Performance

Report

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| Name: | Caloundra Place Care Community |
| Commission ID: | 5993 |
| Address: | 4 Lyon Street, DICKY BEACH, Queensland, 4551 |
| Activity type: | Site Audit |
| Activity date: | 15 April 2024 to 17 April 2024 |
| Performance report date: | 28 May 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 3905 Caloundra Place Care Community |

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 Caloundra Place Care Community (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The Approved Provider submitted an email dated 2 May 2024 acknowledging receipt of the Site Audit report and stated they did not intend to submit further response.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives confirmed staff treated them with dignity as respect, and staff were familiar with their identity. Staff described how they treated consumers with dignity and respect by supporting their choices, demonstrating understanding of consumers’ needs and preferences, personal circumstances, life experiences, and cultural backgrounds in line with care planning documentation. Policies and procedures were in place to guide staff practice to deliver dignifying and respectful care to consumers.

Consumers and representatives reported the cultural backgrounds of consumers were respected, and described how consumers’ cultural needs were supported. Resources in place to support consumers’ cultural and religious requirements, such as policies, procedures, and training programs designed to enhance staff’s comprehension of cultural safety, including dignity and choice policy and intimacy and sexual expression policy. Staff were familiar with the cultural backgrounds of consumers, and described how they delivered care to support their cultural needs.

Consumers advised their choices to maintain relationships of significance were supported, with married couples sharing a room. Staff described how they supported consumers to exercise choice by asking for their preferences and respecting their choices. Care planning documentation evidenced consumers’ individual choices regarding when care was to be delivered, who was to be involved in their care and how they could be supported to maintain relationships.

Consumers confirmed they were supported to engage in their chosen activities which contained an element of risk. Care planning documentation evidenced assessments were conducted to identify risks and inform risk mitigation strategies. Staff were familiar with the risks taken by consumers, and described how they supported consumers to safely engage in their preferred activities.

Consumers and representatives confirmed they were provided with current information regarding upcoming events and appointments. Information regarding upcoming activities, meeting minutes and complaint mechanisms were observed to be displayed on noticeboards throughout the service. Staff advised consumers were provided with activity calendars which were individualised to meet each consumer’s communication needs, this was achieved by varying the font of the text and including additional colours and pictures to ensure it was easy to understand.

Consumers advised their personal privacy was respected, and staff closed their doors when discussing private matters with them. Staff described the strategies to ensure the privacy and confidentiality of consumers, including by knocking on consumers’ doors prior to entry and keeping electronic personal information password protected when not in use. Privacy protocols and mandatory training informed staff actions to protect consumer privacy and maintain confidentiality.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Care planning documentation evidenced evidence-based risk assessment tools were used to meet the needs of each consumer and identify risks. Staff outlined the assessment and planning process undertaken during the consumer’s entry to the service and on an ongoing basis to identify needs and inform care strategies. Consumers and representatives provided positive feedback regarding the assessment of risks to consumers’ well-being and described how it informed the delivery of safe care.

Consumers and representatives indicated the assessment and planning process identified and addressed their current needs, goals and preferences, inclusive of end of life care. Care planning documentation reflected consumers’ individualised needs and preferences and advance care directives and end-of-life wishes where specified. Staff demonstrated an understanding of the needs and preferences of consumers, and this information was in alignment with care planning documentation.

Consumers and representatives confirmed they were engaged in the ongoing assessment of consumers’ care and services, in collaboration with their medical officer and allied health professionals. Care planning documentation evidenced input from consumers, representatives, medical officers and allied health professionals. Staff detailed the processes to involve external providers of care in the assessment and planning process.

Consumers and representatives advised the outcomes of assessment and planning were communicated to them, and they were offered a copy of the care plan. Staff described the processes for documenting and communicating assessment outcomes, with management explaining care plans were routinely offered, although sometimes refused as verbal communication was preferred. Care planning documentation evidenced outcomes of assessment and planning were documented and accessible to staff and external providers of care.

Policies and procedures guided staff practice to ensure care and service plans were reviewed for effectiveness every 3 months, when circumstances changed or when incidents occurred. Consumers and representatives advised they were regularly informed about changes to consumers’ care and services. Care planning documentation evidenced consumers’ care and services were reviewed following a change in their circumstances.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Care planning documentation evidenced individualised care directives were in place to manage key areas of consumer care. Staff demonstrated an understanding of the personal and clinical needs of consumers, and the strategies in place to ensure these needs were met. Consumers and representatives expressed consumers’ care needs were met, and the delivery of their care was tailored to the consumer’s needs. The service had policies and procedures in place to direct best practice personal and clinical care.

