Performance

Report

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| Name of service: | Performance report date: |
| Brighton Health Campus (Gannet House) | 16 August 2022 |
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| 5404 | Site audit |
| Approved provider: | Activity date: |
| Queensland Health | 28 June 2022 to 30 June 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 Brighton Health Campus (Gannet House) (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* other information and intelligence held by the 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 | | Compliant |
| 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 stated that staff treat them with respect and dignity and value their identities, staff were observed interacting with consumers in a respectful and supportive manner and were able to describe cultural, spiritual and personal preferences for individual consumers.

Consumers and representatives said staff support consumers to make choices and maintain their independence where possible, as well as maintain relationships. Staff described ways they support consumer decision making and the Assessment Team observed service policies and procedures, in place to support consumers to exercise choice and control.

Care planning documents contain risk assessments that include mitigation strategies. Staff described the various way information can be provided to consumers, including how this can be communicated with consumers who have difficulty communicating to provide information to enable consumers make informed choice when taking risks.

Consumers confirmed their privacy and confidentiality is respected. Staff outlined the practical ways they respect the personal privacy of consumers, such as, knocking on consumers’ doors prior to entry and closing their doors during the provision of care. The Assessment Team observed that consumer information is stored in the locked office and that they service has a policy on privacy which demonstrates how personal information is used, shared and managed.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning documentation evidenced consideration of risks to the consumer’s health and well-being and informed the delivery of safe and effective care and services. Consumers confirmed that they were involved with the creation of their care plans and staff described the assessment and planning process for consumers on entry to the service and explained how the care plan eventuates from these assessments

Consumers described being supported through advance care planning and explained that care planning included what was important to them, which also informed how care and services were delivered. Staff described the specific care needs of individual consumers and how they tailored care to meet these needs.

Consumers confirmed they were involved in care planning processes, which included direct input from individuals important to consumers, where desired. There is evidence of involvement of other health professionals, including medical officers, physiotherapists, dietitians and allied health professionals in assessment and planning and resultant care directives being incorporated into consumers care plans.

Consumers confirmed that staff explain relevant information to them effectively and that they have access to their care plan. Care planning documents reflected reviews occur when an incident occurs or when a change to consumers’ health and well-being are identified. Consumers provided examples of ongoing review to the care they receive, and staff were aware of the incident reporting process and how these incidents may trigger the need for a reassessment of the consumer’s care and services.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 felt they received excellent personal and clinical care and considered the care to be delivered safely. Care planning documents reflected consumers receive individualised care that is tailored, safe and effective. Consumers subject to restrictive practices had appropriate consent and reviews in place.

Staff were able to describe how the care being delivered was undertaken safely, and how it was effective in supporting consumers’ health and well-being. The service has policies, procedures and work unit guidelines on best practice strategies to prevent and minimise harm due to, but not limited to, pressure injuries, falls, poor nutrition, cognitive impairment, unpredictable behaviour and restrictive practice. The guidelines support staff to ensure care aligns with the consumer’s expressed goals of care and healthcare needs, considers the effect of the consumer’s health issues on their life and well-being, and is clinically appropriate.

Staff explained that high impact risks such as falls and weight loss are appropriately managed, mitigated, and approaches are based on best practice processes; the Assessment Team inspected care planning documentation that further demonstrated the appropriate management of risk.

Care planning documents demonstrated that all consumers have an acute resuscitation plan (ARP), which clearly set out the consumers’ wishes with regards to resuscitation. Staff described the ways in which they ensure palliative end of life care is delivered to maximise consumers’ comfort, preserve their dignity, and align to their wishes. Clinical records, staff and consumer feedback indicate deterioration or change in consumers’ condition is recognised and responded to in a timely manner.

Consumers felt they are kept informed about reviews, changes, incidents, and information is shared between clinical and care staff. Staff reported that through handover processes, changes in consumers’ cares and services were communicated. Staff were aware of the process required to share information with external agencies in order to have consumers referred for care. Care plan documentation reflect adequate information about a consumer’s condition or changes in needs and preferences including evidence of information being shared with relevant providers when care is shared.

Consumers found the service to be clean and well maintained, with cleaning staff keeping areas maintained to meet infection control protocols, this was confirmed through on-site observations. Staff demonstrated a shared understanding of antimicrobial stewardship and could provide practical examples how they minimise the unnecessary use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 felt supported to engage in activities that are of interest to them and said they are provided with relevant supports, such as equipment and resources, to promote their well-being, independence, and quality of life. Consumers described their emotional, spiritual, and psychological well-being needs, goals and preferences as being well met and supported within and outside of the service. Staff reported the service facilitates religious and cultural activities and described how they identify changes in consumers’ mood and give emotional support.

