Performance

Report

**1800 951 822**

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| Name of service: | Bindaree Care Centre |
| Service address: | 1 Beacon Avenue BOYNE ISLAND QLD 4680 |
| Commission ID: | 5290 |
| Approved provider: | Sundale Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 20 December 2022 |

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 Bindaree Care Centre (**the service**) has been prepared by Denise McDonald, 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; 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.

# 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

Consumers felt respected regardless of their culture and background. Staff spoke about consumers with respect, understood their personal circumstances and backgrounds. Staff were observed treating consumers with dignity and respect, were guided by processes and policies, and trained in dignity, respect, and diversity. Care planning documents reviewed included consumer’s backgrounds, preferences, and choices.

Consumers felt their cultural and religious needs were valued in the service. Staff said they were aware of the consumer’s cultural and religious needs. Care planning documents reflected consumer’s cultural needs and preferences, including their spirituality. An activity calendar provided information about various cultural and religious activities on offer at the service.

Consumers choices and preferences for care and services were supported and they could maintain relationships with whom they chose. Staff described how they supported consumers to maintain relationships with people important to them. Consumer dignity and choice policies evidenced the service has processes to support and manage consumer choice including decisions to maximise their dignity, independence, and safety.

Consumers said they were supported by the service to take risks, such as smoking, and live the best life they can. Staff described areas in which consumers wanted to take risks, how the consumers were supported to understand the benefits and possible harm when they made decisions about taking risk, and how consumers were involved in problem-solving solutions to reduce risk, where possible.

Consumers advised they got enough information through email, newsletters, written notice, and announcements to make decisions and choices about their care and daily living. Staff confirmed they provide consumer choices around food, activities, and care preferences. Policies guided staff to empower consumers to make informed choices through timely information in the form and language they understood.

Consumers said staff respected their privacy such as knocking on the door and requesting permission before entering the room. Staff described how they maintained consumer’s privacy when providing care and how they kept information secure. Staff were observed respecting consumers’ privacy.

# 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

Consumers were involved in assessment and planning, confirming they had discussions about their goals, heath status and wellbeing, potential risks, and care. Staff explained how assessments were completed to identify consumer risks, which aligned with the service’s policies. Consumer files evidenced risk assessments completed by staff.

Consumers confirmed staff regularly discussed needs, goals and preferences and they have a statement of choice or advanced health directive in place. Care plans included individualised needs, preferences, and goals or strategies for consumers. Staff explained how they initiate end of life discussions with consumers, the process described by staff aligned with the service’s policies.

Consumers said staff engaged with them to discuss care planning. Staff stated consumer care plans are developed with guidance from policies and procedures which reflect partnership with consumers and other service providers to deliver tailored care meeting consumer goals and preferences. Consumer files indicated consumers had been referred to medical officers, and allied health professionals when a need was identified.

Consumers said they received regular health and wellbeing updates from registered staff and were aware they could access a copy of their care plan but did not feel they needed a copy, as discussions had provided them with sufficient information. Care planning documentation was observed to be accessible to consumers and representatives. Policies and procedures described the engagement of consumers in their care planning and detailed the requirement to document goals and preferences.

Consumers said they were regularly contacted by staff about their care and services. Staff said they reviewed care plans following changes to consumer’s needs or condition and care plans showed reviews took place every 3 months or as consumers’ circumstances, goals, or preferences changed. Policies and processes described the engagement of consumers in their care planning and detailed the requirement to review cares periodically and when care needs changed.

# 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

Consumers said the care and services provided were safe and effective and staff knew their needs and preferences. Staff stated they were kept up to date with industry best practice through continued professional development and on the job training. Management stated all policies are scheduled for periodic review to ensure they reflect best practice. Consumer care plans reviewed indicated the care provided was aligned with best practice.

Consumers and representatives sampled gave positive feedback with the planning, care, and management of their risks. Staff explained processes used to manage high impact and high prevalence risks. Care planning documentation identified key risks to consumers and strategies were in place to minimise these risks and documented in care documents.

