Performance

Report

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| Name of service: | Ashmore Retreat |
| Service address: | 19 Allunga Avenue ASHMORE QLD 4214 |
| Commission ID: | 5276 |
| Approved provider: | Shalimah Aust Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 1 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Ashmore Retreat (**the service**) has been prepared by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the site audit conducted from 8 November 2022 to 10 November 2022. 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.
* Other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers said they were treated with kindness, dignity and respect, and the Assessment Team’s observations corroborated this. The service valued consumers’ culture and diversity, the details of which were recorded in care and lifestyle plans and respected by staff during care delivery. Consumers said they were supported to make decisions affecting their health and well-being, which could be changed by the consumer at any time. Consumers nominated others to be involved in their care, communicated their decisions and were supported by the service to maintain relationships of their choice. A review of consumers’ files confirmed their care choices and nominated decision-makers were recorded.

Consumers said they were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment was completed and documented in their care plans. Consumers’ risk assessments were regularly reviewed and the service’s welcome pack included information about dignity of risk. Consumers said they received information in easy to understand formats, such as through the use of bilingual staff; noticeboards and brochures; involvement in meetings and access to meeting minutes; visual and hearing aids; and an activities calendar.

Consumers confirmed their privacy and confidentiality were protected by the service and its staff, which included respecting personal space when significant others visited. Consumer information was kept in a password-protected electronic care planning system and staff understood how to properly manage requests for that information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

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

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. Staff understood the care planning process and how it informed the delivery of care and services. A review of consumers’ care files confirmed specialists and allied health professionals were involved in assessing risks to consumers, such as self-managing some medications. Consumers’ care plans identified and addressed their current needs, goals and preferences, which included end of life planning.

The service partnered with consumers, their representatives and external allied health professionals and medical practitioners when assessing, planning and reviewing care needs. Consumers said themselves and their chosen external service providers were involved in care planning and review, which was confirmed by a review of care files. Staff said the outcomes of assessment and planning were communicated to consumers and their representatives by providing the care plan and having in-person discussions. Consumers said their care and services were reviewed quarterly or when their circumstances changed, such as a decline in their health or risk profile.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers said the care they received was tailored to their needs and optimised their health and well-being. Staff understood consumers’ individual needs and preferences, which were recorded in their care plans. Staff were guided by policies and procedures which addressed the management of high-impact risks such as wound management, falls prevention, skin integrity, pressure area care and medication management. Consumers receiving palliative care had their needs, goals and preferences recorded in their care plans and families were welcomed throughout the end-of-life process. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated during shift handovers, meetings, accessing care plans, communication diaries and electronic notifications. The service made timely and appropriate referrals to other care providers, which was confirmed by consumers and representatives. Clinical staff described the service’s referral process, the details of which were recorded in consumers’ care plans and included the involvement of their general practitioners. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers said the services and supports they received enhanced their independence, health, well-being and quality of life. Consumers said they felt safe when staff were delivering care and services. Consumers said they felt connected and engaged in meaningful activities while living at the service, which included observing cultural and religious practices that supported their spiritual, emotional and psychological well-being. Consumers said they had active social lives and participated in activities of interest to them, such as maintaining personal relationships and taking part in community events. Staff described how they worked with other organisations, advocates and community members to assist consumers to pursue their interests.

Where meals were provided, consumers said they could choose from healthy meals, snacks and beverages. Consumers’ dining experience was comfortable, unrushed and they received appropriate and dignified assistance from staff. Staff were aware of consumers’ nutrition and hydration needs, preferred meal size, dietary and cultural needs and any support needed to enjoy the dining experience. Food was freshly cooked on-site under the guidance of specialist nutritional advice. The Assessment Team noted consumers were consulted in menu development. Where the service provided equipment, consumers said they felt safe and knew how to report any concerns. The service had arrangements to purchase, service, maintain, renew and replace equipment in line with manufacturers’ instructions. The maintenance officer provided audit and maintenance records for mobility aids, wheelchairs and equipment used during the delivery of personal care.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

Consumers said they felt at home within the service, particularly as they personalised their rooms with furniture and possessions of choice. The Assessment Team noted the service’s common areas had a homelike feel and consumers’ rooms overlooked well-maintained gardens. The service had signage which assisted consumers to navigate the building, along with handrails, ramps and bathroom fittings to promote consumers’ independence. Consumers enjoyed sitting rooms, dining rooms and kitchenettes with coffee and vending machines.

Consumers said the service was clean and maintenance promptly completed. The Assessment Team noted the service was clean, well maintained and consumers moved freely around the building and gardens. The memory support unit was secure and its garden was freely accessible to consumers. The service had a maintenance program that was up-to-date and records confirmed reactive maintenance was promptly addressed. Consumers said equipment was clean and well maintained, which was confirmed by the Assessment Team’s observations. Staff said they could access equipment needed for consumer care and it was cleaned between each use.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers said they were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint was available in communal areas and within the resident handbook. Consumers were aware of how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service. Staff understood the complaints process and a review of consumer meeting minutes confirmed consumers were encouraged to raise concerns and provide feedback.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which was confirmed by consumers and representatives. The Assessment Team viewed the service’s complaints records and noted open disclosure was used and an apology given when something went wrong. Consumers said complaints and feedback was used to improve care and services they received. For example, in response to a consumer food focus group the service changed some menu items which improved consumers’ dining experience. The service manager demonstrated how feedback and complaints were reviewed and linked to the organisation’s continuous improvement plan.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The service developed a fortnightly roster with an appropriate number of staff with the skills to assess, plan and meet the needs of consumers. Consumers and representatives said staff provided care in a timely way and in accordance with their preferences. A review of the previous fortnight’s roster showed all shifts were filled by staff familiar with consumers’ needs. Consumers said staff were confident and well trained. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Staff were aware of consumers’ cultural and personal preferences, which informed lifestyle activities.

The service’s workforce was competent and staff had the qualifications, skills and knowledge to effectively perform their roles. Staff had duties lists and position descriptions to guide them in their roles. Ongoing competency assessments occurred for specific roles and when new equipment and processes were introduced. Targeted training was provided in line with consumers’ needs and preferences. The service maintained records to ensure nursing staff’s professional registrations remained current.

Staff were recruited through a process which included interviews, as well as referee and qualification checks. Staff received training on commencement of employment and on an ongoing basis. Training was planned according to consumers’ needs. Training records showed all staff completed mandatory training in manual handling, infection control, hand hygiene, elder abuse, safe food handling, pain management, falls prevention, skin integrity, palliative care and complaints handling. The service regularly assessed, monitored and reviewed staff performance which included probationary and annual performance reviews.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

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

Consumers and representatives said they were encouraged to provide ongoing input into how care and services were delivered. Input was provided during care plan reviews, resident meetings, focus groups, surveys and in-person discussions. Consumer and representative suggestions were included in the service’s plan for continuous improvement.

The organisation’s governing body promoted a culture of safe and inclusive care which was evident to the Assessment Team during management interviews and documentation reviews. The governing body used information from consolidated monthly reports to identify the service’s compliance with the Quality Standards, initiate improvements, enhance performance and monitor the delivery of care and services. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures which were used to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. Risks were identified, assessed and reviewed at both a consumer level and organisational level. Staff were trained in risk management, which included serious incident reporting and elder abuse and neglect. Risk assessment processes were supported by an electronic care management system which included an incident documentation function. Data from the care management system is trended an analysed monthly by the management team.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)