Performance

Report

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| Name: | Eventide Home Rockhampton |
| Commission ID: | 5406 |
| Address: | 97 Campbell Street, ROCKHAMPTON, Queensland, 4700 |
| Activity type: | Site Audit |
| Activity date: | 12 September 2023 to 15 September 2023 |
| Performance report date: | 1 November 2023 |
| Service included in this assessment: | Provider: 1132 Queensland Health  Service: 3712 Eventide Home Rockhampton |

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 Home Rockhampton (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, 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 and representatives said they were valued, and their culture and background respected. Management and staff spoke about consumers with respect and awareness of consumer’s personal circumstances and backgrounds. Staff received training on respect and inclusivity and were observed treating consumers with dignity and respect and addressing them by their preferred name. Care planning documents included the consumer’s background and cultural needs.

Consumers and representatives said their cultural needs were valued and catered to. Staff were aware of the consumer’s cultural needs and explained how they provided culturally safe care. Care planning documents reflected consumer’s cultural needs and preferences, including their spirituality. Information was displayed about various cultural activities on offer at the service.

Consumers and representatives said they were supported to make choices and communicate preferences for care and services, they could involve others if they wished, and maintained relationships they chose. Staff described how they supported consumers to make connections and maintain relationships with people of importance. Policies were in place to ensure staff and consumers were aware of consumers’ right to making decisions to maximise their dignity, independence, and quality of life.

Consumers felt supported to take informed risks and live the best life they could. Management and staff described how they discussed the benefits, possible harms, and mitigation measures with consumers making decisions involving risks. The service’s Consumer Dignity and Choice Policy guided staff in supporting consumers to take risks to live the best life they could.

Consumers and representatives said they received enough current information through newsletters, flyers, notices, and announcements to make informed decisions and choices about their care and daily living. Staff confirmed they provided consumers with current information around food, activities, and care and services to support consumer choices. Consumers and representatives were provided with regular newsletters and other printed information about meals, activities, and support services available.

Consumers and representatives said staff respected their privacy through actions such as knocking before entering their room and closing the curtains when providing care. Staff described how they maintained consumers’ privacy when providing care and used passwords to access consumers’ personal information on computers, securing information when not in use. Staff were observed respecting consumers’ privacy and dignity and maintaining their confidentiality in accordance with the service’s Privacy and Dignity Policy and Privacy and Confidentiality Policy.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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

Staff described the assessment and care planning processes, which included identifying risks to consumers’ health and well-being. Care planning documents showed comprehensive assessment and care planning during the admission process to identify consumer needs and risks and inform management strategies. Written policies, clinical guidelines, and procedures were available to guide staff through the assessment and planning of care and services.

Consumers and representatives said they were consulted on needs, goals, and preferences, including for advance care directives and end-of-life care. Staff stated advance care and end of life planning was discussed with consumers and representatives on admission, when the consumer wished, or when their care needs changed. Care planning documents included consumers’ needs, goals, and preferences, including their advance care plans and end of life preferences in line with consumer feedback.

Consumers and representatives reported they were involved in assessment and care planning on an ongoing basis. Care documents identified consumers and representatives consulted in assessment and care planning, along with other health professionals. Staff said they actively involved consumers and their family members in assessment and planning upon entry to the service and on an ongoing basis to ensure best care is achieved and wants and/or preferences are met.

While not all consumers recalled seeing their care plan, however, they said they felt well informed about the daily care and services they received. Consumers and representatives said they would be comfortable requesting a copy of the consumer’s care plan if they wanted to see it. Clinical staff described how they regularly discussed care and service needs with consumers and representatives. Care planning documentation was observed to be readily available to staff and visiting professionals.

Consumers and representatives confirmed that care and services were reviewed regularly, when circumstances changed, or following incidents. Clinical staff described the processes for reviewing consumers’ care, and care planning documents showed review was undertaken in line with organisational policies and procedures.

Based on this evidence, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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

Overall, consumers and representatives stated they were satisfied care provided was personalised to their needs to meet needs and optimise health. Feedback on concerns about skin and wound care were investigated, with the service demonstrating it followed best care practices in consultation and management strategies. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Clinical staff demonstrated a detailed knowledge of consumer’s personal and clinical care needs, with management explaining additional training was available to ensure consumer care needs were catered to. The service had documented policies, procedures, and tools to support the delivery of best practice personal and clinical care.

