Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Cabanda Aged Care |
| Service address: | 59 John Street, Rosewood QLD 4340 |
| Commission ID: | 5023 |
| Approved provider: | Cabanda Care Inc. |
| Activity type: | Site Audit |
| Activity date: | 23 August 2022 to 25 August 2022 |
| Performance report date: | 29 September 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 Cabanda Aged Care (**the service**) has been prepared by D. 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 are treated with dignity and respect, can make informed choices about their care and services, and live the life of their choosing. As the service is situated in a small rural township, information on consumers’ personal circumstances, and history is emphasised in consumers’ care planning documentation. The service provides a living environment that is culturally appropriate for consumers, many of whom are local residents of the area.

Consumers expressed they felt safe at the service and staff respect any culture and religion they may identify with. Staff described cultural, religious, and personal preferences for consumers, including the rural nature of the service and that many of the consumers were local to the area prior to entering the service.

Consumers are supported to exercise choice and independence and maintain relationships in various ways. The service supports married consumers to maintain their relationship by sharing a room and spending time together. Care planning documentation highlighted what was important to consumers.

Consumers said they are supported to take risks which enables them to live their best lives. Staff are aware of consumers who wish to partake in risk activities, as reflected in care planning documents. The service supports consumers to have control over and make choices about their care, including where these choices involve risk.

The service provides information that is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables consumers to exercise choice. Staff said information is provided in various forms of communication, and there are corresponding interventions to support consumers with difficulty communicating.

Consumers said they feel their privacy is respected, expressed confidence in the service to protect their personal information, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service conducts assessment and planning with consumers and their representatives which takes into consideration risks such as falls and challenging behaviours. Care planning documentation reflected effective assessment and planning process are in place to identify the needs, goals, and preferences of the consumers. Advance care and end of life planning are included in care planning documents if the consumer wishes. Staff said care plans are updated if any changes to a consumer’s condition is recognised or any incidents occur. This was reflective of consumers’ feedback.

Consumers and representatives said outcomes of assessment and planning are effectively communicated and documented in a care and services plan that is provided to them. Where a consumer representative is not able to visit the service, a copy of the care plan is emailed.

Consumers said staff communicate with them and seek input from them to update their care and services plan to ensure safe and effective care and services can be delivered. Care plans are reviewed every three months or frequently when changes occur in a consumer’s condition.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 are confident they are receiving care that is safe and right for them, that their care is consistent with their needs and preferences, and the care provided supports their health and well-being. The workforce is well trained, and staff can describe how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer.

The service has procedures and guidelines to effectively manage high impact and high prevalent risks associated with the care of each consumer. Strategies for consumers at risk are communicated and implemented by staff. Consumers said they were satisfied with the management of risks, and representatives are informed of circumstances such as falls.

Consumers felt their end of life needs and preferences will be met, and their comfort maximised. Family members said they can visit and support their loved ones on their end of life pathway, and are involved in palliative care decisions. Staff follow policies and procedures, and referral to clinical staff or specialist services occurs.

Care planning documents reviewed, reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff said they recognise and respond to deterioration or changes, and escalate or refer to other providers as needed. This was consistent with consumer and representative feedback.

Consumer said and representatives agreed care is good, constant, reliable and information is communicated well. Care documentation, including care plan summaries and progress notes, provide adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

The service has a network of approved individuals, organisations or providers they can refer consumers to. Care planning documents reflected referrals to other health professionals are timely and occur when needed. The workforce understands the process to refer matters to other providers.

Consumers are confident in the service’s ability to manage an infectious outbreak and have been given information on how to minimise the spread of infections. Staff described how they ensure appropriate use of antibiotics, and have received training in infection control, and described how they apply relevant practices.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Services and supports for daily living meet consumers’ needs, goals and preferences and optimise their independence and quality of life. Care planning documents include information about what is important to consumers, and the support needed to help them do the things they wish to.

Consumers said their emotional, spiritual and psychological needs are supported. Staff said if they identify a change in a consumer’s mood or emotional need, they report it to the clinical staff and provide additional support such as one-to-one conversation, supporting them to communicate with their families, encouraging consumers to attend activities of interest and when required, referral to counselling.

Consumers are supported to keep in touch with the people who are important to them, participate in the community and maintain relationships, including friendships developed at the service. Consumers were observed moving freely about the service, engaging in joyful banter with each other and staff.

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives said they feel information is adequately communicated and were confident staff work well together to meet consumers’ care needs and preferences.

Consumers said the service assists them with referrals to individuals, other organisations and providers of other care and services, and they are kept informed of any bookings or schedules. Staff have access to a range of service providers and established relationships to ensure consumer needs are met. Referrals to other providers, such as religious services, volunteers, and entertainers occur based on consumers’ needs.

