Performance

Report

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| Name of service: | Casa D’amore Apartments |
| Service address: | 34 Park Street COORPAROO QLD 4151 |
| Commission ID: | 5752 |
| Approved provider: | Queensland Rehabilitation Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 23 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 Casa D’amore Apartments (**the service**) has been prepared by Denise McDonald, 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 said they were treated with dignity and respect, and staff valued their identity, culture, and diversity. Staff described how they acknowledged consumer choices and how awareness of their choices and background influenced care and services. Consumer documentation showed care was tailored to ensure consumers were treated with dignity, respect and with regard to their cultural background.

Consumers confirmed the service valued and respected their cultural backgrounds and structured care to reflect this. Staff identified consumers from a culturally and linguistically diverse background and provided information on how they supported the wellbeing and function of these consumers. The care plans of culturally and linguistically diverse consumers specified the relevant background and life information as well as ways care provided respected their culture.

Consumers were supported to make decisions about their care including the involvement of others, communicating their decisions, and maintaining relationships of value to them. Staff gave examples of how they enabled consumer choice and support personal relationships. Care planning documentation identified the consumers' individual choices around the delivery of care and supports for relationships.

Consumers confirmed they felt supported by the service to take risks as they choose. Staff demonstrated an awareness of the risks taken by consumers and how supporting these risks enabled consumers to live the way they chose. Risk assessments and dignity of risk forms were completed, signed by the consumer’s medical officer and reviewed in line with the service’s risk management policy.

Consumers confirmed the service kept them informed by providing printed information, verbal reminders, through email and text correspondence. Staff explained how information for consumers and representatives was provided in a clear and understandable way allowing for informed decision making. Activities calendars and menus were observed throughout the service, including consumers’ rooms.

Consumers confirmed their privacy and dignity was respected by those providing care. Staff described how they ensured privacy was maintained such as always closing doors before attending to personal care of consumers and speaking to consumers in private spaces. Care planning documentation was secured and accessible by approved persons only.

# 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 said they received the care and services they needed and described their involvement in the initial and ongoing assessment process. Staff described the care planning process, and how it informed the delivery of care and services. Care planning documentation evidenced consideration of individual risks and care and services were planned and tailored to suit each consumer.

Consumers said the service had involved them in the assessment and planning of care through communications with staff during entry. Staff said end of life planning discussions were usually held on entry, and how they ensured assessment and planning reflected the consumer’s current preferences. Care planning documentation identified and addressed consumers’ current needs, goals, and preferences, including advance care planning and end-of-life preferences.

Consumers explained they were involved in the assessment and planning of their care, and they gave positive feedback with the way they provided input into ensuring their care needs were met. Staff described how assessment and planning of care was done in partnership with consumers and described the importance of having open communication channels to ensure quality care was provided. Care planning documentation evidenced regular care plan evaluations and reviews in accordance with policies and included input from a range of external providers and services.

Consumers said the service was communicative around changes to care and services, and staff explained things to them as needed. An electronic care management system recorded all care planning documentation and progress notes, with a summary care plan available for concise overview and communication to the consumer and their representatives. Staff explained how consumer representatives and shared providers of care were kept updated on assessment outcomes through verbal and written communications.

Consumers and representatives said clinical staff regularly communicated changes in their care needs with them, and they were timely in reacting to changes in circumstances and incidents. Staff described how and when consumer care plans were reviewed as part of the 4-monthly review schedule, or when there was a change to the consumer’s health status, preferences, or circumstances. Care planning documentation reflected review on both a regular basis and as required following a change in circumstance.

# 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 said they were receiving safe and effective personal and clinical care which was tailored, and optimised their health and well-being. Care documentation included assessments, progress notes, medication and other care charts reflecting individualised and tailored care, was being provided in line with the specific needs and preferences of each consumer. Staff described how they were guided by policies and processes to ensure they delivered care in line with best practice.

High-impact and high-prevalence risks were effectively managed through regular clinical data monitoring, trending, and reporting, and implementation of suitable risk mitigation strategies for individual consumers. Staff described the service’s high-impact, high-prevalence risks and outlined individual consumers who were most at risk and the strategies used to manage risks.

