Performance

Report

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| Name of service: | Coolum Beach Care Centre |
| Service address: | 4 Wembley Road COOLUM QLD 4573 |
| Commission ID: | 5395 |
| Approved provider: | Sundale Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 October 2022 to 12 October 2022 |
| Performance report date: | 8 November 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 Coolum Beach Care Centre (**the service**) has been prepared by Alice Redden, 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 interviewed confirmed they are treated with dignity and respect, can maintain their identity and are supported to make informed decisions about the care and services they receive. Consumers confirmed they feel valued and are supported to continue doing the things they like and maintain their independence. Consumers stated staff respect their privacy.

The service has processes to identify each consumer’s unique needs including, cultural and religious preferences, backgrounds and people important to them. The information is recorded and communicated to staff and others who provide care and services. The service provides appropriate and timely information to consumers, in a way which consumers can understand, both in writing and verbally through meetings. The service supports consumers to make choices including other people the consumer wishes to be involved in making decisions and consumer decisions and people involved in their care are recorded in the consumers’ care plans. The service has policies and procedures including dignity in risk processes to direct staff in supporting and delivering care which has the consumer at the centre.

Staff interviewed provided examples of how they support each consumer’s individual needs in line with the consumer’s choice and preference, including providing culturally appropriate supports and supporting consumers where risk is involved. Staff were observed to treat consumers with respect and supported consumers’ privacy including keeping consumer information and records confidential.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# 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 interviewed confirmed they are involved in assessment and planning of consumers’ care and stated they feel partnered in the process. Consumers and their representatives confirmed they are informed of the outcomes of assessment and planning through discussions and case conferences with staff. Consumers and their representatives confirmed they have access to the consumer’s care plan and are satisfied they are informed and involved when changes occur.

The service has an assessment and care planning system and assessment tools including risk assessments and charting which are completed by staff to inform the strategies in the care plan. Consumers’ care plans viewed had recorded consumers’ needs, goals and preferences in line with consumers’ current needs. Medical officers and other health professionals involved in assessment and care of the consumer have their directives recorded in the care plan. Consumers’ wishes for end of life are identified and documented in line with consumers’ choice. All consumers’ care plans viewed had regular reviews recorded including when changes occur and the outcomes of consultation with the consumer or their representatives recorded. Assessments and care planning processes are guided by policies and procedures and all consumer files viewed confirmed comprehensive assessments and plans are completed in line with policy and procedures.

Staff interviewed demonstrated the assessment process including completing incident reports and charting to identify changes in consumer needs. Staff confirmed they have access to the care plans and changes or information about consumers are communicated through verbal and written handover processes. Staff confirmed how they consult and involve consumers or the nominated representative in the assessment and planning process including when referrals are required.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# 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 interviewed confirmed consumers are delivered safe and effective personal and clinical care. Consumers confirmed staff know their personal and clinical care needs and when incidents or change occur the service takes appropriate action. Consumers confirmed they have access to medical officers and health specialists when they need them. Representatives for consumers nearing end of life confirmed the consumer receives appropriate care to support the comfort and dignity of the consumer.

Incident reports, progress notes and clinical handovers and meetings are used to identify changes or deteriorations in consumers’ cognitive and physical health and functioning. Consumer care plans viewed show specialists including physiotherapists and dementia and palliative care specialists are involved in the assessment and review of consumers to ensure appropriate strategies are implemented to care for consumers. The service has policies, procedures and assessment tools to guide the delivery of personal care and clinical care in line with best practice to optimise the consumers’ health and well-being. Documentation confirmed where restrictive practices are used they are monitored and managed in line with best practice.

Staff interviewed confirmed processes for identifying changes in consumer health and reporting incidents. Staff confirmed they are informed when changes to consumer care needs occur and are provided information including alerts and strategies to provide appropriate care. Staff provided examples of managing consumer personal and clinical care in line with the consumers’ current documented needs. Staff confirmed appropriate examples of how they identify and manage infections including infectious outbreaks. Staff said they have access to guidelines to direct how they manage infections including appropriate use of antibiotics.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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 interviewed confirmed consumers receive the services and supports for daily living that are important for the consumers’ health and well-being and enable them to do the things they want. Consumers provided examples of being supported to attend and engage in a variety of individual and group activities, including music, games, gardening and religious services. Consumers and their representatives confirmed staff support consumers to remain independent and provide consumers with assistance to do activities of their choice. Consumers confirmed they have access and support from religious services and ministers.

