PresCare Protea Townsville

Performance Report

291 Angus Smith Drive   
DOUGLAS QLD 4814  
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**Commission ID:** 5309

**Provider name:** The Presbyterian Church of Queensland t/a PresCare

**Site Audit date:** 21 January 2020 to 23 January 2020

# 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 Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 17 February 2020, which accepted the Assessment Team’s findings

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall consumers and/or their representatives (consumers) said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers confirmed staff treat them respectfully and expressed satisfaction with the interactions and engagement with staff across all aspects of care and services.
* Consumers reported they are encouraged to do things for themselves, to take risks, and that staff know what is important to them.
* Consumers interviewed confirmed that their personal privacy is respected.

Staff demonstrated an understanding of each consumer and what was important to them. Staff described how they recognised and valued the identity and cultural background of individual consumers and how this influenced day to day care delivery. Staff also described how they support consumers to take risks to enable them to live the best life they can.

Care planning documents reflected what is important to the consumer. While the Assessment Team found care planning documents did not always contain relevant information (ie cultural needs or risks), staff demonstrated a good understanding of individual consumer’s needs and areas in which they are supported to take risks, and other service documentation available to staff documented this information. Management had recently reviewed care planning documents and identified the need to update information regarding consumers’ needs and preferences and information known by staff or documented in other service documents about consumers.

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

make connections with others and maintain relationships of choice, including intimate relationships.

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

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

### Requirement 1(3)(e) Compliant

Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

### Requirement 1(3)(f) Compliant

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and/or their representatives confirmed they feel like partners in the initial and ongoing assessment and planning of their care and services. They provided positive feedback about how the service works with them in planning their care and with the information provided to them about the care planning process and outcomes.

The service has systems, processes and tools for assessment and care planning and staff could describe the application of these processes and tools. Staff described how consumers, representatives and health professionals are partners in care planning and contribute to deliver an individualised care plan.

Care planning documents reflect the involvement of consumers, their representatives and other providers of care; are individualised to reflect consumer’s needs, goals and preferences; and are reviewed on a regular scheduled basis and when circumstances change, or when incidents occur.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

### Requirement 2(3)(b) Compliant

Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

### Requirement 2(3)(c) Compliant

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

### Requirement 2(3)(d) Compliant

The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

### Requirement 2(3)(e) Compliant

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and/or their representatives reported they receive the personal care and clinical care they need and that is right for them. Consumers said they have access to medical officers and other health professionals and communication between staff was effective.

The service has policies, procedures and education to guide staff practice in providing clinical and personal care. Clinical monitoring and audits occur and results are analysed.

Staff demonstrated an understanding of consumers’ needs and preferences and reported they have access to relevant clinical information, which is also available to other health professionals involved in consumer care. Registered staff described how key risks and changes in a consumers’ condition are identified, assessed and managed.

Consumers’ care documentation was individualised, reflected assessment and management of key risks, and involvement of the consumer and other health professionals. While the Assessment Team found some inconsistencies wound care documentation for some consumers, other care documentation for those consumers demonstrated their wounds were being attended to by registered staff and wound specialists and were healing. The provider had previously identified the inconsistency in wound documentation and was addressing the issues identified.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

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

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

### Requirement 3(3)(c) Compliant

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

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

Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

### Requirement 3(3)(e) Compliant

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

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

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

### Requirement 3(3)(g) Compliant

Minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall consumers and/or their representatives confirmed they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. For example, consumers interviewed:

* provided examples of support provided to them to maintain lifestyle interests and activities of importance to them
* confirmed the service facilitates and supports them to maintain both their personal and community connections
* identified staff are receptive to their emotional and spiritual needs and provide necessary supports
* expressed general satisfaction with the meals, noting the service is working with consumers regarding feedback to improve the meal service.

Staff demonstrated an understanding of what was important to individual consumers regarding their lifestyle and activities preferences, and identified documentation that supports them to provide individualised support to consumers.

