Performance

Report

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| Name of service: | Buderim Views Assisted Aged Care |
| Service address: | 383 Mooloolaba Road Buderim QLD 4556 |
| Commission ID: | 5596 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 17 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 Buderim Views Assisted Aged Care (**the service**) has been prepared by K. Spurrell, 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.
* 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 | |  |
| 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 and representatives said they were respected and valued by staff, staff took the time to learn about their backgrounds and preferences. Staff described what was important to consumers and how this influenced the care and services provided. Lifestyle assessments demonstrated a consumer-focused approach towards providing care and services and the service’s diversity plan demonstrated their commitment to diversity and strategies implemented to provide inclusive care and services.

Consumers from various cultural and religious backgrounds said they felt safe, and respected and staff assisted them to meet their cultural preferences. Staff described how care and services are altered to ensure that consumers’ care and services are culturally safe, documentation evidenced the service supports consumer-focused and inclusive care and services. The activity calendar was observed to include celebrations for several cultural events.

Consumers said staff support them to make decisions and felt comfortable informing staff of any desired changes, this included others they wanted to be involved in their care decisions. Staff described how they assist consumers to make choices about their care and services such as requesting assistance when walking. Admission documentation evidenced consumers are involved in developing their own activity schedule, which allows for personal choice.

Consumers said staff understand what is important to them and are non-judgemental about their choices including for decisions involving risk. Staff described their processes for reducing risk and providing solutions for consumers to live a life of their choosing. The service has a risk management policy to support consumers’ desire to take risks.

Consumers said they are provided with the information they require to make decisions about their care and services. Staff described different ways information is provided to consumers to ensure that information is easily understood, and strategies used to communicate with consumers who require visual aids or hearing assistance. A range of resources and information was observed to be available to consumers including printed brochures and leaflets displayed clearly throughout the service.

Consumers stated care and services are conducted with respect to their privacy. Staff demonstrated their understanding of the importance of consumer privacy and the steps they had taken to maintain this. Management described the processes and procedures that have been implemented to ensure that consumer information provided for their care and services is done so whilst maintaining confidentiality. Documents were observed stored in locked cabinets and doors were closed when handovers were completed.

# 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 and representatives confirmed they are involved in the assessment and care planning process. Staff discussed the care planning procedure, and how it enhances the delivery of appropriate care and services; assessments generate a care plan, this is customised with regular input from registered staff, lifestyle services and allied health and external service professionals. Where risk was identified, risk assessments were in place, appropriately assessed, with risk mitigation strategies developed and implemented as evidenced in care planning documentation.

Consumers and representatives said the service regularly addresses and supports the ongoing needs and preferences of consumers including for end-of-life preferences. Staff were familiar with needs and preferences of individual consumers, which aligned to consumer feedback and care planning documentation. Care planning documentation was observed to be individualised to consumer needs, reflecting their preferences for care.

Consumers and representatives confirmed they provide input into the assessment and care planning process through formalised conversations, case conferences, or through regular feedback, updates and opinions. Staff report regularly liaising with consumers, multidisciplinary team members and family members to ensure a partnership through the assessment and care plan completion. Care planning documentation reflected the inclusion of multiple disciplines and services into consumer assessments and planning.

Consumers and representatives said information provided by the service regarding outcomes of assessments and care delivery is accurate and provided in a timely manner. Staff confirmed they have easy access to consumer care planning documents through consumer’s rooms, wing folders and the electronic care management system. Staff said handovers are used for communicating outcomes of assessments and reviews. Care planning documentation reflected frequent entries of communication with consumers and representatives.

Consumers and representatives said they are notified when there are changes in the consumer’s clinical or cognitive health or when incidents occur such as falls, development of pressure injuries or medication incidents. Staff were aware of the process to follow for a reportable incident such as a Serious Incident Response Scheme incident and applicable timeframes; clinical incidents are reviewed monthly to identify strategies to minimise risk of reoccurrence of incidents and to identify improvements and effectiveness of care. The service is guided by policies and procedures for recording and reporting incidents. Care planning documentation evidenced regular three monthly reviews and updates when circumstances change.

# 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 and representatives reported that consumers are receiving care that is safe and right for them; care planning documentation consistently demonstrated individualised, safe, effective care tailored to their specific needs and preferences. Staff were observed interacting with consumers and delivering personal and clinical care in line with consumer care planning documentation. The service has clinical policies and procedures in place to inform staff in relation to best practice.

Consumers and representatives said that consumers’ risks are effectively managed by the service, including those associated with skin integrity, pain, weight loss and falls. Staff identified individual consumer’s risks and the strategies in place to mitigate the risks. Care planning documentation demonstrated consistent assessments and planning to address individual consumer’s risk factors.

