Performance

Report

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| Name of service: | Eventide Charters Towers |
| Service address: | 54-78 Dalrymple Road CHARTERS TOWERS QLD 4820 |
| Commission ID: | 5405 |
| Approved provider: | Queensland Health |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 6 April 2023 |

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

**This performance report**

This performance report for Eventide Charters Towers (**the service**) has been prepared by M. Nassif, 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 stated they were treated with dignity and respect. Staff showed familiarity with specific consumers’ personal circumstances and histories. Care planning documents included information regarding consumers’ background, identity, and cultural practice.

Consumers reported they felt safe, and staff respected their culture, dignity and religion. Staff described the cultural, religious, and personal preferences of consumers and how they adjusted care delivery to suit each consumer. Care planning documents detailed the cultural, religious, and personal preferences of consumers.

Consumers and representatives stated they were included in any decision making about the way their care and services were delivered; and they determined when family, friends, carers or others should be involved. Care planning documents showed independent choices were exercised by consumers and relevant family and personal relationships were identified and supported.

Consumers said they were supported to take risks to enable them to live the best life they could. Staff discussed how risk assessments were undertaken on admission based on a consumer’s identified needs and goals. Staff displayed awareness of consumers who wished to engage in risks and the process for assessing and managing risks and supporting consumers.

Consumers said the service provided information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice. Staff outlined how they communicated information to suit consumers in a timely manner and ensured that any questions were responded to promptly. Care planning confirmed that barriers to communication were identified, and corresponding interventions put in place to support consumers’ communication needs.

Consumers said their privacy was respected and personal information was kept confidential. Staff described the practical ways they respected the personal privacy of consumers, and this was consistent with observations. Management said consumer files were stored electronically, and staff require individual passwords to access them. Hardcopies of consumer-related files were stored in secure offices. The organisation had documented policies and procedures regarding privacy and the protection of personal information.

# 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 said the assessment and planning processes considered risks to consumers health and well-being. Staff described how the assessment and planning process informed the delivery of safe and effective care and services. Care planning documents showed the service supported risk-taking in line with consumers’ wishes, and the risk assessment process included allied health professionals and other specialists, when necessary.

Care planning documents set out the consumer’s current needs, goals, and preferences, including advance care planning and end-of-life planning, if the consumer wished. Consumers and representatives said staff spoke to them regularly about their care needs, including their end of life wishes. Clinical management explained how they determined what was important to each consumer through regular discussions, care plan reviews and observations.

Consumers said they were continually involved in their care assessment and planning along with their chosen family members and other providers, according to their preferences. Staff described how they partnered with consumers and their chosen supports to assess, plan and review care. Care planning documents evidenced care conferences and the involvement of a range of external providers.

Consumers and representatives said staff communicated effectively with them and notified them of the outcomes of assessments and when circumstances changed. Clinical staff said they regularly communicated the outcomes of assessments to consumers and their representatives and provided them with copies of care plans upon request. The service used an electronic system to support assessments and document and communicate care plans.

Consumers and representatives said care and services were reviewed regularly, including when incidents impacted on their care needs. Care planning documents showed they were updated at least every 3 months and when care needs changed. Staff explained how care and services were regularly reviewed for effectiveness every 3 months or when there was a change in condition or an incident.

# 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 are getting care that is safe and right for them, consistent with their needs and preferences, and supports their health and wellbeing. The service had policies, procedures, training and performance monitoring to ensure the delivery of safe and effective care. Staff knew the personal and clinical needs of individual consumers and care planning documents reflected individualised care that was best practice, safe, effective, and met the needs and preferences of consumers.

Consumers and representatives were satisfied that high impact or high prevalence risks to consumers health were effectively managed. Clinical staff detailed the processes for identifying and managing the risks associated with the care of each consumer. Care planning documents identified the high impact and high prevalence risks to each consumer and detailed effective management strategies.

Consumers and representatives confirmed staff had spoken to them about advance care planning and end-of-life preferences. Care planning documents detailed consumers’ advance care plans and end-of-life preferences where they had elected. Clinical staff explained how consumer comfort and dignity was preserved during end-of-life care and how families were encouraged to be present. The service had written policies and procedures relating to end-of-life care that focused on maximising comfort and preserving dignity.

Management described how changes to consumers’ condition and care needs were recognised and responded to in a timely manner. Consumers and representatives were satisfied that a deterioration or change in consumers’ condition would be recognised and responded to appropriately by the service. Staff provided recent examples of how they responded to a deterioration or change in a consumer’s condition, and this was consistent with care planning documents.

Consumers and representatives were satisfied information about care was documented and effectively communicated between staff. Staff described how changes in consumers’ care and services were communicated effectively through verbal handovers, meetings or accessing electronic records. Care planning documents contained adequate information about consumers’ condition, needs and preferences to support safe and effective care.

Consumers and representatives were satisfied referrals to other providers of care and services were timely and appropriate. Staff described the process for referring consumers to other health professionals and health services. Care planning documents demonstrated appropriate and timely referrals to other providers of care and services.

Consumers and representatives were satisfied with the service’s infection control practices including the management of COVID-19. The service had an outbreak management plan and other documented policies and procedures to guide infection control practices and promote antimicrobial stewardship. Staff had received training on infection prevention and control and minimising the use of antibiotics.

