The Cairns Aged Care Plus Centre at Chapel Hill

Performance Report

730 Moggill Road
CHAPEL HILL QLD 4069
Phone number: 07 3379 9800

**Commission ID:** 5989

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

**Assessment Contact - Site date:** 2 June 2020 to 3 June 2020

**Date of Performance Report:** 1 July 2020

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(e) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* referral information received by the Commission.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team did not assess all Requirements in Standard 2, therefore a summary or overall compliance rating is not provided.

## Assessment of Standard 2 Requirements

### 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.*

Consumers/representatives sampled by the Assessment Team said staff involve them in the assessment and planning of their care through direct conversations with staff, case conferences and care plan reviews. Overall, consumers/representatives sampled said they are happy with their care and services and feel their care and services are delivered the way they wish. Consumers/representatives were asked if they had discussed their End of life wishes with the service and advised they had either made their End of life wishes clear or did not wish to discuss it at this stage. For the consumers sampled, care documentation details the consumers’ current needs, goals and preferences.

The Assessment Team identified Advance care planning and end of life planning information is discussed with consumers and/or representatives on entry to the service when the consumer wishes and as the consumer’s care needs change. Registered staff described processes to the Assessment Team for assessing consumer needs and these are evidenced in assessments and care planning documentation Care staff interviewed by the Assessment Team demonstrated an understanding of consumer needs and can refer to their care plan or the Registered nurse and Clinical management if they require more information

The Assessment Team identified the organisation has a documented ‘Clinical Governance’ procedure that guides staff practice in undertaking assessment and planning, including consideration to enable End of life planning. All consumers assessments and care plans are current and are being reassessed every three months as per the service’s schedule. All consumers/representatives have been consulted in relation to End of life care planning including the completion of either a ‘Statement of Choices’ or ‘Advanced Health Directive’. For consumers/representatives who do not have a documented plan for EOL care, review of care documentation identifies a file note has been completed to ensure follow up discussions occur.

### 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.*

Consumers/representatives sampled by the Assessment Team are aware of their care plan and that they could be provided with a copy if they wished. A high proportion of consumers/representatives interviewed said that staff discussed their care needs with them and felt that staff knew their goals and preferences which were reflected in their care documentation. As part of the service’s plan for continuous improvement, the Assessment Team identified the process ‘Care Partner’s Program’ aims to support consumers/representatives to be part of the assessment and care planning and provide a copy of the consumer care plan to consumers/representatives as part of this process. All sampled consumers/representatives confirmed the service has provided them with a copy of their care plan.

Care plans for consumers sampled by the Assessment Team include information relevant to the consumer’s needs including, but not limited to cognitive and sensory loss, behaviour, communication, continence, cultural care, pain and sleep, hygiene, mobility, skin care and wound management, nutrition, activities of daily living and lifestyle preferences. The Assessment Team were advised outcomes of assessment and planning are communicated through case conferences and care plan reviews and are accessible to staff through the electronic care management system. Management and registered staff informed the Assessment Team consumers and their representatives are involved in the assessment and review process through a range of ways including case conferences and three-monthly care plan reviews.

Registered staff interviewed confirmed they have access to the “care tracker” and could describe the service’s processes for of informing the consumer’s next of kin or Enduring power of attorney when there was a change in the consumer’s care plan or condition. Care staff interviewed confirmed they have access to the electronic care planning system and advised they would ask the Registered nurse and check the care plan if they were worried about a consumer’s personal/clinical care.

The Assessment Team observed staff accessing care plans through the electronic care planning system during the visit, including care staff identifying an alert to a change in a consumer’s care needs. Sampled consumers’ documentation confirmed a copy of the care plan has been given to consumers/representatives when there has been reassessment, or a change in consumers care needs and/or preferences.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team did not assess all Requirements in Standard 3, therefore a summary or overall compliance rating is not provided.

### 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.*

Consumers/representatives sampled by the Assessment Team stated they feel the consumer’s personal and clinical care needs are delivered to support safe and effective care. Review of sampled consumer files by the Assessment Team identified individualised care delivery that is safe, effective and tailored to the specific needs and preferences of the consumer.

Registered and care staff could describe to the Assessment Team sampled consumers’ individual needs, preferences, the most significant clinical/personal care risks and how these were being managed or monitored in line with their care plans. Registered staff interviewed stated said they are provided with relevant training and they would seek advice from senior clinical staff, Medical officers and allied health professionals when they have concerns in relation to a consumer’s personal or clinical care delivery.