Consumers and representatives gave positive feedback about how the service approached end of life planning conversations, and how care was provided for consumers nearing end of life. Care planning documentation included an advance care plan and evidenced discussions with representatives regarding palliative care. Staff described how they approached conversations around end of life, and how they cared for consumers by respecting their wishes and maximising their comfort.

Consumers said the service recognised and responded to changes in condition in an appropriate and timely manner. Staff were guided by processes relating to deterioration and change in a consumer’s health condition which outlined the communications, considerations, and action steps. Care planning documentation for consumers, evidenced identification and response to a deterioration in their condition, was prompt.

Consumers said their care needs were effectively communicated between staff meaning they received the care they needed. The electronic care management system contained comprehensive care plans and regular progress notes for each consumer, to support staff in understanding the needs of consumers and their care requirements. Staff described how information about consumer needs, conditions, and preferences was documented and communicated within the organisation and with others where responsibility for care was shared.

Consumers said referrals were timely and appropriate, and they had access to a range of health professionals. Staff described how care was supplemented by the services of other providers of care. Care planning documentation and progress notes evidenced the involvement of medical officers, allied health professionals, and other providers of care, where needed.

Consumers said they had no concerns about management of infection related risks, and staff were always observed to be using the appropriate personal protective equipment and following hand hygiene. Staff described the infection control measures in place at the service and outlined how they followed best practice for antibiotic prescribing. Policies and procedures supported the minimisation of infection related risks and promoted the appropriate practice of antibiotic prescribing. A COVID-19 outbreak management plan was readily available.

# 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 said they felt supported to pursue activities of interest to them and were provided with appropriate supports to do so. Staff described how the service partnered with the consumer to conduct assessments which identified individual preferences including leisure interests, social, emotional, and cultural or spiritual needs. An activities calendar was displayed on noticeboards and common areas and evidenced a variety of activities were offered each week.

Consumers described how the service promoted their emotional, spiritual, and psychological well-being. Staff explained how they supported each consumer’s spiritual and psychological well-being by facilitating religious activities, including for those from diverse backgrounds. Care planning documentation outlined the emotional, spiritual, and psychological well-being needs of each consumer.

Consumers said they were supported to participate in the community within and outside the service environment, keep in touch with people they choose, and do things of interest to them. Staff provided examples of consumers who were supported in their daily living to maintain relationships with people who were important to them. Care planning documentation noted consumer interests, people important to each individual, and activities of interest to each consumer.

Consumers said information about their condition, needs, and preferences were communicated within the service, and with others where responsibility for care is shared. Staff said they were kept informed of changes to a consumer’s condition, needs or preferences through the service’s electronic care management system, and during handovers at the beginning and end of each shift. Care planning documentation noted sufficient information to support effective and safe care for consumers.

Consumers said they were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation identified referrals to other organisations and services such as volunteers and specialist health services. Staff described other individuals, organisations, and service providers utilised by the service.

Consumers gave positive feedback on the quality, quantity and variety of meals provided. Staff described how they ensured consumer choices were supported and arranged alternatives if the consumer wished. The kitchen was observed to be clean and well-kept with current certification, systems to document consumer dietary needs, and staff were adhering to food safety protocols.

Consumers said they had access to equipment, including mobility aids, to assist them with their daily living activities. Staff said they had access to equipment when they needed it, and described how equipment was maintained, kept safe and cleaned. Equipment in consumers' rooms was observed to be in good condition and accessible.

# 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 confirmed they found the service welcoming and easy to find their way around. Staff described aspects of the service environment which made consumers feel welcome and optimised their independence, interaction, and function. Consumers were observed socialising outdoors and in common areas and mobilising independently within the service.

Consumers gave positive comments about the cleanliness and maintenance of the service, and confirmed they were able to move freely inside the service area and outside. Staff said they had a cleaning schedule which was followed and detailed the areas and associated tasks. The preventative maintenance schedule explained how external contractors were managed and the process for arranging any repairs to the building and equipment.

