Milton House

Performance Report

26 Colamba Street
MILES QLD 4415
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**Commission ID:** 5331

**Provider name:** Queensland Health

**Site Audit date:** 18 January 2022 to 20 January 2022

**Date of Performance Report:** 17 February 2022

# 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

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and their representatives interviewed by the Assessment Team stated that staff treat them with dignity and respect, make them feel personally valued and speak to them in a kind and respectful manner. Consumers said staff understand what is important to them as individuals and there exists within the service a family-like environment.

Staff are provided with education that supports them to provide care and services in a way which values consumers’ individual identities, cultural practices, privacy and diversity.

Consumers are able to exercise choice regarding the care they receive and staff are aware of, as well as respect, the preferences of individuals when providing care. Consumers’ representatives are involved across the spectrum of care planning, to the extent a consumer wishes.

Consumers’ care documentation reflects their personal choices and includes information regarding their lifestyle, recreational, social and emotional needs and preferences, all of which are regularly reassessed.

Consumers are supported to maintain their family and social relationships and staff facilitate phone calls, face-to-face digital communication and assist consumers to attend social gatherings outside of the Service, which includes those of a spiritual nature.

Consumers are supported to take risks and live the best life they can, though a risk assessment is undertaken to ensure a consumer’s safety is maximised during an activity, such as when mobilising without the recommended mobility aid(s). Consumers’ wishes and preferences regarding risk are documented and staff are made aware of the strategies to support consumers during regular shift handovers.

Consumer privacy is respected and their information kept confidential, which is confirmed by consumers/representatives who advised that staff knock on consumer’s doors and announce themselves prior to entering the room and privacy is afforded when spending time with loved ones. The Assessment Team also observed that consumer documentation is stored in a secure electronic care management system.

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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and their representatives are involved in all aspects of the assessment and planning of an individual’s care. On entry to the Service, a comprehensive assessment is conducted by registered staff and other health professionals, which includes end of life planning, if the consumer wishes. A care plan is developed which meets the consumer’s needs, identifies any risks and the individual and/or their representative are informed about outcomes of the assessment and planning process.

The Service’s registered staff use clinical assessments tools which are available on the electronic clinical care system. Consumers’ care plans are documented on a secure electronic clinical care system and an individual’s needs are reviewed monthly and/or when circumstances change. Staff interviewed were knowledgeable about consumers’ care plans and individual needs, goals and preferences.

Care plans and referral information to health professionals are available to the consumer and/or their representative, which was confirmed by representatives who were interviewed. Information provided to consumers and/or their representative is explained in a way which is easily understood.

Staff interviewed demonstrated an awareness of the Service’s monthly consumer review process, including the need to conduct a new assessment following incidents or on return from hospital. Staff confirmed that any changes to a consumer’s health status is recorded on the electronic care management system and communicated to them during shift handovers.

The Service has documented guidelines to support incident management, care plan evaluation and behavioural management and support. The Service monitors and trends clinical indicators and uses the information to minimise risks to consumers and improve practices that can lead to the most effective outcomes for consumers.

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 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and/or their representatives confirmed that consumers receive care that is right for them and that staff providing care make them feel safe. Care planning documents accurately reflect consumers’ individual needs and health status. Clinical records observed by the Assessment Team confirm that consumers’ care planning documents include input from medical and allied health professionals, when required.

The Assessment Team observed care planning documents and progress notes that are tailored to consumers’ individual needs, including strategies to effectively manage risk associated with the delivery of their care. Both consumers and/or their representatives who were interviewed expressed confidence and satisfaction with staff who develop care plans, as well as with those who deliver care which is tailored to a person’s specific needs and preferences.

Regarding the management of risks associated with the care of consumers, staff are aware of individual consumer’s risks and the strategies in place to manage those risks. Registered staff are aware of high-impact and high-prevalence risks for consumers and for those sampled, their individual risk management strategies are reflected in the care documentation.

When consumers near the end of life and choose to identify their needs, goals and preferences during the process, these are documented in their care plan. Copies of documentation which supports the consumer’s decisions are kept in the consumer’s secure file. Staff interviewed were aware of how to access information regarding a consumer’s express wishes.

When a consumer has not identified any preferences during the end of life process, the Service has clinical guidelines which direct the delivery of palliative care services, which includes ensuring a consumer’s comfort is maximised. Registered staff are available 24 hours per day to support and monitor care being delivered to consumers in an end of life process and senior clinical staff are on call if required. In addition, the Service adjoins Miles Hospital, which has a palliative care service that provides support if required.