Consumers are invited to participate in a programmed leisure and lifestyle activities, that include a variety of options and are designed in consultation with consumer/representatives. The Assessment Team observed staff to support consumers to attend activities/events of interest to them during the audit.

Hospitality services are provided with a focus on consumer choices and preferences.

While the Assessment Team found care planning documents did not always contain relevant information, staff demonstrated a good understanding of individual consumer’s needs and preferences, and other service documentation available to staff documented information about consumer’s lifestyle needs and preferences. Management had recently reviewed care planning documents and identified the need to update information regarding consumers’ needs and preferences and information known by staff or documented in other service documents about consumers.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) Compliant

Services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

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

### Requirement 4(3)(g) Compliant

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

# STANDARD 5 COMPLIANT Organisation’s services environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers and/or their representatives reported they feel at home in the service and the environment is safe and comfortable. They said the service was clean and well maintained. They were satisfied with their rooms and with the various activity areas, including the roof top café. They were satisfied with environmental services such as cleaning and laundry services.

The Assessment Team found:

* The service environment was observed to be clean and well maintained.
* Equipment, such as hoists, laundry equipment, kitchen equipment and fire-fighting equipment was in good condition and had been regularly serviced.
* A maintenance schedule was used to guide and monitor maintenance.
* Staff were aware of how to report maintenance issues and were satisfied with the timeliness of response.
* Consumers were satisfied with the service environment and with 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 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and/or their representatives reported they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Overall consumers said they felt supported to provide feedback regarding their care and are encouraged by the management and staff to make complaints if they are not satisfied with an aspect of the care and services provided.
* The majority of consumers said they felt that changes are made in response to complaints and feedback; they continue to provide feedback and meet with management to resolve concerns raised. While two consumers/representatives identified they were not satisfied with managements’ response to address their concerns, they were continuing to work with staff and management about their concerns.
* The majority of consumers said when feedback is provided, it is discussed at meetings, either individually or in a group and they are confident the service is working towards improving the quality of care and services.

Management demonstrated the service captures and manages feedback across various internal and external mechanisms. Complaints and feedback are entered into the electronic management system, with relevant investigations and outcomes documented. Reports on complaints and feedback are discussed at monthly meetings and reviewed by the organisation’s governing body.

Staff demonstrated an understanding of the service’s complaints management process, and open disclosure which is applied when something goes wrong.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

### Requirement 6(3)(b) Compliant

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

### Requirement 6(3)(c) Compliant

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

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and/or their representatives were generally satisfied they get quality care and services when they need them from people who are knowledgeable, capable and caring. For example, most consumers and/or representatives interviewed reported they were satisfied with the adequacy of staff, believed staff knew what they were doing and provided complementary remarks about staff. While some consumers felt there were delays in care staff responding to call bells, of these consumers, some reported recent improvement in the availability of staff.

The Assessment Team spoke with consumers, interviewed staff, and reviewed a range of records including staff rosters and training records and found:

* The service has increased the number of staff in line with the increase in the number of consumers.
* New supervisory roles have been introduced as the number of staff have increased.
* Management monitors the adequacy of staffing through call bell response times and consumer feedback.
* Care staff and support staff were generally satisfied with the adequacy of staffing.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

### Requirement 7(3)(b) Compliant

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

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Most sampled consumers and/or their representatives reported the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers said they participated in meetings, and feedback and suggestions raised had been adopted by management.
* Consumers reported when feedback is provided, it is discussed at meetings, and they are confident the service is working towards improving the quality of care and services.

The organisation’s governing body, the Board, is accountable for the delivery of safe and quality care and services. To achieve this accountability, the Board has created a governance framework. Roles have been created to manage this framework, including executive roles to manage the flow of information between the service and the Board and quality roles to monitor the performance of the service, to collate the service’s performance data and provide regular reports.

The organisation has policies that relate to areas of risk management and clinical governance and the service’s staff are aware of the practical application of these policies.

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.

### 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.