Staff described processes utilised to support consumers to socialise or maintain personal relationships and do things that are important to them. Consumers were observed participating in group and individual activities, sharing meals together, communicating with other consumers and receiving visitors.

Staff advised that changes in consumers’ care and services are communicated through verbal and documented handover processes. Consumer were satisfied with the communication within and outside the service where the care responsibility was shared. The service has a policy on communicating for safety, that sets the expectation that communication is safe, patient-centred, minimises risk of clinical error and delivers optimal health outcomes and a positive consumer experience.

Lifestyle staff described how they work with external organisations and volunteers to supplement the lifestyle activities offered. Care plans identify referrals to individuals outside the organisation to support the lifestyle needs of consumers.

Consumers expressed satisfaction with the meals provided by the service. Indicating there was sufficient quantity of food and the meals were of a good quality Staff were able to explain their dietary needs and preferences that were consistent with the review of care documentation of consumers.

Equipment was observed to be clean, suitable and stored appropriately. Staff reported that the equipment required is easily accessible and well- maintained and maintenance logs confirmed appropriate maintenance schedules are in place for the equipment.

**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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 said they feel at home within the service environment and described to the Assessment Team the ways the service supports them to make it a nice place to live. Staff described the features of the service environment that are designed to support functioning of people with a cognitive impairment, optimising their sense of belonging and independence.

The service environment enabled consumers to move freely, both indoors and outdoors and consumers confirmed that wide pathways, level grounds and well-maintained areas enabled their free movement both indoors and outdoors. Staff advised that consumers with limited mobility are supported to move freely around the service including the use of aids. Staff were also aware of maintenance and reporting procedures.

Staff reported that the equipment for moving and handling consumers is safe, and that shared equipment is sanitised regularly. Preventative maintenance logs reflected that an efficient maintenance system was in place for all equipment.

**Standard 6**

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| Feedback and Complaints | | Compliant |
| 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

Most consumers and their representatives said they are encouraged to provide feedback, feel comfortable to raise concerns and know how to contact external services if they wish. They were aware of feedback forms, monthly consumer meetings and the option to speak to staff directly.

Consumers and representatives stated that they were aware of the advocacy services available to them to assist with making a complaint. Staff described how they would arrange access to language, interpreter, and advocacy services on behalf of a consumer and felt supported to assist consumers to make and lodge feedback and complaints.

Most consumers were satisfied with the way the service takes actions on complaints and concerns in a timely manner. Management demonstrated an understanding of the complaints process and described what actions to take when there is a complaint, including the application of an open disclosure process.

Management advised that changes and improvements made at the service are discussed and the feedback is used to evaluate the improvement activities and consumer satisfaction; a review of consumer meeting minutes further confirmed this process.

**Standard 7**

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| Human resources | | Compliant |
| 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

Most consumers believe there are enough staff at the service to meet their needs. A review of staff rosters, call bell response times and observations by the Assessment Team, further supports that the service has sufficient staff to deliver safe and quality care and services to consumers.

Consumers stated that staff are kind, caring, and respectful, and that they know what is important to consumers. Observations revealed that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Staff records demonstrated staff have appropriate qualifications, knowledge, and experience to perform the duties of their roles. Consumers and representatives expressed confidence that staff are skilled and competent to meet the care needs of consumers.

Training records confirmed the workforce is recruited, trained, equipped and supported to deliver the outcomes required. Staff stated they have received training in restrictive practices and the Serious Incident Response Scheme (SIRS), the incident management process and feel supported to raise any deficiencies with the management.

Staff described having annual performance reviews and regular informal discussions regarding their performance and competency. The Assessment Team reviewed staff records, which evidenced all staff have a current performance appraisal in place.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 Assessment Team inspected the continuous improvement log and clinical operations meeting minutes that demonstrated active consumer and representative engagement in the delivery and evaluation of care and services. Consumers described ways they engage in the development, delivery and evaluation of care and services and reported they are supported in that engagement.

The organisation’s governing body displays accountability and promotes quality care and services through acting in response to feedback and identified trends, an annual review initiative and the development of key strategic plans. Redesign of the reception and front entry of the service is one of the examples of changes driven by the governing body as a result of consumer and representative feedback and experience.

The organisation has effective governance systems to support organisation wide information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. Management described how incidents are identified, responded to and reported to maintain a preventative approach. Staff demonstrated a strong knowledge and a shared understanding in identifying abuse, reporting incidents and supporting consumers to live their best lives.

Staff were educated on the service’s clinical governance framework, such as minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure. Management were able to provide examples such as a project recently completed to change storage room from compactus style shelving to open wire shelving to allow improved cleaning and microbial management.

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-2)