Sundale In-Home Care Sunshine Coast

Performance Report

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**Commission ID:** 700247

**Provider name:** Sundale Ltd

**Quality Audit date:** 12 November 2020 to 13 November 2020

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# Publication of report

This Performance Report **may 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** | **Not applicable**  |
| **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 Quality Audit; the Quality 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 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; this included being supported to take risks. They said their personal privacy is respected.

Consumers said staff treat them respectfully and expressed satisfaction with the interactions and engagement with staff across all aspects of care and services.

Consumers confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers provided examples of matters of importance to them, acknowledged staff awareness and staff response to support their lifestyle choices and preferences.

Interview with staff and review of care planning documents demonstrated, relevant information is collected and shared to support the consumers’ choice, their decisions are respected and shared with relevant care and service staff. Consumers’ relationships are acknowledged and supported; consultation occurs to ensure staff awareness of matters of importance to the consumer to support the consumer to live the best life they can.

The Quality Standard is assessed 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

Overall consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services. Consumers said they are informed about the outcomes of assessment and planning and have access to their care and services plan if they wish. Consumers confirmed the service seeks input from others who contribute to the consumers’ care including their medical officer, allied health professionals and family members.

Care planning documentation reviewed showed care plans are developed in consultation with the consumer and others they wish to be involved and that they have been reviewed regularly and updated when changes have been required.

Staff interviewed were aware of the consumers’ needs and preferences and strategies to follow to ensure needs and preferences are met. Staff described the education they receive that supports them in this aspect of their role and demonstrated an understanding of assessment and planning processes, referrals, and the management of incidents which can result in a review of care.

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

Overall, consumers considered that they receive personal care and clinical care that is safe and right for them. They provided examples of how staff manage their clinical care needs, support them to remain independent and how referrals are made to other health specialists when a need is identified.

Care documentation reflected individualised care that is safe, effective and tailored to the individuals’ needs and preferences. Key risks for the consumer were identified and the Assessment Team found that specific strategies to minimise risks associated for example with falls, skin care, medication use, cognitive impairment, and nutrition were documented.

For those consumers approaching the end of life, documentation identifies that discussions are held with the consumer, family and other health professionals. Information is collected to ensure staff are aware of the consumers’ wishes including their cultural, spiritual, social and emotional needs and preferences. The service can access a specialist palliative care team to provide support for consumers at this time.

Staff were familiar with consumers’ individual needs and could describe the key risks associated with their care. Staff said they sought advice and support from their colleagues when necessary and could describe how any concerns or changes in the consumers’ condition were escalated and managed. The service has registered nurses on staff and if clinical care is required after hours there are processes to support this.

A suite of policies and procedures provides guidance for staff, including in the assessment and care planning process, caring for diverse populations, palliative care, advanced care planning, antibiotic usage and anti-microbial stewardship.

Staff provided the Assessment Team with examples of how they monitor for signs of infection such as skin rashes, increased confusion or changes in behaviour, and where appropriate, escalate their concerns.

The service has outbreak management plans with specific information relating to COVID-19; flow charts guide decision making and actions in response to a potential outbreak. Screening processes are operational, staff education has been provided and personal protective equipment and sanitisers are available and in use.

A risk management framework outlines how risk is identified, managed and recorded. The service analyses clinical indicators to identify trends and these are reported at a service and an organisational level.

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

Consumers were satisfied with the services and supports they received and provided the Assessment Team with examples of how their needs were being met, including emotional and psychological needs. They said they are supported to do the things they want including receiving assistance with cleaning, shopping and transport to appointments, meeting family and friends and participating in activities of interest to them.

Care planning documentation included specific information about what was important to consumers as individuals and details about service delivery such as preferred service delivery times and referral to other health providers. Assessment processes consider well-being and risks such as depression.

Staff demonstrated an understanding of what was important to consumers and had knowledge of consumers’ habits, traditions, religious affiliations, music and reading preferences and preferred activities. Staff explained how they are alert to changes in consumers’ emotional and psychological well-being for example confusion and or distress and the referral processes that occur when this is identified. They described how they have access to care planning information that supports them to deliver care and services that are tailored to the individual consumer.

Staff advised that in response to COVID-19 the activities previously provided had been reviewed and where group activities had been occurring, these were now replaced by a one on one program. Those consumers who have expressed a wish to resume group-based activities have been referred to another respite centre.

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 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 review Standard 5 as it is not applicable to this service and therefore a summary of Standard 5 is not provided.

# 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 their representatives are made aware of how to access complaints mechanisms including advocacy and external complaints agencies. Consumers advised that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. They provided examples of the complaints they had raised and how their concerns were addressed by the service; they said that staff were consistently responsive to their feedback.

Consumers receive information about complaints processes in the in-home consumer pack and the consumer agreement. The complaints process is also explained verbally to consumers so that they understand both the internal and external complaints mechanisms.

Staff receive education in complaints management and described how they advocate for consumers by encouraging consumers to raise a complaint and advising management if consumers raise concerns with them.

The service has policies and procedures in relation to the management of feedback and complaints; referral to advocacy services and access to interpreter services is included in the suite of policies.

The service maintains records of consumer feedback and complaints and use this to inform continuous improvement processes. Complaints are referred to the Executive Management and/or the Board in accordance with the service’s policies. An open disclosure process is followed, and this was evidenced in complaints documentation.

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 said that staff are kind and caring and treat them with respect; they appreciated the consistency in staffing and the fact that staff took time to chat with them when delivering care and services. Consumers reported that staff generally show up on time and if there was an instance where they may be late then most times they are advised by the service ahead of time.

Staff described how they provide care in a kind and respectful manner including how they are sensitive to consumers’ privacy needs. They explained how they are briefed by the organisation prior to delivering care and services and demonstrated a sound understanding of the individual consumers’ needs and preferences.

Rosters are developed and where possible staff are matched with consumers based on existing knowledge of personalities. Registered nurses are available to provide clinical guidance and support.

Staff participate in an ongoing education and training program that is responsive to the identified needs of consumers. Annual performance appraisals are conducted to provide feedback to staff on their performance; learning opportunities are also identified and this too informs the staff education program. Staff said they have received education and training in privacy, dignity, diversity, elder abuse and in the organisation’s culture which is characterised by kindness, caring and respect. They said that if they witnessed consumers being treated disrespectfully they would report this to their management team.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers described how they are involved in the development, delivery and evaluation of care and services and were satisfied that the organisation was well run. The Assessment Team reviewed documentation including progress notes, the feedback register, surveys, meeting minutes and the plan for continuous improvement and identified where consumer feedback had informed improvements at the service.

The governing body is committed to a culture of safety and quality improvement and expectations are communicated to staff and other stakeholders within the organisation. Governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and complaints are in place. There are processes such as audits to support performance monitoring and regular reporting to the executive management team ensures information is shared to inform planning and decision making.

The organisation subscribes to several organisations and information services to ensure information relating to regulatory compliance can be monitored and is disseminated to staff via emails and updates to relevant policies and procedures. Key regulatory compliance information and links are made available to all staff via the electronic portal.

The organisation has policies and procedures that provide guidance in relation to risk management. Education is provided to staff abut dignity of risk, responding to abuse and neglect and choice and decision making. Emergency planning and associated protocols have been developed in the event of an emergency or disaster occurring.

A clinical governance framework supports staff in delivering safe, effective, quality care. The Assessment Team identified policies relating to antimicrobial stewardship, open disclosure, restraint minimisation and consumer safety and well-being. Staff were familiar with these policies and how it influenced the work that they do. Management advised restraint is not used within the organisation and described how clinical care is monitored and evaluated for effectiveness.

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.