Consumers stated they had been engaged by staff about their end-of-life preferences. Staff described the support and care provided to end of life consumers and their families, which aligned with the service’s policies. Consumer files included advance health directives, statement of choices or end of life preferences to guide staff in both palliative and end of life care for consumers.

Consumer representatives confirmed they were always notified promptly by the service of any changes in the consumer’s health status. Staff described how they recognised and responded to deterioration, changes in the consumer’s condition or health status and how this was a trigger for reassessment and review. Consumer’s care plans showed changing consumer conditions were recognised and responded to. The service had guiding documentation in relation to deterioration and changes to consumer health.

Consumers said their needs and preferences were accurately communicated between staff. Staff explained information sharing took place during shift handover process and it was recorded in the electronic care management system. Care documentation contained adequate information to support effective and safe sharing of the consumer’s information and demonstrated staff notified consumer representatives when a change was made or a clinical incident occurred.

Policies detailed how other organisations and providers were engaged to meet the specialist needs of consumers. Staff explained the process to refer consumers to specialist providers. Care documentation confirmed the input of others, and referrals were created for external providers when necessary.

Staff described methods of infection control in use at the service and explained the service’s approach to antimicrobial stewardship. Policies and procedures guided staff in infection control and antimicrobial stewardship. Staff were observed practicing infection control precautions such as using personal protective equipment and engaging in hand hygiene.

# 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

Consumers stated they felt supported in their activities of daily living and were provided with relevant supports, such as equipment and resources, to promote their wellbeing, independence, and quality of life. Care planning documentation identified consumers’ lifestyle choices and preferences, and the supports and services provided to meet the needs and wants of consumers. Staff demonstrated knowledge of consumer’s needs and preferences and gave examples of supports offered to consumers.

Consumers said they were supported to do things they liked and gave examples of how staff supported their needs, goals, and independence. Care documents detailed the emotional and well-being needs of the consumers and staff provided examples of ways consumers emotional and spiritual needs were supported including the local pastor visiting to provide one-on-one companionship or religious visits.

Consumers stated they did things they enjoyed both within and outside the service. Staff described how consumers were supported to do the things important to them inside the service and participate within their community. Care planning policies, procedures, documentation, and care plans demonstrated the service provided supports to encourage consumers to participate in activities they enjoy, have input into activities, provide social interactions such as group activities.

Consumers stated they felt information about their daily living choices and preferences was effectively communicated between staff and with external providers. Staff demonstrated knowledge of consumer’s health conditions, needs and preferences, and described how these were communicated between staff and with other health professionals. Policies and procedures evidenced how information was communicated within the organisation and with external providers of care and support. Consumers care plans evidenced quarterly reviews, or as the consumer’s supports and services needs changed.

Consumers said they got the care they needed, including referrals to allied health professionals. Staff described the referral process and gave examples of specialist providers who consumers had been referred to. Documentation reflected appropriate and timely referrals to external health providers and staff had guiding documentation relating to undertaking referrals.

Consumers said the service provided meals which were varied, of suitable quality and quantity, and reflected their choice. Processes and systems were in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Documentation demonstrated the service had relevant practices ensuring safe food storage, preparation, delivery, dietary needs, and preferences were considered.

Consumers said they had access to equipment, which was suitable, safe, and well maintained, and felt confident to tell staff if there were any concerns. Staff confirmed consumers had access to safe equipment that reflected their needs and described the process of reporting issues regarding equipment. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

# 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

Consumers stated they felt at home at the service and encountered no problems while navigating around the facility. Staff said they ensured the service was welcoming and friendly by engaging with and seeking feedback from consumers and their visitors. Appropriate signage was observed with indoor and outdoor spaces for consumers to access and consumer rooms individually personalised.

Consumers stated they felt safe at the service, it was clean, well maintained, and they could move freely inside and outdoor areas with ease. Staff described the process for reporting maintenance issues. Procedures and other documentation such as cleaning schedules and the preventative maintenance schedule demonstrated the frequency and completion of tasks. Care equipment was stored away safely and observed to be clean and maintained.

