Performance

Report

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| Name of service: | Cabanda Aged Care |
| Service address: | 59 John Street ROSEWOOD QLD 4340 |
| Commission ID: | 5023 |
| Approved provider: | Cabanda Care Inc. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 July 2023 |
| Performance report date: | 07 August 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 Cabanda Aged Care (**the service**) has been prepared by K. Reed, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 28 July 2023
* the performance report completed 22 November 2022, following an Assessment Contact -Site completed 27 to 28 October 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 3

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| Personal care and clinical care | |  |
| 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 |

Findings

**Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.**

The service demonstrated timely identification, effective assessment, management and evaluation of consumers’ wounds, pain, and behaviour management. Management and staff provided evidence for wound and pain management including wound and pain assessments and charting and behaviour support plans to provide guidance to staff in managing responsive behaviours.

Registered staff explained the service’s wound and pain management procedures including the introduction of the electronic facial pain recognition system. Management provided records outlining education provided to all staff and explained the referral process to other external specialists such as the aged care outreach team, the local hospital, and geriatricians for review of wounds, pain or responsive behaviours as required. The Clinical Nurse reviewed all wounds weekly and progress notes daily to ensure follow up of any pain was appropriate and effective.

Actions have been taken to address deficits found in this Requirement at the Assessment contact-site conducted 27-28 October 2022, actions have included:

The service subscribed to an electronic facial recognition software package and training was provided to all registered staff. Registered staff confirmed and training records evidenced 13 registered staff attended training for the pain software system during November 2022 to ensure accurate pain assessment were completed.

The Clinical nurse and two registered staff attended a one day wound care workshop provided by an external wound service in March 2023. The wound care training included the correct use of wound management products and the ongoing assessment and documentation of wounds. The Clinical nurse provided a verbal handover to registered staff of changes to wound management strategies, and registered staff discuss with the Clinical nurse any deterioration of consumers’ wounds. Registered staff confirmed a wound specialist provided training and is available to review complex wounds and provide advice for management.

Staff confirmed and training records evidenced on 28 November 2022, nine staff attended an education session relating to ‘problem solving for consumers with a diagnosis of dementia’ provided by an external dementia specialist service. Specific consumers were reviewed by this service and recommendations for management of their behaviours were provided and included in their Behaviour support plans. Staff were provided with a copy of these reports to refer to and have included these suggestions in the management of consumers’ behaviours which have been effective.

It is my decision these actions have been effective in addressing previous deficits in this Requirement, and this Requirement is now 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.**

Consumers’ end of life preferences and choices were respected, and their comfort maximised, and dignity preserved including consumers’ experiencing increasing agitation and pain. An audit was conducted on consumers’ Statements of choice and end of life wishes and all consumers and representatives participated in a discussion regarding a Statement of choice. Consumers and representatives provided feedback they had meetings with the Medical officer and consumers’ end of life wishes were discussed and recorded. Positive feedback was provided by representatives who had experienced a loved one provided with palliative care services.

Actions have been taken to address deficits found in this Requirement at the Assessment contact-site conducted 27-28 October 2022, actions have included:

All consumers’ charts and files were reviewed to ensure the latest and legal copy of consumer End of life preferences were available to care staff. A consumer list identified 59 of 63 consumers had some form of advance care plan such as a Statement of choice or Advanced health directive in place and the year it had been completed.

Consumers and representatives were referred to the West Moreton Health Office of Advance Care planning for discussion around End of life choices, Statement of choice completed, and a copy sent to the representative, the service and Queensland Health portal so consumers’ End of life preferences were readily available, if a consumer required hospitalisation.

Staff provided feedback training and education provided was beneficial in developing End of life planning with the consumer. Training included Advanced care planning, Advanced health directive and Statement of choice, End of life symptom management with medications, electronic facial recognition pain management and Palliative care.

It is my decision the actions taken by the Approved provider in relation to deficits identified in this Requirement have been effective and consumers can expect their comfort and dignity to be maximised and preserved during their end of life. This Requirement is now 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.**

Consumers confirmed staff responded to their needs quickly and care documentation demonstrated staff recognised consumer clinical deterioration. Staff described a range of signs related to deterioration, including changes in mobility, appetite, and behaviour of consumers. Care staff monitored for changes to consumers’ health and well-being and where there was a change, they advised the registered staff. Registered staff monitored consumers for clinical deterioration by meeting with care staff regularly throughout the shift and attended rounds where they viewed consumers for changes in their health status. Registered staff confirmed appropriate monitoring, review, and referral processes when consumers experienced a change or deterioration in their physical, functional, and cognitive health status.

Actions have been taken to address deficits found in this Requirement at the Assessment contact-site conducted 27-28 October 2022, actions have included:

The Clinical nurse reviewed consumer care documentation daily and attended a daily round to view consumers for changes in their health status. The registered staff facilitated consumer referrals to other health services and the registered staff discussed consumer referrals with the Clinical nurse. The Clinical nurse and Director of Nursing met daily to monitor changes in consumers’ health status. Registered staff confirmed the Clinical nurse completed regular reviews of consumers and discussed with registered staff any concerns in relation to changes in consumers’ health status.

It is my decision actions taken to address deficits in this Requirement have been effective and deterioration in consumers was recognised and appropriate actions taken to address the deterioration. Therefore, it is my decision this Requirement is now 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.**

Consumers’ care needs and preferences were effectively communicated between staff and other health care services. Health professionals visiting the service had access to information to support effective and safe sharing of consumers’ condition, preferences, and care needs. Care documentation evidenced the consumer’s condition, needs and preferences were communicated to other services and consumers’ representatives.

