Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Opal Kirra Beach |
| **RACS ID:** | 5357 |
| **Name of approved provider:** | Domain Aged Care (Kirra Beach) Pty Ltd |
| **Address details:** | 6-10 Ocean Street COOLANGATTA QLD 4225 |
| **Date of site audit:** | 09 July 2019 to 11 July 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 26 August 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 24 October 2019 to 24 October 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Opal Kirra Beach (the Service) conducted from 09 July 2019 to 11 July 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers/representatives | 31 |
| Registered staff | 5 |
| Clinical manager | 1 |
| Regional quality advisor | 1 |
| Cook | 1 |
| Cleaning staff | 2 |
| Physiotherapist | 1 |
| Lifestyle staff | 1 |
| Care staff | 4 |
| Maintenance officer | 1 |
| General manager | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met five of six requirements under Standard 1.

All consumers/representatives said that staff treat consumers with respect always or most of the time. The service uses consumer and representative feedback, complaints mechanisms and meetings to ensure that consumers are satisfied that staff treat them with respect, support them to maintain their identity and live the life they choose.

The service demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers for consumers with diverse backgrounds and preferences and in delivery of care that is tailored to the person.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Consumers said they feel heard when they tell staff what matters to them and that they are able to make decisions about their life, even when it involves an element of risk.

The Assessment Team was not satisfied that consumers’ privacy was always protected. While consumers said the service protects the confidentiality of their personal information, eight consumers/representatives were not satisfied the service protected consumers’ privacy from other consumers coming into their rooms uninvited. This was evidenced through interviews with consumers/representatives and the observations of the Assessment Team. The Assessment Team was not satisfied the service had addressed consumer/representative dissatisfaction to ensure that consumers’ privacy was always respected.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

Care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

Each consumer is supported to exercise choice and independence, including to:  
i) make decisions about their own care and the way care and services are delivered; and  
ii) make decisions about when family, friends, carers or others should be involved in their care; and  
iii) communicate their decisions; and  
iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

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

##### Standard 1 Requirement 3(e) Met

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.

##### Standard 1 Requirement 3(f) Not Met

Each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the service met all five requirements under this standard.

Consumer experience interviews show that 81% of consumers/representatives agreed consumers have a say in their daily activities most of the time or always; three consumers said they have a say in their daily activities some of the time. Consumers said their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers reported feeling safe and confident that staff listen to their goals and preferences, and that the service seeks input from other professionals to ensure they get the right care and services to meet their needs.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to deliver a tailored care and service plan and monitor and review the plan as needed.

Consumers reported that their care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the service is quick to communicate with them and seek their input to update the care and services they are getting. Each of the care and service plans reviewed showed plans had been regularly reviewed (with changes made) and a date set for the next scheduled review of the care and services plan. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

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.

##### Standard 2 Requirement 3(b) Met

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.

##### Standard 2 Requirement 3(c) Met

Assessment and planning:   
i) 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   
ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

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.

##### Standard 2 Requirement 3(e) Met

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: Personal care and clinical care Met

#### 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

#### Summary of Assessment of Standard 3:

The Assessment Team found that the service met all seven requirements under this standard.

Consumer experience interviews show that 94% of consumers/representatives said the consumer gets the care they need most of the time or always. All consumers reported feeling safe at the service.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the service and with others outside the service. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

Consumers gave various examples of how staff ensured the care provided was right for them. This included regularly asking them about their care and the way it is delivered.

Each of the care and service plans reviewed identified the delivery of safe and effective care. This included the review of care of consumers who had been palliated with care reflecting attention to the needs and preferences of these consumers at the end of their life. A focus on pain relief, review of pain management strategies and close involvement of family and others was evident.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they remain fit-for-purpose.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   
i) is best practice and   
ii) is tailored to their needs and   
iii) optimises their health and well being.

##### Standard 3 Requirement 3(b) Met

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

##### Standard 3 Requirement 3(c) Met

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

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.

##### Standard 3 Requirement 3(e) Met

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.

##### Standard 3 Requirement 3(f) Met

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

##### Standard 3 Requirement 3(g) Met

Minimisation of infection related risks through implementing:   
i) standard and transmission based precautions to prevent and control infection; and   
ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the service met all seven requirements under this standard.

Consumer experience interviews show that 94% of consumers/representatives said consumers are encouraged to do as much as possible for themselves always or most of the time. Consumer experience interviews show that 75% of consumers/representatives said consumers like the food always or most of the time; four consumers/representatives advised the consumer likes the food some of the time. While the majority of consumers/representatives interviewed expressed satisfaction with the food at the service, five consumers identified their food preferences are not always fully met. Consumers expressed satisfaction that they are supported and enabled to live their daily life as they choose including emotional and spiritual care, activities and access to community groups.