Consumer care planning documentation included palliative plans in place. The service has policies and procedures to inform staff practice in relation to palliative care and end of life care. Consumers and representatives said consumers have a ‘statement of choices’ and/or an advanced care directive to document their end of life wishes. Staff and management described the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised and dignity preserved.

Consumers and representatives said the service responds to a change or deterioration in consumer’s condition or health. Care planning documentation reflected appropriate actions taken in response to a deterioration or change in a consumer’s health. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration

Consumers and representatives said consumer information was well documented and shared between staff and services. Staff described how information relating to consumers’ condition, needs and preferences is documented in the electronic care management system and is easily accessible and communicated via handover and during clinical monthly meetings. Staff were observed attending handover and receiving information regarding consumers which is consistently shared amongst the team.

Consumers and representatives said the service has facilitated appropriate referrals when required and care planning documentation reflected referrals to a range of services and providers. Staff said referrals are generated by the clinical leadership team to ensure appropriate referrals are lodged to appropriate avenues, clinical leadership described the referral processes and provided outcomes of referrals to other services.

Consumers and representatives said staff consistently wear personal protective equipment including masks and gowns. Staff demonstrated a knowledge of infection control practices relevant to their duties. The service has appropriate policies and procedures in place to inform and guide staff practice in relation to infection control. Staff were aware of the term antimicrobial stewardship and were able to articulate strategies to minimise and optimise antibiotic use among consumers.

# 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 described how they are supported to do the things they want to do and have supports to enable them to be as independent as possible and participate in activities that promote their well-being and quality of life. Care planning documentation reflected consumer feedback regarding choices, preferences, and information about services and supports they need. Staff demonstrated knowledge of consumer’s needs and preferences and described how program activities are tailored to consumers to maintain their independence, health and quality of life.

Consumers described how their emotional, spiritual, and psychological well-being needs, goals and preferences are being supported. Staff were observed sitting and talking one-to-one with consumers. Care planning documentation reflected consumers’ emotional, spiritual and psychological well-being, the level of engagement sought by the consumer and their religious beliefs and preferred social activities.

Consumers felt supported to participate in activities within the service and in the outside community. The service demonstrated a wide variety of activities available to consumers and staff provided examples of services and supports adapted to consumer needs when their situation changes. Staff described how the service enables consumers to maintain social and personal connections important to them by assisting them with phone calls to their families or mobilising around the service if needed. Care planning documentation identified the people important to individual consumers and activities of interest. Staff highlighted a strong connection to the community with regular visits from volunteers.

Care planning documentation detailed adequate and consistent information about consumer’s condition, needs and preferences. Consumers described how the service is aware of individual preferences and needs, and when they change, the information is shared within the service. Staff described how changes in consumer’s preference is shared within the service through handovers and updates recorded in the electronic care management system.

Care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers. The service has relevant policies to support the referral of consumers to organisations, including volunteers. Various external organisations were observed to be involved with the service and interacting with individual consumers and groups to supplement activities and services available.

Consumers said meals provided are varied and of suitable quality and quantity, the menu changes regularly and is revised every three months. Care planning documentation confirmed consumer dietary requirements and preferences were captured and consistent with consumer feedback. Daily updates were observed for all consumers containing their dietary needs and preferences, and any changes highlighted in electronic care management system.

Equipment was observed to be in use and supporting consumers to engage with activities of daily living, to be safe, suitable, clean, and well maintained, this included mobility equipment such as walking aids and wheelchairs. The scheduled preventative and reactive maintenance schedules evidenced maintenance issues are current and up to date. Staff were familiar with processes for identifying equipment that requires maintenance and consumers were aware of the process for reporting an issue.

# 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 service provides an open, modern, and welcoming environment. Consumers said the service has two lifts that help them to access the different floors with their equipment. Staff said consumers can use several areas, including outdoor green spaces, and lounges to socialise, read, and participate in activities. Management described how they have taken time to understand how consumers use the service environment and have tailored it to their needs; consumers are encouraged to personalise their rooms. Clear signage is placed throughout to assist consumers with navigating the service.

Consumers said the service is kept clean, and is well maintained, and they can move freely both indoors and outdoors with care staff assistance if requested or necessary. All areas of the service were observed to be clean, safe, well maintained and corridors were kept clear allowing safe movement of consumers. Staff described processes for cleaning consumer’s rooms and communal areas which included the completion of daily logs for each area.

Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained. Cleaning staff were observed cleaning furniture, fittings, and equipment across all areas of the service. Consumers with mobility aids were observed using them freely and were accessible when needed and the call bell system was observed to be operating effectively and within reach of consumers in their rooms. Staff described processes in place for preventative and reactive maintenance, and maintenance documentation evidenced regular maintenance of furniture, fittings, and equipment.

# 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 and representatives said they know how to provide feedback and make complaints. Staff described how consumer feedback is encouraged through feedback forms on display; consumers with communication barriers are assisted by staff to complete a feedback form on their behalf. Feedback documentation evidenced methods to give feedback and make complaints, such as feedback forms, direct communication, emails, and phone calls.

Consumers said they are aware of options for raising a complaint externally, including through government bodies, speaking to friends and family, or by using an advocacy service. Staff were familiar with those consumers requiring interpreter services and how to access translator services, if necessary, brochures promoting external advocacy were available in different languages.

Consumers and representatives said the service has taken appropriate action to respond to their feedback and complaints. Staff described the service’s feedback processes and were familiar with the open disclosure process for communicating when something goes wrong. Training modules on open disclosure were observed to be included in the staff development program.

Consumers said the service uses feedback and complaints to make improvements such as improved menu options. Staff described how feedback and complaints are used to improve the care and services provided and all complaints are acknowledged, reviewed, and actioned accordingly. All complaints are registered into the electronic care management system for trend analysis.

# 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 and representatives said staffing levels have improved and staff meet the care needs of consumers. Staff said the master roster ensures sufficient staff are rostered on to provide safe and quality care to consumers. The plan for continuous improvement demonstrated strategies in place for recruitment, training and engaging and retaining current staff.

Consumers and representatives said staff engage with them in a respectful, kind, and caring manner, and are gentle when providing care. Care planning documentation evidenced consumers’ cultural, lifestyle and religious preferences are recorded and accommodated. Staff described individual consumer’s needs and preferences and were observed being attentive and respectful in their interactions with the consumers.

Consumers said staff are experienced, capable and have the knowledge to provide care and support. Management described how they determine the competency, qualifications, and knowledge of staff during the recruiting process. Training records evidenced staff have completed mandatory training to date and the service’s human resources team undertakes checks and approves all appointments prior to staff orientation commencing.

Consumers and representatives said staff are well trained and have the appropriate skills and knowledge to deliver safe quality care and services. Staff confirmed receiving orientation education, ongoing training, including annual mandatory training and completing core competencies. Management described how annual mandatory training is easily accessed through an online training portal.

Management described the performance review process and advised all performance reviews were up to date; staff are continuously assessed during team meetings, feedback processes, observations, and consumer feedback; the ongoing and annual staff performance review ensures direct feedback to staff following incidents, observations or complaints or compliments as required. Current staff performance documentation and correspondence demonstrated a comprehensive performance review process in place.

# 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 and representatives said they are involved and engaged with the development and delivery of their care and services through individual care meetings and consumer/representative meetings. Management and staff explained that feedback and suggestions for improvement are gathered through consumer/representative meetings and feedback forms; information is used for planning engagement activities, programs, and continuous improvement. Management was observed presenting information to consumers and representatives at a consumer/representative meeting.

The service demonstrated an organisational structure in place including designated quality teams to ensure the board and senior management are aware and accountable for service delivery. Management and executive staff demonstrated high levels of engagement with the executive, board and with front-line staff and consumers. Consumers and representatives said they feel safe at the service and receive regular updates in relation to outcomes of care and services. Board documentation evidenced that the board receives monthly reports on all aspects of care and services including clinical, leadership, risks, continuous improvement, financial, lifestyle and leisure, hospitality, maintenance, recruitment and staffing.

The service has an effective governance framework relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management monitors, reviews routine reporting, and conducts data analysis of incidents, workforce requirements, and complaints; the board uses clinical indicators and other reports to satisfy itself that systems and processes are in place to ensure the right care is being provided. Staff were familiar with the resources and learning requirements for each section of this requirement.

The service has effective risk management systems and practices in place to identify and manage risks to the safety and wellbeing of consumers. Staff were aware of relevant policies and had attended training on managing risk. Organisational documentation evidenced that risk management is embedded throughout the operating system, including standing agenda items for both quality and operational meetings, policies and procedures, and learning and development. Risk assessments and authorisation forms had been signed by consumers and/or representatives and staff demonstrated an understanding of dignity of risk.

The organisation’s clinical governance framework includes policies and practices on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had been educated about the policies and described the relevance to their work. The service has embedded formal training modules for restraint and minimising the use of restraint, antimicrobial stewardship and open disclosure.

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