Performance

Report

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| **Name of service:** | Caravonica Waters |
| **Service address:** | 15-17 Lake Placid Road CARAVONICA QLD 4878 |
| **Commission ID:** | 5806 |
| **Approved provider:** | IC (Cairns) Pty Ltd |
| **Activity type:** | Site Audit |
| **Activity date:** | 15 November 2022 to 17 November 2022 |
| **Performance report date:** | 16 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 Caravonica Waters (**the service**) has been prepared by E Blance, 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; 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.
* the provider’s response to the assessment team’s report received 09 December 2022
* information given to the Commission, or to the assessment team for the Site Audit of the service.
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**): exceptional circumstances.

**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**

I find this Standard compliant.

The service demonstrated consumers were treated with dignity and respect and could make informed choices about their care and live the life they choose.

Consumers felt respected and valued as individuals. Consumers and their representatives confirmed staff spoke with them in a kind, respectful manner and they felt supported with their cultural needs including through involvement in cultural days and to decorate their rooms with items of meaning. Consumers and their representatives described how they were supported to maintain relationships and connections with the people important to them including those involved in their care. Consumers and their representatives provided examples of how consumers had chosen to take risks and described how staff supported them to live a life of their choosing. Consumers and their representatives said they had been provided sufficient information to enable them to make informed decisions and exercise choice. Consumers and their representatives were confident personal information was kept confidential.

Staff were familiar with consumer backgrounds and demonstrated knowledge, awareness and understanding of consumer choices and preferences. Staff described how consumers were supported to make informed decisions about their care and services. Staff described how they

discussed potential or identified risks with consumers to provide consumers with the opportunity to exercise choice in a considered and informed manner. Staff described how they maintained consumers’ privacy when providing cares.

Care documentation reflected what was important to consumers and provided information to guide staff in delivering care and services tailored to meet consumer preferences. Consumer risk assessments were undertaken in support of consumer choice and strategies for managing identified risks were included in care directives to guide staff practices.

The service was guided by organisational policies and procedures.

Staff were observed interacting kindly with consumers.

**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**

I find this Standard compliant.

The service demonstrated consumers were a partner in care planning and initial and ongoing assessments had a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

Consumers and their representatives considered assessment and care planning delivered safe and effective care and services and confirmed they were involved in the assessment, planning and review process. Consumers and their representatives said care and services were reviewed when consumers’ circumstances changed, or incidents occurred.

Staff were able to describe the assessment and planning process and how it informed consumers’ care. The service demonstrated their process for initiating discussions with consumers and representatives in relation to their end-of-life preferences and for any changes to consumers’ health condition. Staff described the referral and review processes for medical officers and other health professionals. In addition to the regular care plan review process, incidents may trigger a reassessment or review of consumer care needs. Staff confirmed they had access to care plans and other information through the electronic care management system.

Care documentation identified consumers’ goals and preferences in relation to advance care planning and end of life care, including when the consumer was entering a palliative stage of life. Care documentation confirmed others were involved in assessment, planning and review including medical officers and other health professionals. Care documentation was identified to be reviewed on a regular basis. Care documentation and other relevant information was observed to be readily available to staff delivering care.

The service was guided by organisational policies and procedures.

The approved provider’s response included ongoing continuous improvement initiatives in relation to Requirement 2(3)(b)

.**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**

I find this Standard compliant.

The service demonstrated consumers received personal and clinical care that was safe and right for them.

Consumers and their representatives said care needs and preferences were effectively communicated between staff and consumers received the care they needed.

Staff demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing the end of their lives. Staff explained the assessment process following changes to consumers’ condition. Staff described practices to prevent and control infections such as hand hygiene, use of personal protective equipment, encouraging fluids and obtaining pathology results prior to commencing antibiotics. Staff said they had access to clinical information to guide them in recognising and responding to a deterioration or change in consumers’ condition.

Care documentation for consumers who experienced chronic pain demonstrated regular pain assessments and validated assessment tools were used, with both pharmacological and non-pharmacological interventions included in care documentation. For consumers subject to restrictive practices, appropriate assessment, consent, and review documentation was in place including behaviour support plans. For consumers with wounds, documentation demonstrated treatment was provided as per the wound management care plan and pressure area care was completed as prescribed. Care documentation demonstrated the service was effectively managing high impact and high prevalence risks. Most consumers’ care plans reflected their end of life needs and wishes. Documentation reflected the identification of, and response to, deterioration or changes in consumers’ condition. Adequate information to support effective and safe sharing of consumers’ information in providing care including input from other health services was identified.

The service had a COVID-19 vaccination program for staff and consumers, and a trained Infection Prevention Control lead. The service had documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and management of COVID-19 outbreak.

**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**

I find this Standard compliant.

The service demonstrated consumers received services and supports for daily living that were important to their health and wellbeing and that enabled them to do the things they wanted to do.

Consumers and their representative’s felt consumers were supported to engage in activities of interest, were provided with relevant supports, and confirmed it contributed positively to their emotional, spiritual, and psychological wellbeing. Consumers and their representatives described how consumers participated in their community and said they were confident staff and others involved in the delivery of services understood their conditions, needs, goals and preferences. Most consumers and representatives provided positive feedback in relation to the consumer dining experience, reporting meals were varied and of suitable quality and quantity. Consumers and their representatives said the equipment used was safe, fit for purpose and clean.

