requirements related to the use of restrictive practices.

Actions have been taken to improve the performance of the service in this requirement and included:

* Updating a range of organisational policies, including compulsory reporting, incident management, restrictive practices, nutrition, falls management, and medication management.
* Delivering infection control training to all staff and monitoring staff infection control practices. The service has implemented infection prevention screening practices.
* Registered staff have received training in a range of topics including antimicrobial stewardship, infection control, restrictive practices, pain management, medication management, open disclosure and the Aged Care Quality Standards.
* Implemented a new system to track risks and antimicrobial stewardship.

Based on the information 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.