Performance

Report

**1800 951 822**

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| Name of service: | CapellaBay Aged Care |
| Service address: | 260 Old Cleveland Road East Capalaba QLD 4157 |
| Commission ID: | 5384 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 7 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for CapellaBay Aged Care (**the service**) has been prepared by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 conducted from 11 October 2022 to 13 October 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* 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 | 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 felt consumers were treated with dignity and respect, and staff valued their identities, cultures, and diversity. Staff described unique cultural needs and preferences of specific consumers and how they supported these preferences each day. Preferences were accurately reflected in individualised care planning documentation, including culturally significant care needs and preferences.

Consumers and representatives confirmed the service recognised and respected their cultural backgrounds and provided care that was consistent with their cultural traditions and preferences, care planning documentation accurately reflected the backgrounds and care needs of consumers from culturally and linguistically diverse backgrounds. Staff identified consumers from culturally diverse backgrounds and were familiar with their care needs, as per their care plans.

Consumers were supported to make choices about their care and when family and friends should be involved in their care, and communicated their decisions and maintained relationships of choice, including intimate relationships. Consumers confirmed they were given choice about when care was provided, and their choices were respected. Care planning documentation identified consumers’ individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships.

Consumers described engaging in a range of activities they enjoyed, such as outings with families and taking walks in the outside areas, some of these activities were observed to involve an element of risk. Staff were aware of the risks taken by consumers, and demonstrated they support the consumer’s wishes to take risks to live the way they chose. Completed dignity of risk forms showed consumers were supported to live the best lives possible.

Consumers and representatives reported they were updated regularly on any changes via the service’s newsletter, resident meetings and daily rounds by staff. Staff described communicating information to consumers and representatives in a timely manner, either in person, by phone or by email. Staff were observed visiting consumer rooms and providing information about activities of the day, in line with the scheduled calendar activities, and food choices for those who did not like the main menu preferences. Noticeboards located throughout the service provided updated information for consumers, including brochures in different languages.

Consumers described how staff respected their privacy by knocking on their doors and asking permission to enter prior to delivering care. Staff confirmed that all consumers’ personal information was kept confidential, was not discussed openly in front of others, consumers’ files were stored securely, and computers were password protected to ensure consumer privacy. Staff were observed being respectful of consumers’ privacy, including locking the medication cupboard after use and storing consumer records securely after use. Staff underwent training on privacy policies when commencing with the service.

# 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 representatives confirmed they were partners in care planning processes. Staff described care planning processes, and how it informed the delivery of care and services. Care planning documentation showed involvement of specialists and allied health professionals in assessing risks and supporting risk-taking, in line with consumers’ wishes, for example, enjoying food textures assessed as high risk for them. Policy and procedures supported planning of care that considered consumers’ choices and right to take risks.

Consumers and representatives said staff involved them in the assessment and planning of care through regular conversations with clinical staff or management, either in person, by telephone or at case conferences and this included end of life preferences if they wished to discuss these. Staff knew how to determine what was important to the consumer through regular discussions, care plan reviews and observations. Care planning documentation identified and addressed consumers’ current needs, goals and preferences, including advance care planning and end of life planning if consumers wished.

The service demonstrated it partnered with consumers and their chosen supports to assess, plan and review care. Consumers confirmed their involvement in care planning and review at all stages, as well as the involvement of their chosen family members. Staff were familiar with the involvement of allied health services, including medical officers, in assessing the needs and preferences of consumers. Care planning documentation showed care conferences and involvement of a range of external providers including physiotherapists, dietitians, wound specialists, general practitioners, and speech pathologists.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them. The service maintained an electronic care management system which incorporated assessments, daily charting and record keeping, progress notes and care plans. Staff knew how to access care plans and described communicating outcomes of assessments to consumers by talking to consumers and their representatives and providing copies to them on request.

Consumers and representatives said care was reviewed regularly for effectiveness, when circumstances changed or when incidents occurred. Care planning documentation showed consumers were reviewed 3 monthly or when circumstances changed, this included the involvement of allied health specialists such as a physiotherapist when a consumer experienced a fall. The service maintained policies, procedures and staff training to ensure incidents were reported accurately and resulted in care reviews when circumstances changed.

# 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 representatives said care provided to consumers was tailored to their needs and optimised their health and well-being. Staff were familiar with individualised personal and clinical needs of consumers; these were accurately reflected in care planning documentation. Policies and procedures were in place to guide and support the delivery of care provided, including for wound management, restrictive practices, falls prevention, skin integrity and pressure injury prevention. The service demonstrated regular reviews of assessment tools ensured that care and services provided were best practice.

Consumers and representatives felt the service effectively managed high impact or high prevalence risks. Care planning documentation contained effective identification of risk, and strategies to manage these were recorded in a range of assessment tools, such as falls, care plans and progress notes. Management described how clinical indicator data was trended and analysed each month and a risk register was maintained to monitor high impact and high prevalence risks. Overall, the service demonstrated risks for each consumer were effectively managed, including managing delirium, pressure injuries, hydration and nutrition, medications, hearing loss and restrictive practices.

