Performance

Report

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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: | Site Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 10 May 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 T Wurf, 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.

# 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 staff treat consumers with dignity and respect and value them.

Staff know consumers’ needs and preferences and described how they provide care that is consistent with consumers’ culture and preferences. A representative said staff respect the consumer’s choice of clothing that is consistent with their religious beliefs and care staff who speak the consumer’s preferred language are allocated to care for the consumer.

Care documentation was individualised and identified consumers’ cultural backgrounds, identities, needs, and strategies to provide culturally safe care. Care documentation also identified consumers’ individual choices around when care is delivered, who is involved in their care, and how the service supports them to maintain relationships of importance.

Consumers and their representatives said consumers are supported to make decisions about their care and the way their care and services are delivered. A representative for a consumer who has limited mobility and is non-verbal described how they are supported to be involved in the daily care for their loved one and how the consumer communicates their needs with staff.

Consumers said they are supported to take risks, such as not using recommended equipment and independently accessing the local community. Staff described how they support consumers to take risks. Care documentation included evidence of discussions with consumers about the risks associated with their choices.

Consumers were satisfied with the information provided by the service, such as a monthly menu, activities calendar, and monthly newsletters which keep them informed about what is happening around the service.

Consumers were satisfied their privacy is respected and provided examples of staff knocking and waiting for a response before entering the room and ensuring the door is closed before attending to personal care. Consumers’ personal information is kept confidential and secure, including by individual login for the electronic care management system and staff having conversations about consumer care in a private location.

The Assessment Team observed:

* the menu and lifestyle calendar on display throughout the service and the movie screening times for the service’s theatre, and
* staff knocking on consumers’ doors, announcing themselves, and requesting permission to enter.

# 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 their representatives were satisfied with the service’s assessment and planning processes and how the service manages risks to consumers’ health and wellbeing. They said staff involve them in discussions about assessment, planning and review of care and services. They reported that staff explain relevant information, discuss their care, communicate changes with them, and that they can access the consumer’s care plan if they wish.

Registered staff described how they use the service’s risk assessment tools and clinical policies to assess and plan consumers’ clinical and care needs, and referrals are made to other health services as required. Staff said they know consumers’ care needs from handover, consumer care documentation, and notifications in the electronic care management system. The Assessment Team observed care planning documents and handover records readily available to staff delivering care and the electronic care management system accessible to staff and visiting healthcare professionals.

End-of-life care planning is discussed with consumers and representatives. A representative for a consumer nearing end-of-life said the service had involved them in planning care and staff discuss how they are supporting the consumer. The consumer’s care documentation reflected the involvement of a medical officer and community palliative care service and included the consumer’s preferences for end-of-life care. Registered staff described end-of-life care planning, which included consumers and their representatives.

Care documentation included assessment and care planning that identified consumers’ needs, goals, and preferences. Risks to individual consumers’ health and well-being were identified, documented and managed. Other health professionals, such as medical officers, allied health and community services were involved in consumers’ care planning. Consumers’ care was reviewed weekly by registered staff and care plans were reviewed every 3 months, or when circumstances change, such as consumer deterioration or an incident occurs.

# 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 their representatives said consumers receive care that is safe and right for them. Staff demonstrated sound knowledge of consumers’ individual needs and preferences and how these are managed in line with their care plan.

Overall, consumer care documentation demonstrated that consumers receive care in accordance with their assessed needs and care planning directives. For example, a consumer with wounds was monitored by a registered nurse, had the wounds attended to in accordance with directives in care documentation and the wound was improving. Staff also managed the consumer’s specialised nursing equipment in accordance with care planning directives. Staff described the care regime and strategies in place for the consumer, including emotional support provided as required.

Where chemical restrictive practices were used, medical authorisations, informed consent from the consumer/representative and a behavioural support plan were in place. The Assessment Team found some inconsistencies in the documentation and staff knowledge related to the use of non-pharmacological strategies prior to the administration of psychotropic medication to manage some consumers’ changed behaviours. In response to feedback, the service planned several actions to strengthen its processes including:

* daily reviews of consumers’ progress notes by care managers to ensure non-pharmacological strategies to manage consumers’ changes in behaviours are implemented and documented prior to the administration of psychotropic medication
* an update to the medication administration electronic system to prompt staff to record behaviour management strategies
* registered staff to chart non-pharmacological interventions for consumers’ changes in behaviours, and
* staff training on chemical restrictive practices.

In coming to my decision that requirement 3(3)(a) is compliant, I considered information in the site audit report that found most consumers sampled received personal and clinical care that was safe and right for them. Whilst there was some inconsistency identified in documentation and staff knowledge about the use of non-pharmacological behaviour management strategies, I note the prompt planned actions by the service. No other deficiencies in relation to personal or clinical care, including in the use of restrictive practices, were noted. I also considered the consistent positive feedback from consumers and their representatives about the care consumers receive.