Consumers confirmed the furniture, fittings and equipment were kept clean and safe for use. Cleaning staff were observed cleaning consumer's rooms and common areas, as well as sanitising high touch points frequently. Cleaning records showed appliances were serviced appropriately.

# 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 stated they were comfortable and aware of how to provide feedback or make a complaint via the various avenues available to them, including feedback forms, consumer meetings and an open-door policy. Staff described the processes in place to encourage and support feedback and complaints. A range of flyers, brochures and instructional documents including easy-to-read process flows related to raising complaints were displayed around the service.

Consumers sampled said they were comfortable raising concerns within the service and were aware of advocacy services they could use, if they were needed. Staff outlined the advocacy services available and described how they made consumers aware of advocacy services. A range of posters and flyers related to the Commission and other external advocacy services were displayed on noticeboards located on each floor of the service.

Consumers said management acknowledged and undertook suitable actions to resolve their concerns when raised. Staff described what open disclosure was and provided examples of how they practiced it within their roles. A complaint register showed open disclosure was practiced, and suitable, timely actions were taken in response to feedback.

Consumers reported their feedback was used to improve services. Management described processes in place to record and trend complaints, and how they were used to improve the care and services. Staff described various improvements completed which were driven by consumer feedback. A continuous improvement plan reflected consumer feedback gathered through meetings, feedback forms and surveys were used to inform improvements.

# 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 said the service had a sufficient number of staff to deliver quality care. Management described how they ensured there was enough staff to provide safe and effective care by having an electronic base roster with recurring shifts and additional floater shifts above standard rostered hours to cover the care needs of the consumers. Staff rosters, unplanned leave and allocation sheets from the previous 14 days showed where staff were on leave, including unplanned leave, all shifts were filled.

Consumers said staff were kind, caring and gentle when providing care and services. Staff were observed to greet consumers in a friendly manner, with respect. Staff were guided by policies to direct practice, and which outlined care and services were to be delivered in a respectful and kind manner.

Consumers said staff were competent, supported, and skilled to meet their care needs. Management stated staff are required to go through an orientation process, complete role based mandatory competencies and do annual mandatory online training. Training due dates were monitored by an online tracking system. Position descriptions included values, key competencies, and qualifications either desired or essential for each role.

Consumers said they believed staff had the appropriate skills and knowledge to deliver safe and quality care and services. Management demonstrated the online portal used by staff for training including the mandatory scheduled training, non-mandatory training, as well as training allocated to staff, at any point, if a need was identified. Staff said the service provided mandatory and supplementary training to support them to perform their roles effectively.

Staff performance reviews were conducted annually as per policy. A performance appraisal management matrix showed staff were generally up to date with their appraisals. Performance appraisal documentation demonstrated a comprehensive process with self-reflection and goals, showing input from both the staff member and management.

# 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 gave positive feedback about the management of the service, and said they felt like they were involved in and were supported to be a partner in their own care. Mechanisms were in place for consumers and representatives to be regularly engaged through a variety of ways including monthly consumer meetings, surveys, case conferences and feedback forms to contributed towards the development, delivery and evaluation of care and services.

The organisational structure facilitated the oversight and governing of the delivery of quality care and services across the service. Monthly clinical indicators and Board meeting minutes evidenced the occurrence of regular monitoring and analysis undertaken by the service’s governing body. Policies and procedures promoted a culture of safe, inclusive quality care and services and ensured accountability in the delivery of care and services.

Management described processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff feedback aligned with processes specified in the service’s policies and procedures. Observations and documentation reviewed, corroborated information outlined in policies was translated into practice.

Policies, guidelines, and tools supported the identification, reporting, recording, and reviewing of incidents. An electronic system captured incidents and critical incidents were escalated to management, clinical governance, and the board. Staff provided examples of risks and explained how they were identified and managed at the service.

Frameworks, policies, and guidelines guided, and informed staff practice around antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Management ensured staff were trained in key topics by facilitating their training attendance and internal systems such as incident forms and the electronic care management system prompted open disclosure and restrictive practice reviews.

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