Consumers and representatives said care was tailored to their needs, goals and preferences and confirmed staff spoke with them about advance care planning and end of life preferences, these were accurately reflected in care planning documentation. Where a consumer chose not to discuss advance care and end of life planning, staff clearly documented that communication had occurred repeatedly with consumers and representatives to gain that information as soon as possible. Staff advised they attended to mouth care, skin care, repositioning and personal hygiene of consumers to prioritise comfort and dignity during end-of-life care and management advised families were encouraged to be present and welcomed throughout the end-of-life care of consumers.

Changes in consumers’ conditions and care needs were recognised and responded to in a timely manner. Consumers and representatives said they were satisfied with the delivery of care, including the recognition of deterioration or changes in their conditions. Staff provided recent examples of when deterioration or changes in consumers’ conditions were recognised and responded to. Care staff said registered staff were responsive when they reported any changes in consumers’ conditions. A review of care planning documents, progress notes and charting demonstrated the service recognised and responded to deterioration in consumers’ health, capacity and function.

Consumers and representatives confirmed information about consumers’ care was documented and effectively communicated, including the communication of changes about consumers’ conditions. Staff were familiar with the current care needs of consumers and described how changes in care and services were communicated through verbal handover processes, meetings, accessing care plans, communication diaries and through electronic notifications.

Consumers and representatives felt the service effectively maintained processes which ensured timely and appropriate referrals were made if required. Staff described how consumers were referred to their medical officers’ and allied health services where necessary and care planning documentation reflected input from other providers of care such as physiotherapists, occupational therapists, podiatrists, speech pathologists and dieticians.

Consumers and representatives provided positive feedback in relation to the service’s handling of COVID-19 precautions and infection control practices. Staff said they received training on infection-minimising strategies, including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes. The service had policies which guided infection control practices and all staff received training on infection control practices, including donning and doffing and handwashing. A vaccination program was in place for all consumers and staff and all staff had received their COVID-19 booster vaccination.

# 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 confirmed they received supports for daily living which enabled them to live the best lives possible and optimise their independence, which contributed to their health, well-being and quality of life. Staff knew what was important to consumers and were familiar with their preferences; individual consumer needs, goals, and preferences were reflected in care planning documentation.

Consumers described services and support available which promoted their emotional, spiritual and psychological well-being, this included being engaged in activities they enjoyed, such as attending music therapy or church services. Consumers said they could acknowledge and observe sacred, cultural, and religious practices and celebrate days that were meaningful to their culture and religion. Consumers reported staff were kind and caring and took the time to provide them with emotional support when they were feeling down. Care planning documents recorded consumers’ individual emotional support strategies and how these were implemented.

Consumers confirmed their participation in activities within and outside the service and described how the service supported them to maintain social and personal connections. Staff described weekly bus outings for consumers, such as for a scenic tour or picnic at the park.

Consumers said the service ensured information was easily available where responsibility for care was shared; staff were aware of consumer needs and preferences, and consumers felt confident they would receive the care they needed. Staff advised information about consumer care and any changes in care needs were shared at shift handover. Progress notes recorded in the electronic care management system ensured continuity of consumer care; additionally, these demonstrated that representatives and other representatives were notified of changes in consumers’ conditions or if incidents occurred.

Consumers confirmed staff at the service were prompt in organising an appointment when they required services from external providers. Care planning documentation showed the service collaborated with external providers to support the diverse needs of consumers; for example community-based organisations whose volunteers visited consumers to provide a range of support services.

Consumers were satisfied with the quality, variety and quantity of meals provided by the service and confirmed the menu met their medical, cultural, religious, and other needs. Staff were familiar with consumers’ nutrition needs and preferences and explained that meals were cooked fresh on-site, with input from the dietician. Consumers were observed being served well-presented meals of varying textures and reported they could access sandwiches and other snack foods between meals if they are hungry.

Consumers said the service provided the equipment necessary to maintain their independence, staff were well trained in using equipment effectively and safely, and they felt safe using the equipment. Consumers were observed using equipment which enabled them to attend activities, including mobility aids such as wheelchairs or walking sticks, and these were observed to be clean and well maintained. The activity room, furniture and equipment were clean and well maintained and lifestyle staff said they were responsible for cleaning lifestyle equipment regularly.

# 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 representatives said the service was welcoming and optimised their independence, interaction, and function. Staff said the service was home to consumers and they enjoyed assisting consumers with personalising and maintaining the service to promote their sense of belonging. The reception area and service environment were welcoming with staff available to assist and direct consumers if required.

Consumers said the service was clean, well-maintained, and comfortable to live in; the service’s laundry services ensured consumer clothing was laundered regularly. Staff demonstrated a sound understanding in relation to cleaning process and consumer’s needs, maintenance request logs showed that all cleaning and maintenance requests were dealt with in a timely manner. Consumers and representatives said they could move freely inside and outside of the service as they chose and utilised the lift to access the upper and lower levels of the service. Staff said they assisted consumers to access all areas of the service; consumers and visitors were observed utilising various indoor and outdoor areas, including quiet spaces and socialising areas.