Clinical and care staff described how information was shared when consumer changes in care occurred or community appointments were made, through meetings, handover, and how changes were documented in consumers’ plan of care.

Actions have been taken to address deficits found in this Requirement at the Assessment contact-site conducted 27-28 October 2022, actions have included:

Changes to consumers’ nutrition and hydration plan of care was completed by Allied health services in the electronic care management system which prompted an alert to the catering team. The Clinical nurse provided a verbal handover to registered and catering staff.

The Clinical nurse completed a review of all consumers’ End of life care documentation and uploaded the information to the electronic care management system. Registered staff confirmed they were able to access consumers’ End of life documents when required to guide consumers’ preferences for end of life cares.

It is my decision information sharing is now effective and deficits in this Requirement have been rectified. Therefore, it is my decision this Requirement is now Compliant.

# 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

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.

The Assessment contact-site report contains information consumers and representatives raised concern around the level of staff at the service resulting in delays in answering call bells. The report notes that 16 consumers and representatives were interviewed, and feedback was recorded from two consumers that staff did not answer their call bell quickly enough and staff appeared to be rushed. It is my opinion this feedback does not support a lack of safe and quality care and services. There is no recorded impact on consumer care delivery based on an insufficient workforce.

The Approved provider in its response to the Assessment contact-site report acknowledge staff recruitment is difficult due to the location of the service. Despite the difficulty, the service had an active recruitment program and had been successful in recruiting 37 staff members since October 2022. The service engaged four nursing agencies to fill shifts when the service is unable to fill shifts with its own employees. The Approved provider also provided evidence direct care labour minutes were above the national requirements.

Four staff members provided feedback regarding concerns around the lack of staff. I note however only three staff have their feedback recorded. Feedback from staff included an inability to complete tasks and medication rounds starting late. There was no record relating to which tasks staff were not able to complete or impact for consumers relating to missed or late medication administration. Evidence was provided through a review of rosters that 10 shifts were not filled between June and July 2023. The Approved provider has dismissed this evidence as 1891 shifts were on the care roster resulting in 99.47% of shifts were allocated and filled.

Call bell response times were reviewed and recorded in the Assessment contact-site report, and it was noted for an eleven day period 345 calls bells were not answered within ten minutes. Three consumers had call bell response times over 17 minutes. There is no corresponding evidence of impact for these three consumers. The Approved provider refutes the call bell data as the service was in a period of transition to a new nurse call system, which has now been installed and the Director of Nursing is monitoring call bell response times daily.

I am not convinced there is impact in care and service delivery for consumers caused by staff shortages. It is my decision the service is actively trying to recruit staff and given the improvements to four Requirements in Standard 3 which have returned to Compliance, it is evident consumers were receiving safe and effective care and services. Therefore, it is my decision this Requirement has returned to Compliance.

**Requirement 7(3)(d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.**

The Assessment contact-site report contains information the service was unable to demonstrate staff were recruited, trained, equipped, and supported to perform their roles. Staff provided feedback they had not received training in relation to the Serious incident response scheme, restrictive practices, and behaviour management. I have been unable to identify any impact for consumers based on this information which contradicts other information recorded in the report including effective behaviour management, effective communication between staff and an effective incident management system.

The Approved provider in its feedback acknowledges training of staff has been a concern at the service, and the services has invested in a software system to assist the service in new staff onboarding, training, performance management and terminations electronically. Staff confirmed they were aware of expectations to complete a suite of training prior to 21 August 2023. While staff provided feedback they had not commenced their training at the time of the Assessment contact-site, I have not placed weight on this information as the visit was conducted on 11 July 2023, leaving sufficient time for staff to commence and complete their required training.

Four registered staff said they had not received training relating to restrictive practices and the Serious incident response scheme and were unable to explain how to manage or report a serious incident and could not explain the process for implementing and monitoring a restrictive practice. The Approved provider has stated in its response the feedback from the registered staff may have been a terminology error as all staff have received training in ‘mandatory reporting’, as the service believed this terminology to be easier for staff to understand. The service plans to use the Serious incident response scheme in future when describing reportable incidents.

In coming to my decision of Compliance in this Requirement I have considered the Assessment contact-site report as a whole and weighed up the positive information in Standard 3 and 8 which demonstrates the workforce have the knowledge and skills to deliver the outcomes of the Standards.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Consumers and representatives were satisfied the service had effective management systems in place to identify, monitor and prevent incidents from occurring. The service demonstrated incidents were identified and investigated. The service’s incident register outlined effective monitoring and actions taken by management when incidents occurred. The service demonstrated effective identification of clinical deterioration and behaviour support plans had effective strategies in place for staff to utilise.

Actions have been taken to address deficits found in this Requirement at the Assessment contact-site conducted 27-28 October 2022, actions have included:

Two incidents were recorded and demonstrated an effective incident management system.

The Director of Nursing was performing daily progress note reviews to capture gaps in identifying clinical deterioration and effective management of behaviours. Where gaps were consistent, staff were referred to the Human Resource Manager for performance management, this was confirmed through a review of file notes provided by management.

A Quality Compliance Coordinator has been recruited and commenced employment on 24 July 2023. This role will support the clinical staff in training and monitoring of performance.

It is my decision this Requirement is now Compliant.

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