Management and staff outlined how they managed the high impact or high prevalence risks associated with the care of consumers and described the risk mitigation strategies in place. Care planning documentation evidenced the effective oversight and management of risks to consumers. Consumers and representatives confirmed risks to the consumer’s well-being were discussed with them and were appropriately managed.

Staff described how end of life care was provided to consumers to ensure their comfort was maximised and pain managed. Palliative care policies and procedures outlined the delivery of end of life care to consumers, and the involvement of external specialists and supports to meet the consumer’s care needs. Care planning documentation for a late consumer evidenced their health deterioration was identified and they were provided with care and supports in alignment with their end of life preferences.

Consumers and representatives advised staff were responsive to deterioration in the consumer’s health. Care planning documentation evidenced monitoring practices to identify deterioration and changes in consumers’ health were recognised and responded to in a timely manner. Staff described the escalation process in the event deterioration was identified, and confirmed they would notify the Registered Nurse.

Staff advised information regarding the consumer’s condition was communicated during handover, and they could access the consumer’s care planning information through the electronic care management system. Staff were observed to communicate changes in the conditions of consumers, upcoming assessments and monitoring requirements during handover. Consumers advised their needs and preferences were known by staff and effectively communicated.

Consumers and representatives reported they received timely and appropriate referrals when required, and had access to relevant health care supports. Staff described the process to refer consumers to medical officers and other allied health professionals. Care planning documentation demonstrated timely referrals were made to medical officers and allied health professionals.

Staff demonstrated an understanding of antimicrobial stewardship and confirmed they worked collaboratively with medical officers to ensure swabs and urine samples were obtained and analysed prior to the prescription of antibiotics. Consumers and representatives provided positive feedback regarding the management of infectious related risks within the service. Staff were observed to adhere to infection control practices, including wearing a mask and practicing hand hygiene.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers were supported to engage in activities of interest which allowed them to be independent, and promoted their well-being and quality of life. Management described how consumer’s needs and preferences were captured during their entry into the service and on an ongoing basis. Care planning documentation outlined services and supports to meet goals relating to independence and well-being.

Consumers and representatives reported consumers were supported in maintaining their emotional, spiritual, and psychological well-being. Staff advised they were familiar with consumers’ well-being needs and would provide or coordinate one-to-one supports when they identified a consumer was feeling low. Care planning documentation identified information regarding the emotional, spiritual, and psychological needs and preferences of consumers, and detailed required supports.

Consumers confirmed they were supported to participate in activities within the internal and external community, and to maintain contact with their family and friends. Management and staff described how they supported consumers to engage in their preferred activities of interest. Consumers were observed to participate in various activities throughout the service and utilising communal areas.

Consumers and representatives confirmed consumer’s needs and preferences were effectively communicated to staff and with others involved in the delivery of the consumer’s care. Staff described how information about consumers was shared, including through the electronic care management system and verbal pathways.

Management described the referrals to a range of external organisations to meet consumers’ needs. Consumers confirmed they were referred to organisations and providers of care when required.

Consumers and representatives provided positive feedback regarding the quality of the meals provided to consumers. Kitchen staff advised consumers’ dietary information was communicated to them, and updated following changes in the consumer’s dietary needs and preferences. Snacks were readily available for consumer access at any time of day, with displayed menus showing available meal options.

Consumers advised their personal mobility equipment were kept clean and well maintained. Staff described their responsibilities to clean consumers’ mobility aids. Maintenance documentation evidenced any identified issues with consumers’ equipment were promptly resolved.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives confirmed the service environment was welcoming and easy to navigate. The service environment was observed to be well-lit, with dementia-friendly design principles and navigational signage in place. Consumers advised they were supported to personalise their rooms with their belongings.

Consumers and representatives said consumers were able to move around freely throughout the service, and expressed satisfaction with the cleanliness of the service environment. Staff confirmed they adhered to daily cleaning schedules for communal areas and high touch points. Management advised maintenance issues were managed internally, and larger, more complex issues were referred to external contractors.