Care documentation reflected management of high impact, high prevalence risks to consumers. Consumers and their representatives were satisfied with how the service manages risks to individual consumers. Consumers are assessed for risk upon entry to the service and the electronic care management system has an alert system to remind staff about risks to consumers and strategies to manage those risks. Management identified falls as a high risk for the consumer cohort based on analysis of the service’s clinical data. Consumers’ care documentation included various falls prevention strategies and registered and care staff were familiar with individual and general strategies to prevent consumers from falling.

Care documentation included consumers’ end-of-life preferences. Registered staff discuss end-of-life preferences with consumers and representatives during case conferences and as consumers move through palliative care phases. A representative said their loved one was receiving end-of-life care that was dignified and right for the consumer and that they were comfortable. Care documentation reflected frequent staff monitoring of the consumer’s comfort and providing of comfort care and pain relief.

Consumers said staff respond quickly to their needs and care documentation evidenced that staff recognise consumer clinical deterioration. Registered and care staff said they discuss changes to consumers at handover and they monitor consumers frequently for signs of deterioration, which would trigger a review of the consumer.

Consumers and their representatives said consumers’ care needs and preferences are effectively communicated between staff and other health providers. Health professionals visiting the service had access to information to support effective and confidential sharing of consumer information. Care documentation evidenced the consumer’s condition, needs, and preferences are communicated to other services and the consumer’s representative. Consumers and their representatives said consumers are referred to other healthcare services as required and are reviewed regularly by the medical officer and allied health professionals.

Consumers said they are satisfied the service manages infection-related risks. The service has policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and the management of infectious outbreaks. The service has a vaccination program for consumers and staff and has appointed an infection prevention and control lead. Staff provided examples of practices to prevent and control infections. The Assessment Team observed visitors and contractors going through a screening process prior to entering the service.

# 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 and their representatives said staff know consumers well, supports consumers’ independence and encourage them to participate in meaningful activities of interest. They described a range of group and individual activities available to consumers, and how some consumers independently access the local community. Consumers said they participate in religious practices at the service and are supported to maintain connections with those people important to them. A representative and a consumer spoke about the respect, emotional support and empathy provided to consumers by staff in periods of mourning and when they are feeling low.

Lifestyle staff described how the service caters to the spiritual needs of consumers by making available catholic mass streaming services to consumers in their rooms on Sunday mornings. Alternative denominational services, counsellors, and pastoral support are also available to consumers. Lifestyle staff explained how the service adapts the activities program to suit the changing needs of its consumers, and that the activities schedule is regularly reviewed including by seeking consumer feedback.

The Assessment Team observed consumers participating in indoor and outdoor individual and group activities, including painting, puzzles, concerts, bingo and movies in the service’s theatre. Staff were observed assisting consumers to and from group activities and dining areas.

The service has engaged other services such as a hairdresser and the local library network to support consumers, including with activities, reading, writing, emotional support, and provide one on one activities for consumers.

Consumer care documentation was individualised and included consumers’ background and life history, cultural preference, emotional and spiritual needs, likes and dislikes, activities of interest, and people important to them. The spiritual and psychological needs of consumers and their preferred level of engagement was also recorded. Staff were familiar with this information and how to support individual consumers.

Consumers and representatives were satisfied with the meals provided by the service. Consumers are offered alternative options if they choose not to have the meals offered on the menu and consumers are able to have as many serves of the meal as they choose. Dietary needs and preferences are known by staff, documented and accommodated. All meals are cooked fresh on-site and delivered to each servery at mealtimes.

Equipment was available to support service delivery, which was observed by the Assessment Team to be suitable, clean and well-maintained. Consumers reported they feel safe when using equipment and know whom to report any concerns to. The service has arrangements for purchasing, servicing and maintaining, renewing and replacing equipment.

# 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

Consumers and their representatives were satisfied with the service environment and said they feel safe and comfortable at the service. They provided positive feedback about the cleanliness of the service and maintenance. They said:

* the service environment is welcoming, and easy for consumers to find their way around
* they can make their room their own by personalising it with photographs and items of importance to them, and
* they enjoy spending time outside on private balconies and in outdoor courtyards.

The service environment provides consumers with several areas to spend time with their visitors, including lounge/activity and dining areas, outdoor seating areas, and a formal dining room that consumers can use for special occasions.

Cleaning, kitchen and laundry staff described their cleaning duties and schedule. They said cleaning is recorded and reviewed weekly by the chief operations officer. Maintenance staff attend to maintenance requests and conduct regular inspections to identify any issues requiring attention.

The service furniture, fittings, and equipment were safe, clean and well maintained. Consumers said they feel safe when staff use equipment to provide care and services. The service has preventative and reactive maintenance schedules in place. Specialist maintenance contractors clean and maintain critical equipment and conduct fire safety equipment testing and pest management. Hazards and incidents are investigated and escalated to managers and specialist contractors when required.