# 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 feel supported to engage in activities that are of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. Staff explained how the monthly lifestyle calendar was developed with input from consumers and representatives and included a combination of self-directed activities, individual programs, external activities, and group activities. Care planning documents captured what and who is important to each consumer to promote their well-being and quality-of-life.

Consumers said their emotional, spiritual and psychological well-being was supported. Staff discussed various ways they supported the emotional and psychological well-being of consumers. Staff were observed using different techniques to support consumers who appeared upset or confused and posters promoting mental health support services were displayed. Care planning document included interventions and strategies to support the emotional, spiritual, and psychological well-being of consumers.

Consumers said they were supported to participate in their community within and outside the service, maintain social and personal relationships and do the things of interest to them. Staff described how they supported individual consumers to participate in the external community and maintain their personal relationships.

Consumers felt confident staff knew their conditions, needs and preferences and they didn’t have to repeat information. Staff detailed the handover processes for sharing information internally and externally with others involved in providing care and services. Care planning documents identified adequate information to support effective and safe care with respect to services and supports for daily living.

Consumers reported the service assisted them with referrals to other individuals and organisations providing care and services. Staff gave examples and described how consumers were referred to other providers of lifestyle supports.

Consumers provided positive feedback about the quality and quantity of food provided and said their dietary requirements and preferences were catered for. Staff explained how they met the specific dietary needs and preferences of consumers and had a shared understanding of how this was monitored. Care planning documents reflected the stated dietary needs and preferences of consumers.

Consumers and representatives said the equipment provided was safe, suitable for their needs, clean and well maintained. Staff knew how to report any maintenance issues and said maintenance staff attended to repairs promptly. Maintenance documentation showed appropriate preventative and corrective maintenance, with schedules in place. Equipment available in the service appeared to be safe, suitable and clean.

# 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 said they are supported to maintain their independence and to make the service feel like home. Consumers rooms were personalised with their own furniture, bedding and decorations of choice. The service environment was observed to be easy to navigate for consumers and staff, and consumers made their way around the service with ease.

Consumers and representatives said the service was clean, well maintained, and comfortable and this was consistent with observations. Consumers were observed to be moving freely around the service both indoors and outdoors. Staff described the planned preventative maintenance, reactive maintenance and corrective maintained processes and audits.

Consumers and representatives said the furniture, fittings and equipment was safe, clean, well maintained and suitable consumers. This was consistent with observations. Staff described the process for making a maintenance request and the maintenance officer explained the process for completing scheduled and requested maintenance tasks promptly.

# 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 provide feedback or make a complaint, and said they are able to talk to staff or management about any concerns. Management and staff described multiple methods available to consumers and representatives to provide feedback or make a complaint. There was information on the noticeboards about different complaints avenues and feedback forms and collection boxes were available throughout the service.

Consumers and representatives said they were aware of advocacy services and other avenues for raising complaints. Staff demonstrated a shared understanding of the internal and external complaint avenues, and advocacy and translation services. Staff described how they assisted consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives said management provided an apology and promptly addressed and resolved their concerns following the making of a complaint, or when an incident had occurred. Staff had received education about the complaint handling process and described the process that was followed including the use of open disclosure. The service had documented policies in relation to complaints handling and open disclosure.

Records showed that all feedback and complaints were logged, reviewed and used to improve the quality of care and services. Consumers and representatives said feedback and complaints provided through various mechanisms was used to improve the quality of care and services. Management demonstrated how feedback and complaints documented and linked to the service’s continuous improvement plan.

# 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

Management detailed the workforce planning processes to roster the appropriate number and mix of staff to meet the care needs of consumers. Staff explained how unplanned leave was backfilled by existing staff or casual pool staff. Consumers and representatives said there were generally sufficient staff to provide care and services promptly, in accordance with consumers’ needs and preferences.

Consumers and representatives said staff were respectful, kind, and caring. Staff were observed addressing consumers by their preferred names, speaking clearly and directly to consumers and being patient with them. Staff were aware of consumers’ cultural and personal backgrounds and identity.

Management detailed processes for ensuring the workforce were competent and had the necessary qualifications and knowledge to effectively perform their roles. The service had position descriptions, policies and procedures to support each role. There were ongoing competency assessments, audits and feedback processes to ensure the workforce was competent and knowledgeable.

Management described processes for ensuring appropriately skilled staff were recruited, trained and supported to deliver quality care and services. Formal recruitment process included interviews, referee, police, qualification and registration checks. Staff received induction training on commencement and regular ongoing training. Consumers and representatives said staff were well trained and cared for them well.

The service had documented processes for the regular assessment, monitoring and review of the performance of staff. Management said they also maintained audit and feedback mechanisms to monitor staff performance.

# 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 said they were encouraged to provide ongoing input into how care and services were delivered. Documentation demonstrated consumer input was sought through a variety of ways including regular care plan reviews and consumer meetings. Management explained how feedback and suggestions from consumers and representatives was used to inform the service’s plan for continuous improvement.

Management described how the governing body used information from consolidated monthly reports to monitor the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery. Consumers and representatives said they are confident the service is well run.

The organisation demonstrated effective governance systems across all aspects of the service including information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation had current and readily accessible policies, procedures and training to assist staff implement the relevant governance systems.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management and staff were aware of the key risks to consumers and the various risk minimisation strategies in place. Staff confirmed they had access to the documented policies and procedures and had received training on these topics.

The organisation had a clinical governance framework that included policies and procedures that covered antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood and described their accountabilities and responsibilities.

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)