Performance

Report

**1800 951 822**

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| Name of service: | Camp Hill Aged Care |
| Service address: | 15 Orwell Street CAMP HILL QLD 4152 |
| Commission ID: | 8202 |
| Approved provider: | CPSM Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 January 2023 to 1 February 2023 |
| Performance report date: | 20 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 Camp Hill 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
* 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 | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 1

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| Consumer dignity and choice | |  |
| 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 |

Findings

Consumers and representatives advised they received up to date information about activities, meals and events happening in the service. The Consumer handbook provided information relating to care and services provided by the service, the Charter of Aged Care Rights, and contact information for services, such as the Queensland Voluntary Assisted Dying Support Service, to help consumers exercise choice. Management provided COVID-19 updates and other relevant information to consumers and representatives via electronic messaging and quarterly newsletters.

# 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 |

Findings

Consumers’ assessment and planning informed the delivery of safe and effective care services. Documentation demonstrated consideration of risks to the consumer’s health and well-being informed the delivery of safe and effective care and services. Registered staff had an awareness of assessment and care plan review processes which identified risks to the consumer’s health, safety and well-being. Identified risks included, but were not limited to, falls, skin integrity, specialised care and behaviour management. Consumers were referred to the Medical officer, allied health professionals or medical specialists if required. The organisation had policies and procedures available to guide staff practice regarding assessment and care planning for consumers.

# Standard 3

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| Personal care and clinical care | |  |
| 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

The service had documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The service had an influenza and COVID-19 vaccination program for staff and consumers and had appointed an Infection prevention and control lead. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics. Consumers were supported and encouraged to receive COVID-19 vaccinations and all staff were up to date with their COVID-19 vaccinations. The most recent outbreak at the service occurred on 31 December 2022 with 5 consumers testing positive to COVID-19. The service was deemed clear by the Public Health Unit on 14 January 2023.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers and representatives advised they were satisfied with the cleaning of their rooms and the cleanliness throughout the internal and external areas of the service. Cleaning staff advised a cleaning schedule was followed to ensure all areas of the service were cleaned and maintained.

Consumers were observed to have access to their call bells when in their rooms. Consumers and visitors were observed to have freedom of movement throughout the service and outdoor areas without the assistance of staff. Some external areas were observed to have shaded roofing to support consumers to access the areas in all seasons and weather types. Corridors were uncluttered and equipment, such as mechanical lifting devices and wheelchairs, had appropriate storage areas. Management and staff were observed to respond in a timely manner to consumer calls for assistance. Fire evacuation diagrams and illuminated emergency exit signage was displayed and fire-fighting equipment was readily available for staff.

Due to the service opening in August 2022, the service was still under the commissioning timeframe and any defects identified were managed by the project manager. Each nurses’ station had a maintenance book that enabled staff to record any issues or concerns. The maintenance book was checked daily for any entries made for work that was required.

There were no current fire defects identified at the service and scheduled maintenance was occurring as per the scheduled regimes.

# 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 |

Findings

Consumers, representatives and staff (across various roles and areas of the service) considered there were enough staff at the service to meet consumer needs. Management had contingency plans in place to replace staff when required and rosters were reviewed on a regular basis to ensure staff allocations were adequately meeting changing consumer needs and preferences.

The roster was reviewed fortnightly to assess if the number and mix of staff members rostered was adequate to meet the changing consumer needs and preferences. Call bell audits were conducted weekly with call bell response times over the service’s benchmark investigated. The service used a base roster for permanent staff with casual staff used to fill remaining shifts. When the service experienced unplanned leave, the service invited permanent staff to fill vacant shifts using an electronic messaging system. If any shifts remained vacant, agency staff were utilised where possible.

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)