The Assessment Team observed:

* the service environment to be welcoming, clean and well-maintained
* wide hallways, which were easy to navigate for consumers with clear signage
* outdoor areas well-presented and shaded
* staff interacting with consumers and visitors in a friendly and caring manner, and
* consumers moving freely both indoors and outdoors, including consumers with a mobility aid being assisted by staff.

# 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 were satisfied with the service’s feedback and complaints process and said they:

* were comfortable accessing the avenues available to them to raise feedback and complaints, such as consumer/representative meetings, directly with management (in person or via email), and the service’s ‘General Feedback Form’
* were familiar with how to access information about advocacy services and external mechanisms for raising and resolving complaints, and
* their complaints were resolved, an apology was offered and an explanation was provided, and
* improvements were made at the service in response to their feedback.

Management and staff had a shared understanding of the service’s feedback and complaints process and when to apply an open disclosure process. Staff described their role in the service’s complaints management processes, including supporting consumers/representatives to raise feedback and complaints, and access advocacy, language services and external complaints bodies. They said feedback and complaints are discussed during staff meetings and they contribute to improvements and solutions.

The service’s complaints management system recorded feedback and complaints, actions taken and when open disclosure had been applied. Management described how feedback and complaints data is captured, reviewed and monitored at the service and organisational level.

The service’s complaints register and plan for continuous improvement document improvements made as a result of feedback and complaints and that consumers/representatives are involved in the evaluation process following implemented improvements. Examples of improvements made as a result of feedback or complaints were identified in relation to activities, laundry services and meals.

The Assessment Team observed:

* complaints forms and information available on each level of the service with a locked feedback and complaints box located at reception, and
* posters displayed on the service’s notice boards about the Commission and advocacy and translation services. This information was also available in the service’s newsletters and entry pack.

# 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 their representatives provided positive feedback about staff and said there is enough staff to meet their needs and preferences. Consumers said staff:

* are available and responsive to their calls for assistance
* engage with them in a respectful, kind, and caring manner
* are gentle when providing care and respectful of their identity and culture
* do their job well, and are skilled, knowledgeable, well-trained, and competent in providing care and services that meet their needs.

Staff said there are adequate staff to provide care and services in accordance with consumers’ needs and preferences and staff generally have enough time to undertake their allocated tasks and responsibilities. Staff demonstrated a solid understanding of individual consumers’ background, culture, identity, needs, preferences, and methods of interaction.

Staff rosters are reviewed regularly to ensure staff allocations meet changing consumer needs and preferences. The Assessment team reviewed staff rosters and found changes made to accommodate an increase of consumers to the service and minimal unfilled shifts. Call bell response times are monitored and responses are investigated and actioned where required.

The performance of the workforce is assessed, monitored and reviewed. The service determines staff competency through skills assessments, and monitors performance through performance reviews, feedback and complaints, surveys, observations and review of clinical records.

The service has processes to recruit, train and support the workforce. Position descriptions are available for various roles. The service has processes for monitoring staff criminal record checks, professional registrations and vaccinations. New staff receive orientation and are buddied with more experienced staff. Staff complete mandatory training and ongoing professional development and supervision is provided.

The Assessment Team observed:

* kind, respectful, and patient staff interactions with consumers, and
* staff responding to call bells and attending to consumers in a timely manner.

# 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 were confident the service is well run and they can provide feedback and suggestions about care and services directly to staff and management. Management described how consumers are supported to be engaged in the development, delivery and evaluation of care and services through consumer meetings, surveys, feedback and complaints, and evaluation processes relevant to improvements made at the service.

The organisation’s governance policies identify a leadership structure with roles and responsibilities of the Board, governance committees, service management, and quality management processes.

The service has effective governance systems and processes relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

Under sub-requirement requirement 8(3)(c)(v) regulatory compliance, the Assessment Team found the service had keypad-locked doors throughout the service that could potentially restrict the free movement of some consumers (environmental restraint). In response, the service updated the restrictive practice’s procedure and developed a care plan for those consumers who required support to use the keypad to move freely through the service. Overall, the Assessment Team found consumers were able and supported to move freely throughout and outside the service. I am satisfied, based on information in the site audit report under requirements 5(3)(b) and 8(3)(c) that consumers were supported to move freely throughout and outside the service.

The service promptly responds to risks that are identified across the care and service continuum and respond to incidents. The service has a documented clinical governance framework, policies and procedures that guide how the service manages risk, incidents, antimicrobial stewardship, restrictive practices, and open disclosure. The service has an incident management system and processes to identify, respond to and report incidents. Staff receive training on various topics that relate to risk and clinical governance and demonstrated an understanding of these areas relevant to their role.

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)