Consumers said the furniture and equipment they used were suitable, clean, well-maintained, and safe, maintenance requests were attended to promptly and fixtures and fittings were functional and safe. Consumers confirmed personalised equipment for daily use, such as shower chairs and comfort chairs, were tailored to their needs, were not shared amongst other consumers, and were maintained and cleaned by the staff regularly. The program of scheduled maintenance confirmed all maintenance was up to date.

# 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 said they were encouraged and supported to make complaints and provide feedback and felt comfortable raising complaints directly with staff or management. Staff said management ensured all staff were aware of feedback and complaints management processes. Information was available throughout the service, displayed on noticeboards and in service publications, in relation to internal and external complaints systems. The service had multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, raising issues at meetings, or speaking directly with staff and management.

Consumers and representatives said they were comfortable raising concerns with management and staff and escalated their complaints if they were not resolved to their satisfaction; this included raising complaints externally through an advocacy service. Staff described how they assisted consumers to raise complaints or provide feedback and were familiar with internal and external complaints and feedback systems, including advocacy and translation services available to support consumers and/or representatives.

Consumers and representatives said management promptly responded to, and sought to resolve, their concerns after they made a complaint. Staff described how consumers and representatives could raise an issue with them directly or direct complaints to management for investigation and follow-up. Staff said that they received training on open disclosure and demonstrated an understanding of the principles of open disclosure.

Management described how information from feedback and complaints formed part of the continuous improvement processes at the facility and discussed systems in place to record and trend complaints, feedback, compliments, and suggestions. The service’s continuous improvement plan details how the service responded to, completed and closed complaints and concerns in a timely manner. The minutes of consumer meetings held at the service demonstrated complaints and feedback raised by consumers and representatives were reviewed and used to improve the quality of care and services.

# 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 representatives said there were enough staff to attend to their needs and that call bells were answered promptly. Care delivery was observed to be calm, professional, and respectful. The roster showed the workforce was planned to contain a mix of staff which met consumers’ needs. Additionally, allied health staff, including physiotherapists and podiatrists, provided regular planned care for consumers. The service demonstrated vacancies were well managed, and the service used agency staff when permanent staff were not available.

Consumers said staff were kind and caring and respected their identities, cultures, and diversity. Staff described how the care provided to consumers aligned to each consumer’s story, needs and preferences as identified in care planning documentation. Interactions were observed to be caring and respectful, with staff taking time to interact with consumers. The service aimed to recruit staff whose values aligned with those of the organisation and training was provided to guide staff in providing care as per the service’s dignity and diversity policy.

Consumers said the service had competent, skilled care and clinical staff who attended to their care needs. Staff were confident they had the qualifications and knowledge to perform their roles effectively. Staff attended regular learning and competency sessions to ensure skills were updated and targeted training was provided where gaps in learning were identified.

The service had appropriate recruitment and development processes which ensured skilled staff were employed; staff described how they accessed mandatory and essential training on commencement of their roles, then annually or as required. Consumers and representatives said staff knew what they were doing and were well trained.

The service had a process to regularly assess, monitor, and review the performance of staff. Staff described how annual performance appraisals were held with management to consider their performance and identify development opportunities for each staff member. Staff records showed performance appraisals, mandatory training and competency assessments were scheduled and conducted every year for all staff.

# 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 confirmed they provided ongoing input into how care and services were delivered and felt included in discussions around care planning and management. Consumers were engaged in a variety of ways, such as at consumer meetings, face-to-face discussions and through regular surveys. Staff described how consumer feedback was logged in the continuous improvement register and consumers were encouraged to engage with staff through an open-door management approach and daily management walkarounds to chat to consumers.

Management described the mechanisms used by the governing board, which included monitoring and managing organisational performance to ensure the Quality Standards were met; an Operations Strategic Framework outlined the organization’s strategic pillars. The service provided regular performance data and reports to the board whilst the board communicated updates to staff regarding changes in legislation, policies, and procedures.

The service had effective, organization-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Various committees supported governance across areas of responsibility, such as risk management and clinical governance. Service level information, feedback and data was collated and reported to governance committees and to the board. Policy and procedures were in place to support all governance systems.

Management described the service’s main high impact and high prevalence risks to consumers as being falls, choking, wounds and restrictive practices and knew which incident trends influenced service improvement. Staff were trained and knowledgeable in relation to their responsibilities surrounding risk and incident management, including SIRS reporting and elder abuse and neglect. The service had updated policies and procedures in relation to risk management.

The service had a clinical governance framework in place, which included antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management explained the areas of responsibility for clinical leadership; how it collected and used data to inform safety and quality; and the organisation’s approach to clinical audits and data. Staff described their responsibilities in relation to antimicrobial stewardship, the use of restrictive practices, and the open disclosure process.

1. The preparation of the performance report is in accordance with Section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)