Consumers confirmed their equipment, furniture and fittings were safe, clean and well maintained. Preventative maintenance documentation evidenced scheduled maintenance had been completed, and the schedule was up to date. Staff confirmed equipment was cleaned after each use, and advised of the process to report maintenance issues.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives felt supported and comfortable to provide their feedback and make complaints. Feedback forms and collection boxes were accessible throughout the service, and allowed for an anonymous submission. Management described the various avenues available to consumers to provide their feedback and complaints, including through feedback forms, consumer meetings, surveys and by email.

Consumers and representatives confirmed they were aware of alternate methods to raise and resolve their complaints, including through the Commission or with other advocacy services. Staff described how advocacy and language services would be contacted to ensure consumers were supported to raise their complaints. Posters and information regarding advocacy and translation services were displayed throughout the service in multiple languages.

Consumers and representatives said their complaints were responded to in an appropriate and timely manner, and they were provided with an apology in response to adverse events. Staff described how they applied open disclosure practices when responding to complaints by providing an apology and transparent communication. The feedback register evidenced complaints were resolved in a timely manner and open disclosure practices were applied in alignment with relevant policies.

Consumers confirmed their feedback and complaints led to improvements to their care and services, including the purchasing of additional outdoor equipment. Management advised complaints were reviewed and analysed to inform improvement opportunities and these actions were entered into the continuous improvement plan. The complaints register, continuous improvement plan and meeting minutes evidenced feedback and complaints were documented and analysed to identify trends and improvement opportunities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed there were enough staff to meet consumers’ needs, and their call bell requests were responded to promptly. Management advised the staffing roster was provided to staff 2 weeks in advance, and a review of the roster for a fortnightly period evidenced they were no unfilled shifts. Management outlined their workforce strategies for the attraction and retention of staff, including through the sponsorship of overseas graduates, partnerships with universities and other organisations, and offering placement opportunities to students.

Consumers and representatives felt staff were kind and care during their interactions with consumers, and were familiar with their identity and culture. Staff explained the organisation’s new model of care, explaining how it shifted focus from tasks to the person-centred approach. Management said they provide education and training based on the Quality Standards to ensure all staff are aware of the need to be kind, caring, and respectful.

Consumers and representatives confirmed staff were competent and knowledgeable to perform their roles. Management advised all new staff must have the appropriate registrations and checks in place prior to their employment. Position descriptions outlined the relevant responsibilities and qualifications required for each role.

Staff outlined the training and professional development they received, and advised they were well supported by management to access additional training when required. Mandatory training evidenced all staff were up to date with their required training. Management advised mandatory competencies were to be completed within the 6 month probationary period for new staff, and they were further provided with buddy shifts upon their commencement of their employment within the service.

Management advised the performance of staff was monitored through formal performance appraisals, competency assessments and the analysis of incidents and observations. Staff confirmed performance appraisals were completed during the probationary period and on an annual basis thereafter. Performance appraisal data evidenced staff had a current appraisal 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives felt they were engaged and supported in the development of care and services. Management advised consumers were engaged through a variety of mechanisms including through the consumer advisory body, care and service plan reviews, consumer meetings and feedback processes. A range of meeting minutes, audits and care and service plan reviews evidenced the involvement of consumers in the delivery and evaluation of care and services.

Consumers and representatives felt safe, and confirmed consumers lived within an inclusive environment. Management outlined the robust reporting and auditing process which was overseen by the governing body to ensure their oversight and accountability. The governing body monitored and analysed data relating to consumer experience and clinical indictors, and this information was benchmarked across the organisation to ensure safe and quality care and services were provided to consumers.

Effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management were in place. Staff confirmed they could access the information they required to perform their roles through the electronic care management system and intranet. The Audit and Risk committee were responsible for communicating regulatory and legislative changes relevant to the delivery of care and services to management.

A risk management framework guided staff practice to monitor and assess high impact or high prevalence risks to consumers, identify and respond to elder abuse, and support consumers to live the best life they can. Management confirmed incidents were analysed to identify trends and high impact risks, and to inform improvements to promote consumer safety. Management and staff described their responsibilities in the event they identified suspected or actual elder abuse or neglect.

Management and staff described how the delivery of care to consumers was governed by the clinical governance framework and supporting policies and procedures in relation to antimicrobial stewardship, minimisation of restrictive practices, and open disclosure. Staff confirmed they received antimicrobial stewardship training, and outlined the interventions to ensure the appropriate use of antibiotics. Management outlined the consumers subject to restrictive practices, and described the regulatory requirements to support the appropriate use of restrictive interventions.

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)