Consumers said the service maintains a high level of cleanliness, and equipment was well-maintained, safe, and suitable for their needs. Staff described how high levels of cleaning were maintained and the process for reporting maintenance needs. Policies, processes, and schedules were in place to ensure the cleaning and care of furniture, fixtures, fittings, and equipment were appropriate and well maintained for consumers.

# 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

Consumers stated they felt comfortable to raise concerns or provide feedback through various means. Staff described the different avenues for consumers to provide feedback, suggestions, compliments, or complaints as per the service’s complaints handling policy and procedures. Feedback and improvement forms and boxes were observed located throughout the service.

Consumers reported they were informed about how to access advocacy, interpreter, legal services, as well as external complaints through the consumer handbook. Staff knew how to access advocacy and interpreter services for consumers and were familiar with the complaint management process including information on accessing various support services for raising a complaint. Advocacy and interpreter information for various organisations were observed on display within the service.

Consumers felt the service responded to their complaints appropriately and the service communicated with them to discuss their concerns. Staff were aware of the complaint management and open disclosure process. An electronic feedback system recorded the description of complaints, concerns or compliments and the actions taken in response. Complaints and feedback policies and procedures guided staff to effectively manage complaints and an open disclosure policy ensured staff engaged with consumers.

Consumers felt feedback and complaints were reviewed and used to improve the quality of care and services. Staff described how service improvements had been made in response to feedback, and the service’s complaints management process stated feedback, including comments, compliments, and complaints data, were to be recorded, and used for continuous improvement. A plan for continuous improvement register detailed the changes made in response to feedback and complaints to improve services.

# 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

Consumers reported the service could do with more staff however stated staff responded to call bells immediately. Staff reported any shift vacancies were generally filled. Rostering documentation demonstrated the service had sufficient staff to fill shifts to deliver safe and quality care and services.

Consumers said the workforce interacted with them in a kind, caring and respectful way regardless of cultural background. Staff were observed addressing consumers by their name and using respectful language when assisting them.

Consumers said staff knew what they were doing, and management described how they determined whether staff are competent and capable in their roles. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties. Staff records reviewed indicated staff were appropriately qualified and the service carried out the necessary checks required for their roles, including police checks, professional registration, certification, and mandatory training.

Consumers said staff were adequately trained and equipped to do their jobs. Management said they trained and equipped the workforce through e-learning and face-to-face training. Staff felt adequate training was received to perform their assigned duties and responsibilities. Reviewed documentation reflected the workforce was satisfactorily recruited, trained, equipped, and supported to deliver the outcomes required.

Staff described the way performance assessments occurred, and a review of staff records and documentation pertaining to staff performance reflected this and showed a high percentage of up-to-date performance appraisals completed including scheduling for those overdue. Completed assessments and identification of training needs demonstrated the service’s process in assessing, monitoring, and reviewing the performance of its workforce were effective.

# 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

Consumers reported they were engaged in the development, delivery and evaluation of care and services. Staff described the various mechanisms used to engage consumers such as consumers and relatives/representatives’ meetings, surveys, and feedback. Documentation reflected consumers were engaged and supported in providing input on service delivery.

Consumers said they felt safe and received the care they needed. Management described how the governing body, the Board, was involved in the delivery of care and services as indicated in its organisational chart and outlined in its clinical governance policies. The governing body played a role in promoting a culture of safe, inclusive, and quality care and governance frameworks supported the service was accountable for the care delivery.

Appropriate governance systems were in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself the Quality Standards were met. Appropriate systems were in place which provided oversight of the workforce, including recruitment and monitoring of mandatory staff training with reports provided to management and the Board. Management advised changes to legislation, regulatory requirements or aged care law were monitored in the Board meetings, via governance and quality committee meetings.

A risk management framework was in place, ensuring current and emerging risks were identified and their potential consequences understood so t appropriate and effective steps were taken to mitigate and manage the identified risks. Staff described the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines were in place where risks were escalated to management and further to the governing body, who had the overall responsibility for the oversight of risk, and the systems and processes of risk management.

The organisation had a clinical governance framework in place including policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. Staff described the different aspects of policies and practice relating to antimicrobial stewardship, restrictive practice and open disclosure confirming they were trained and monitored in these areas.

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)