When a consumer’s health deteriorates or changes, the consumer is referred to a clinical nurse for an assessment. If such a change is observed after business hours, staff contact a medical officer or transfer the consumer to hospital. All changes are documented in care documentation and communicated to staff via electronic alerts and during shift handovers. Clinical records indicate consumers are regularly monitored by registered staff and if deterioration is observed in a person’s mental, cognitive or physical function, this is responded to in a timely manner and the consumer’s representative is notified.

Where responsibility for care is shared, care planning documentation includes progress notes, care plans and handover reports, which are shared to support the effective and safe delivery of care to a consumer. In cooperation with this process, the clinical governance framework also supports timely and appropriate referrals to other providers of care when required. Referrals are made in consultation with the consumer and/or their representative and where possible, consent gained prior to a referral being made.

Regarding the minimisation of infection-related risks, the Service has policies and procedures which address antimicrobial stewardship and infection control. Management are supported to implement the policies through guidelines, work instructions and outbreak management plans, including a Covid-19 pandemic plan.

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 COMPLIANTServices 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Consumers consider 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 have choices when it comes to meals, sleeping and rising times, and whether they wish to attend scheduled activities. Consumers are supported to attend and participate in outings with the service and with their families and friends.

There is enough activities and choice to ensure consumers are engaged to the level they wish. Consumers are supported to keep in touch with people who are important to them by means of receiving visitors at the service, going out on social leave and through contact by telephone or electronic device. Their emotional, spiritual and psychological needs are met by the service.

Consumers interviewed advised that they like the food and they have input into menu choices.

Consumers’ needs and preferences are communicated within the organisation and with others. Timely and appropriate referrals are made for consumers to other organisations and providers of other care and services. Equipment was safe, suitable, clean and well-maintained.

Review of leisure and lifestyle documentation, including care planning, identified each consumer’s care plan was individualised with consumer’s life history, past events of significance, community and family contacts who are meaningful influences and what is important to them in the past, the present and in the future.

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 COMPLIANTOrganisation’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 observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Consumers considered they feel they belong in the service and feel safe and comfortable in the service environment. Consumers confirmed they feel safe living at the service and they can access indoor and outdoor areas, should they choose to do so. Consumers reported the service is clean and well maintained. Observations supported that the service environment was clean, tidy and well maintained.

Consumers feel at home, visitors are welcome in the service and they have various areas where they can sit comfortably.

The Assessment Team observed the environment to be secure and clean and tidy and staff are aware of how to report items requiring maintenance.

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 COMPLIANTFeedback 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

The Assessment Team sampled the experience of consumers, asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Further consumers felt that changes were made at the service in response and complaints and feedback.

The service’s complaint and feedback system is provided when the consumer first comes to the service, in documents such as the handbook and is available in posters on display. Information is available in languages other than English and interpreter services are available. Management acts to address complaints and when doing so uses an open disclosure approach. Feedback and complaints are an input into the service’s continuous improvement process.

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 COMPLIANTHuman 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 spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers considered they get quality care and services when they need them from people who are knowledgeable, capable and caring. Staff are well trained, know what they are doing and are competent in their duties.

There are enough staff to provide consumers with the care they need including being prompt in responding to calls for assistance. Consumers also expressed staff are kind, gentle and respectful.

The service has a base roster which is adjusted when the acuity or needs of the consumers change. Staff have access to a range of training programs through a range of applications, with staff completing annual mandatory training modules. Staff performance reviews are conducted routinely or as indicated.

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 COMPLIANTOrganisational 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 spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services as assessed through other Standards.

Consumers considered the organisation to be well run and that they can partner in improving the delivery of care and services. Consumers considered they received care and services that meets their needs and preferences and are supported to be engaged in the development, delivery and evaluation of these. Consumers complimented management and staff.

The organisation engages consumers in the development, delivery and evaluation of the care and services it delivers. The governing body promotes and is accountable for a culture of quality, safe and inclusive care and services.

The organisation has implemented effective systems for the governance of information, continuous improvement, finances, the workforce, regulations and feedback and complaints. It has also developed and implemented effective risk management systems.

The organisation has developed and implemented a clinical governance framework that covers antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.

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.