Consumers mostly gave positive feedback about the quality and quantity of food at the service and noted that their dietary requirements were catered for. Consumers who were not entirely satisfied with their meals said the service’s chef is working with them to find things they will enjoy eating. Management confirmed this was taking place. Hospitality staff were observed adhering to general safe food, and work health and safety protocols. The service’s food safety certificate was displayed and valid.

Equipment provided, was observed to be safe, suitable, clean and well maintained. Staff and maintenance undertake ongoing monitoring to ensure equipment is fit for purpose. Any issues with equipment reported by staff or consumers are actioned promptly as evidenced in the maintenance logs.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 are supported to feel at home in the service and maintain their independence and personal preferences for interaction. Cleaning and maintenance activities, auditing and feedback processes ensure the service is well maintained to promote consumers independence, function, and enjoyment. Consumers have access to an elevator for use between ground and first floor. Staff were observed supporting consumers who were using the elevator to safely mobilise between floors.

Consumers said they are able to regulate the air conditioning temperature in their rooms, staff ensure their rooms are clean, and felt comfortable moving about the indoor and outdoor environments of the service. Communal areas and outdoor spaces were tidy which allows consumers to move about freely.

The service environment was safe, clean, and well maintained. Call bells were observed to be easily accessible to consumers in their rooms. The service has a preventative and reactive maintenance program that is overseen by management. Review of the call bell response logs confirmed the majority of call bells are answered well under the service’s 10-minute tolerance threshold. Consumers said the furniture, fittings and equipment are clean, well maintained, and suitable for them.

# Standard 6

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

Findings

The service has multiple methods for consumers to make complaints and provide feedback including feedback forms, speaking with management, and raising issues at the consumer meetings. Consumers confirmed they are encouraged and supported to make complaints, provide feedback and would have no issues talking with staff or management should they have a concern.

Consumers and representatives said although they are aware of other avenues for raising a complaint, such as through the Commission, or their family, friends, or an advocacy service, they are comfortable raising concerns with management and staff in the first instance and will escalate their complaint accordingly if it is not resolved to their satisfaction. Staff described how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Brochures and other written information in relation to advocacy and language services was displayed.

Staff are aware of the underlying principles of open disclosure and knew that part of the principle includes acknowledging when things go wrong, to apologise and to use all complaints as opportunities for improvement. Staff and management were able to describe the process that is followed when feedback or a complaint is received and documentation for 2 complaints evidenced this had occurred.

All feedback and complaints are reviewed and used to improve the quality of care and services and linked to the service’s continuous improvement plan. In response to a number of complaints received in relation to meal and cleaning services, management advised the board are undertaking a comprehensive review of hospitality services with planned actions scheduled to commence December 2022.

# Standard 7

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

Findings

The service’s workforce is equipped and trained to enable the delivery and management of safe quality care and services. During COVID-19 lockdowns, staff supported each other by picking up additional shifts or extending shift hours, and management engaged agency and surge workforce staff to assist when required. A review of documentation and observations showed that staffing levels are managed through extending shifts and balancing duties, and call bells are answered promptly.

Consumers said staff are kind, caring and respectful, and they feel safe at the service. Staff were observed being kind and respectful to consumers such as taking time to speak and interact with consumers during care and services delivery.

Consumers and representatives felt staff are well trained and meet the needs of consumers in a friendly and helpful manner. Each role has a position description, minimum qualifications, and credential requirements.

The service has implemented systems and processes to ensure that appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Staff said they have access to training to support their role and ongoing development. Training completion is monitored and reviewed.

Management said the performance of staff is reviewed at least once a year using a formal performance appraisal process; however, not all scheduled appraisals have been completed due to the impact of COVID-19 on staff and management availability. The service plans to prioritise the catch-up of staff appraisals with the recruitment of a new Human resource management role.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 partner in improving the delivery of care and services by participating in meetings, forums, surveys and care plan reviews. All feedback or suggestions made by consumers and representatives are included in the service’s improvement register for investigation and actioning.

The organisation’s governing body promotes a culture of safe, inclusive care. The committee and board members all come from varied backgrounds and live in the local township area. The service gathers mandatory quality indicator data and additional indicators such skin tear rates, consumer and staff incidents in a monthly report where opportunities for improvement are identified and acted upon.

The service has effective organisation-wide governance systems that focus both on strategic and operational needs. Continuous improvement activities are created and managed locally through inputs such as analysing results of surveys and audits, identifying trends in quality indicators, and acting on suggestions from consumers, representatives, and staff. The Board and management team are responsible for ensuring that regulatory compliance is achieved across all operations.

The service has a risk management system, with supporting policies and procedures. Staff receive training regarding elder abuse and risk, including managing and reporting incidents. Staff described how they manage high impact and high prevalence risks, and support consumers to live their best lives, aligned with the service’s policies.

The service demonstrated an effective clinical governance framework that includes antimicrobial stewardship, minimising use of restrictive practice and open disclosure. Staff said they were educated in these areas and provided examples of how it applied to their day to day work.

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)