The service has processes to identify and assess consumers’ needs and preferences in relation to social, emotional, spiritual and psychological well-being. The service develops plans to direct services and supports including activities to engage consumers’ spiritual and emotional supports. Consumers’ participation in social and wellness activities including one to one support and individual activities are recorded and monitored to identify effectiveness of supports and changes in consumer needs. The service has dedicated lifestyle staff to assist and support consumers in doing the things of interest to them and engaging in social relationships within and outside the service. Consumer files showed other specialists are involved in the assessment and planning to support consumers independence and engagement in daily living including physiotherapists. Lifestyle and care staff provided examples of how they support consumers in line with their lifestyle and activity preferences and provide additional support when consumers require it, including emotional and social support.

Consumers’ dietary and nutritional needs and preferences are recorded and are available to staff where consumer meals are prepared and served. Consumers confirmed they are satisfied with meals and their feedback is used to improve meals. The menu is varied, and choices are offered at each meal to ensure all consumer preferences are catered for.

Consumers are provided appropriate equipment to promote their independence and which is appropriate for their assessed needs. Equipment observed was well maintained and suitable for its purpose.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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 interviewed confirmed consumers feel safe and at home in the service and have access to indoor and outdoor living areas. Consumers confirmed they are supported to personalise their rooms and their visitors are always made to feel welcome. Consumers stated they are satisfied the service is clean and well maintained

Observations of the service environment show the service is clean and well maintained and is welcoming with clearly marked areas to assist in navigating the service. Outdoor areas were observed to be clean and consumers were observed to be independently accessing and enjoying both indoor and outdoor communal areas.

The service has a scheduled and reactive cleaning and maintenance system in place to ensure the service is clean and maintained. The maintenance system includes the use of contractors to maintain and safety check equipment.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

# 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 their representatives interviewed confirmed they have access to a variety of ways to make complaints and provide feedback to the service including verbally to staff and management, through feedback forms and meetings. Consumers and their representatives are satisfied the service takes appropriate action when complaints are made.

The service has an effective complaints system and a complaints and feedback register is maintained by management to monitor and ensure all complaints are investigated and appropriate action taken. The service actively uses feedback to feed into their continuous improvement system. The service has an open disclosure process.

Staff interviewed confirmed the feedback and complaints processes and provided examples of how they support consumers who wish to raise concern. Observations show consumers and their representatives have access to internal and external complaints and advocacy information including in other languages.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

# 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 confirmed staff are kind, caring and respectful and provided examples of staff interacting with consumers in a helpful and supportive manner. Consumers and their representatives were satisfied there are sufficient numbers of skilled staff and that care and services are provided in a timely manner.

The service has effective processes to ensure appropriately qualified staff are recruited, staff are orientated and provided training and the competency and performance of staff is monitored. The service has a rostering system to provide the appropriate number and mix of staff at the service. Call bell reports and rosters show vacant shifts are filled and call bells answered in a timely manner and monitoring systems are in place to ensure ongoing sufficient numbers of staff.

Staff confirmed they are provided a variety of training both mandatory and additional. Records confirmed training has been completed including in relation to serious incidents, infection control, manual handling and more. Management and clinical staff confirmed the oversight, observation and monitoring of staff performance and practice. While not all staff had completed a recent performance review, processes are in place to monitor staff performance and plans in place to review all staff’s performance in the future.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# 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 their representatives confirmed they are involved and engaged in the development, delivery and evaluation of care and services. Consumers and their representatives confirmed they participate in the service’s processes which ensure the engagement, including through care consultations, feedback mechanisms and meetings.

The service has effective governance systems which includes oversight by the Board who meet regularly and are provided a variety of reports to assist in the review and ongoing running of the service. The service has established and effective information systems, continuous improvement processes, feedback processes, workforce governance, regulatory compliance systems and financial governance. Monitoring of the systems effectiveness is undertaken and results in actions being taken to improve systems or address deficits.

The service has a risk management framework in place which is supported by policies and procedures to guide staff in managing risks, managing and preventing incidents, reporting serious incidents, identifying and responding to abuse and neglect and supporting consumers to live their best lives. Documentation and staff interviews confirmed staff identify, report and record incident appropriately and follow up actions including review and analysis of incident data occur.

The service has an effective clinical governance framework including policies and procedures to guide staff in the management of antimicrobial stewardship, the minimisation of the use of restraint and in the use of open disclosure when things go wrong. Staff and documentation confirmed they have had training and are aware of the policies and how to implement them.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

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)