Performance

Report

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| Name: | Brighton Health Campus (Gannet House) |
| Commission ID: | 5404 |
| Address: | 449 Hornibrook Highway, Beaconsfield Terrace, BRIGHTON, Queensland, 4017 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 August 2024 |
| Performance report date: | 19 September 2024 |
| Service included in this assessment: | Provider: 1132 Queensland Health  Service: 3710 Brighton Health Campus (Gannet House) |

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 Brighton Health Campus (Gannet House) (**the service**) has been prepared by P. Sherin, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |

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)(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 |

Findings

Consumers said the service provides information to them in a timely manner and in a way they can understand. Consumers discussed how information relevant to their care, services, and preferences is displayed in their rooms for ease of access.

Care planning documentation captures information regarding communication preferences for consumers specific to their individual needs to guide staff practice.

Staff described different ways information is communicated to consumers to ensure it is easy to understand and accessible, including strategies implemented for consumers with reduced cognition, hearing loss, or visual impairment.

A variety of information, including but not limited to newsletters, menus, activities calendars, consumer and relative meeting minutes, and consumer handbooks are available for consumers to access.

Information was observed displayed on noticeboards across the service. Staff were observed communicating information to consumers in various ways.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

Consumers said staff are responsive to any changes or deterioration in their health and condition.

Review of care documentation identified staff respond to consumers’ clinical deterioration in an appropriate and timely manner.

Care staff described how they identify and report any changes observed in consumers’ health and condition via handover or immediate escalation to registered staff.

Registered staff described the assessment process undertaken following changes in a consumer’s health and condition; how this is discussed, documented, and escalated; and how appropriate referrals are made as required.

The service has clinical pathways and guidelines to guide staff practice in identifying and responding to clinical deterioration.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Consumers said the service supports them to engage in activities and pursue personal interests inside and outside the service, and to maintain their relationships with the people important to them.

The service implements a monthly activities calendar which includes a variety of activities, including but not limited to art and craft, music, pet therapy, external outings, games, cooking, theme days, and exercise. Consumers are involved in the development of the calendar via surveys and meetings.

Staff demonstrated knowledge of individual consumers’ interests, the activities they engage in, and their social and personal relationships. Staff provided examples of how they support individual consumers to attend internal and external activities and to pursue their personal hobbies and interests.

Care documentation identified information to guide staff practice on consumers’ individual interests, whether they prefer individual or group activities, physical limitations and how these could be supported, and whether they wish for staff to provide reminders regarding activities and events.

Various activities occurring at the service were observed as being well attended by consumers, with staff providing support and encouraging participation.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Consumers expressed confidence in the service’s management addressing and resolving any concerns raised.

Consumers provided examples of how feedback and complaints raised in the past via various mechanisms have been acted upon by the service in a timely manner and resulted in improvements.

Management and staff described the service’s complaints handling process and demonstrated an understanding of the principles of open disclosure, explaining how an apology is provided to consumers when things go wrong.

The service maintains a feedback and complaints register which captures the actions taken and outcome following any feedback or complaint received.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)