The Assessment Team identified the service has Clinical Governance procedures and guidelines in best practice care delivery including ‘use of restraint’ and these materials are regularly reviewed and updated at an organisational level. Skin integrity and wound care guidelines/procedures are available to staff and outline an evidence-based approach to promote healthy skin and manage wounds. The pain management procedure guides registered and care staff through the assessment and management process, including the use of specialised tools for consumers who cannot verbalise pain. The procedure includes information on pharmacological and non-pharmacological management strategies.

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

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

Consumers/representatives sampled by the Assessment Team feel that consumers’ needs, and preferences are effectively communicated between staff and they don’t have to repeat information to advise staff of changes in their care. For the consumers sampled, care documents provide adequate information to support effective and safe sharing of the consumer’s care. Review of sampled files by the Assessment Team identified current information in consumer’s condition, needs and preferences is documented in an electronic care system which can be accessed by all clinical and care staff.

Visiting Medical officers and allied health professionals document updates in the electronic care system to communicate change in care needs and preferences for consumers. Registered staff and care staff interviewed by the Assessment Team confirmed they can access accurate information relating to consumers’ condition, needs and preferences which enable them to deliver timely and appropriate care. Registered staff and care staff were able to describe the handover process for sharing information regarding updates or changes in consumers’ condition, needs and preferences. Registered staff described processes to the Assessment Team for information sharing with external health providers such as when consumers move between hospitals and the service.

The Assessment Team identified the service has policies and procedures in relation to consumer information documentation and sharing for staff to refer to. The Assessment Team observed Registered staff update visiting Medical officers and allied health professionals regarding individual consumer’s changed needs within the previous week. The Assessment Team observed two shift handovers and confirmed registered nurses and care staff shared detailed consumer information in relation to their changed condition and needs including as required medication usage, skin integrity, Medical officer visits, consumer/representative consultation and hospitalisation.

# STANDARD 6 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

The Assessment Team did not assess all Requirements in Standard 6, therefore a summary or overall compliance rating is not provided.

## Assessment of Standard 6 Requirements

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

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

Consumers/representatives interviewed by the Assessment Team stated they feel comfortable to speak directly to staff if they have a concern. Those consumers/representatives who had provided feedback said their concerns were generally addressed to their satisfaction and they have seen improvements in response to their feedback.

Management and staff discussed with the Assessment Team actions taken in response to consumer feedback and gave examples, including changes to consumers’ care plans; and review of allocation of staff meal breaks to improve call bell response times.

Staff could describe an open disclosure process to the Assessment Team stating they would always apologise, take action to address the issue if it is within their scope and ask the consumer if they are satisfied with the action taken.

Management provided the Assessment Team with an ‘open disclosure’ policy which provides guidance to staff. Training records provided by management identified education had been conducted by the service on ‘open disclosure’ to staff. Staff are provided education in ‘open disclosure’ training during induction orientation.

# STANDARD 7 Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team did not assess all Requirements in Standard 7, therefore a summary or overall compliance rating is not provided.

## Assessment of Standard 7 Requirements

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

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

Management advised the Assessment Team all staff are provided with a position description at commencement of employment which outlines the key responsibilities of their role. Staff performance is monitored on a daily basis by the Registered nurses on all shifts and any concerns are escalated to the appropriate manager.

Management advised the Assessment Team performance appraisal process is managed by an electronic platform. The system sends notifications to the manager of staff who have performance appraisals due, management then delegates the performance appraisal to the appropriate manager. If the notifications are not actioned within an agreed timeframe, management receives a further notification identifying the appraisal hasn’t occurred and then follows these up with the appropriate manager.

Staff interviewed by the Assessment Team advised the service provides many options for training and education and if they require extra training appropriate to their role, it is organised and provided. Staff interviewed advised they have completed their performance appraisal and mandatory education within the previous 12 months.

Management could demonstrate to the Assessment Team that all staff have completed performance assessment appraisals. A review of mandatory reporting records by the Assessment Team for the last six months identified all incidents were reported as appropriate and when staff performance was identified as being a concern, the appropriate re-education and training was provided by the service and the staff member’s performance was regularly monitored and reviewed.

# 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.