Staff evidenced knowledge of individual consumer needs and preferences and described the supports provided to encourage consumer participation in activities, or the pursuit of individual interests. Staff described the spiritual services available and said identified concerns or changes in relation to consumers’ emotional or psychological well-being are communicated for prompt assessment. Staff were able to describe the process for making referrals to support the needs of consumers, and confirmed they have access to a range of service providers. Staff reported access to equipment to undertake their duties and meet consumer needs. Maintenance staff described maintenance processes, and reviewed documents demonstrated regular, proactive maintenance undertaken across the service.

Care documentation identified services and supports that promoted consumer independence and self-determination as well as appropriate information to support the provision of individualised, effective, and safe care relating to daily living.

Consumers were observed participating in group and individual activities, sharing meals together, celebrating birthdays and special occasions at the cafe, and enjoying visitors.

Staff were observed to attend regular meetings to share consumer information, incidents, and changes of consumers’ condition, needs or preferences. Attending staff communicated information and/or changes via established communication pathways.

Equipment observed being used by consumers and staff was clean and well maintained.

**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**

I find this Standard compliant.

The service demonstrated consumers felt they belonged and were safe and comfortable in the organisation’s service environment.

Consumers and their representatives said the service was welcoming and they felt a sense of belonging, they had spaces to interact with others and for quiet reflection. Consumers and their representatives said consumers felt safe living within the service and that equipment was safe and readily available when they need it. Consumers and their representatives said the furniture was clean, well maintained, and suitable.

Staff described strategies in place to support consumers to move around the service environment safely at their own pace. Staff followed prescribed cleaning schedules and consumer bathrooms were reported as cleaned daily. Staff undertook morning inspections and scheduled services and preventative equipment maintenance to protect consumers from avoidable harm.

Maintenance documentation evidenced the organisation acted promptly when furniture, fittings and equipment required maintenance or replacement.

Consumers were observed moving freely both indoors and outdoors with the internal and external living environments observed to be well-maintained, safe, clean and comfortable.

**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**

I find this Standard compliant.

The service demonstrated consumers felt safe and were encouraged and supported to give feedback and make complaints, were engaged to address and appropriate action was taken.

Consumers and their representatives said they were encouraged and supported to provide feedback regarding care and services. Whilst most consumers said they were not aware of how to make complaints to external organisations, they advised they did not need to as they prefer to raise concerns directly with staff or management and these were addressed. Consumers and representatives could not provide specific examples of where improvements have been made following feedback, however, were satisfied that staff and management addressed their concerns.

Staff could describe the avenues available to provide feedback or raise a complaint. Staff described how they acted as advocates for consumers by communicating concerns to management on their behalf. Staff were aware of how to access interpreter and advocacy services and management demonstrated an understanding of open disclosure and how this related to complaints resolution in response to feedback, complaints and incidents. Management confirmed the main mechanisms used by the service to inform improvements included through meetings, feedback forms, verbal feedback, audits and surveys.

Documents reviewed captured information on complaints and detailed actions planned and implemented to improve outcomes and prevent recurrence. Reviewed information confirmed timely response and resolution to complaints. Documents confirmed consumers were encouraged and supported to provide feedback and raise any concerns.

The approved provider’s response included ongoing continuous improvement initiatives in relation to Requirement 6(3)(b).

**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**

I find this Standard compliant.

The service demonstrated consumers received quality care and services when needed, from a workforce who were knowledgeable, capable, and caring.

Most consumers and their representatives were satisfied staff were available when needed and mostly attended quickly in response to requests for assistance. Consumers and representatives were satisfied in relation to workforce interactions and confirmed staff and management were kind, caring and treated consumers well. Consumers and representatives were satisfied the service had qualified staff with the knowledge and skills to provide safe and quality care and services that met the consumers’ needs and preferences and confirmed staff were well trained and knew what they were doing.

The service employed a mix of registered and care staff who advised they mostly have enough time to do their jobs. The service monitored staff behaviour to ensure interactions between staff and consumers met the organisation’s expectations. Staff competency was monitored and staff advised they had undergone regular performance appraisals that involved feedback from supervisors.

The service conducted mandatory education as well as other various training for staff which was delivered by internal and external education providers.

The approved provider’s response included ongoing continuous improvement initiatives in relation to Requirement 7(3)(d) and 7(3)(e).

**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**

I find this Standard compliant.

The service demonstrated consumers were confident the organisation was well run and they could partner in improving the delivery of care and services.

Consumers and their representatives considered the service was well run and they could provide feedback and suggestions to management. Consumers and their representatives were satisfied with the way information about care and services was managed.

A culture of safe, inclusive, and quality care was promoted and effective governance systems in relation to information management, continuous improvement, financial governance, workforce

governance, regulatory compliance and feedback and complaints were evidenced including an effective clinical governance framework and associated risk and incident management systems and practices. The governance framework identified a leadership structure with the governing body holding overall accountability for quality and safety.

Staff demonstrated information was accessible within the organisation’s information management system to support them to undertake their role. Management expressed opportunities for improvement were identified through a range of sources. Management demonstrated industry standards and guidelines were monitored and a suite of policies and procedures that described the organisation’s commitment to providing a culture of safe, inclusive, and quality care and services to guide staff practice was provided.

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)