Consumers said their leisure interests, emotional and psychological needs are met, and staff could demonstrate ways this is done in a supportive manner. Staff demonstrated how consumers are supported to do things of interest to them including one to one and group activities, pastimes and outings to places of interest.

The service could demonstrate how information regarding consumers’ needs and preferences is communicated in a timely and appropriate way. Staff could give meaningful examples of how information about consumers is collected and shared and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes and independence.

The service demonstrated how meals are generally provided to meet individual consumer’s needs and preferences, and to ensure suitable variety, quality and quantity are provided.

The service demonstrated consumers and staff are supported by equipment which is safe, suitable, clean and well maintained through staff at the service and external contractors.

Management could demonstrate the services and support for daily living provided at the service are monitored and reviewed, and improvements are made where needed.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

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.

##### Standard 4 Requirement 3(b) Met

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

Services and supports for daily living assist each consumer to:   
i) participate in their community within and outside the organisation’s service environment; and   
ii) have social and personal relationships; and   
iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

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

##### Standard 4 Requirement 3(f) Met

Where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

Where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service met all three requirements under this standard.

All consumers/representatives interviewed advised consumers feel safe at the service most of the time or always. Consumer experience interviews show that 81% of consumers/representatives said the consumer feels at home at the service most of or all the time; three consumers said they would prefer to be still living in their own home. Consumers/representatives expressed satisfaction that:

* The service was well maintained and kept at a comfortable temperature.
* They have access to a range of equipment and furnishings and felt safe using them.
* The service regularly sought their feedback about how the service environment could be improved.
* They have access to furnished outdoor courtyards and walking paths.

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items, and were clean and well maintained. The layout of the service enabled consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers had ready access to tidy outdoor areas with gardens, benches, communal tables, walking paths and handrails that enabled free movement around the service.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The service environment:   
i) is safe, clean, well maintained and comfortable; and   
ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the service met all four requirements under this standard.

Consumers experience interviews show 94% of consumers/representatives said that staff follow up on things most of the time or always. Consumers and representatives report the are aware of complaints and feedback avenues available to them and they feel comfortable to access them if needed. Where feedback has been provided, representatives advised of satisfaction with the process of addressing their concern and with open disclosure.

Staff demonstrated knowledge of how to enable consumers and representatives to access feedback processes and advocacy services as needed. They also demonstrated how verbal feedback is communicated so that management can address it.

Management demonstrated that all feedback received is responded to verbally or in writing. All feedback and complaints are maintained in an electronic information system, and complaints are discussed at meetings and can be escalated to the organisational level as required. Feedback and complaints are reviewed by management and used to inform continuous improvement activities.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

Feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the service met all five requirements under this standard.

Consumers experience interviews show that all consumers/representatives said staff are kind and caring most of the time or always. Consumer experience interviews show that 94% of consumers/representatives said staff know what they are doing most of the time or always. Consumers experience interviews show that 94% of consumers/representatives said the consumer gets the care they need most of the time or always.

The service demonstrated that processes ensure the workforce is planned to ensure appropriate numbers and skill mix of staff to ensure the delivery and management of safe and quality care and services. Police certificate and registration requirements are monitored and reviewed regularly. Education is provided to meet mandatory requirements as well as service needs. Consumers/representatives said there are sufficient staff to meet consumers’ needs and find them knowledgeable about consumer’s individual needs and preferences.

Staff demonstrated the skills and knowledge required of their roles. They were familiar with individual consumer’s needs, preferences and daily routines. Staff expressed satisfaction with the range of education opportunities at the service and with their access to supervision and support when required.

Recruitment and performance monitoring processes ensure staff competence is maintained and where non-performance is identified, management address it in a timely manner.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

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.

##### Standard 7 Requirement 3(b) Met

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

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

##### Standard 7 Requirement 3(e) Met

Regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found that the service met all five requirements under this standard.

Consumers experience interviews show that all consumers/representatives said the service is well run most of the time or always.

The service demonstrated they involve consumers in the delivery and evaluation of care and services, providing examples of how consumers are supported on a day-to-day basis. Consumers/representatives said they are involved in care planning and delivery and provided various examples of how this occurs.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with regulations and clinical care. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

Effective organisation wide governance systems relating to the following:  
i) information management  
ii) continuous improvement  
iii) financial governance  
iv) workforce governance, including the assignment of clear responsibilities and accountabilities  
v) regulatory compliance  
vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

Effective risk management systems and practices, including but not limited to the following:  
i) managing high-impact or high-prevalence risks associated with the care of consumers  
ii) identifying and responding to abuse and neglect of consumers  
iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

Where clinical care is provided - a clinical governance framework, including but not limited to the following:   
i) antimicrobial stewardship   
ii) minimising the use of restraint  
iii) open disclosure