Consumers and representatives were satisfied with how the service managed risks associated with the care of consumers. Clinical staff were aware of the high prevalence and high impact risks of consumers and could explain the management strategies in place. Care planning documents identified the key risks to consumers and detailed the mitigation strategies and dignity of choice afforded to consumers.

Consumers and representatives were confident the service would provide appropriate end of life care such as by supporting them to be as pain free as possible, preserving their dignity, and having people of importance to them present. Clinical staff described the way care delivery changed during palliation and consumer’s care plans included their advance care directives and end of life preferences. Consumers receiving palliative care were commenced on a pathway detailing assessment, supports, and monitoring processes to maintain comfort and dignity.

Consumers, representatives were confident in the service’s ability to recognise and respond to a deterioration in their health promptly, and this evidenced throughout care documentation. Clinical staff described ways they identified and responded to deterioration or change in consumers’ condition. Management discussed clinical policies and guidelines in place to direct staff in responding to a deterioration or change in consumers’ condition.

Consumers and representatives said information about their condition, needs and preferences was documented and effectively communicated between staff and others so that they received the care they needed. Staff described how changes in consumers’ condition and needs were communicated through the electronic care management system and at shift handovers. Care planning documents provided adequate information to support safe and effective care.

Consumers and representatives said they had access to other health professionals and referrals were timely and appropriate. Care documents confirmed the input of other health professionals such as Medical officers and Allied health professionals, with staff undertaking monitoring of referrals to ensure acceptance and timely response. The service had written procedures for making referrals to external health professionals.

Consumers and representatives were satisfied with the service’s infection prevention and control practices, including those used during COVID-19 outbreaks. The service had documented policies and procedures related to infection prevention and control and antimicrobial stewardship, and showed they were prepared to respond in the event of an infectious outbreak. Staff understood how to minimise the use of antibiotics and ensure they were used appropriately.

Based on this evidence, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

# 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 described provided supports for daily living to meet their needs, goals, and preferences, explaining how they optimised their independence and quality of life. Staff described how consumers’ needs and preferences were considered when providing services and supports for daily living. Care planning documents identified consumer mobility, cognitive and sensory needs and included services and supports to enable consumers to meet goals, and preferences.

Consumers, representatives, and staff explained how the service supported consumers’ emotional, spiritual, and psychological well-being. Care planning documentation included information about consumers’ spiritual and emotional needs and preferences. Staff could identify triggers and signs for consumers feeling low and explained how they provided emotional support for consumers.

Consumers said they were supported to keep in touch with family and friends, access the community, and do things of interest to them. Care plan documentation reflected who is important to consumers and what activities they enjoy participating in. Staff explained ways they supported consumers to engage with the community, participate in activities and events, and keep in touch with people important to them. Consumers were observed engaging in activities and enjoying visits from family and friends.

Consumers and representatives said information about their needs and preferences for daily living were effectively communicated and staff met their needs and preferences. Staff described various ways they shared current information about the changing condition, needs and preferences of each consumer, for example, changes to diet are communicated to kitchen staff through communication books and through the electronic care management system. Care documents contained sufficient information to effectively communicate consumers’ current needs and preferences for daily living.

Staff explained how they arranged referrals for consumers for services and supports, such as volunteers and community outreach groups. Care planning documents and observations showed consumers were provided with timely referrals to appropriate external services.

Consumers said they liked the food provided and found it of good variety, quality, and quantity. Hospitality staff outlined how they planned the menus and ensured there was a variety of meals to suit consumers’ dietary needs and preferences. Consumers’ care plans included information about their dietary requirements, preferences, and any allergies. Observations showed the service had appropriate practices to ensure safe storage, preparation, and delivery of food.

Consumers and staff said the equipment provided was readily available, suitable, safe, clean, and well maintained. Staff explained the processes for cleaning and maintaining equipment and maintenance documentation showed equipment was appropriately maintained.

Based on this evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

# 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 the service was welcoming, easy to navigate, and they felt at home. Staff said consumers were encouraged to personalise their rooms and they provided support to help the service feel more home-like. Management explained the design features which helped support consumers’ independence and interaction. The service had appropriate signage and suitable communal spaces for consumers and visitors to access indoors and outdoors.

Consumers considered the service environment was safe, clean, well maintained, and they could freely access both inside and outside areas. Staff confirmed that consumers were supported to move freely through inside and outside areas. Staff could explain the process for reporting cleaning or maintenance issues, and any hazards identified. Cleaning logs and maintenance schedules showed these systems were operating effectively.

Consumers said the furniture, fittings and equipment were safe clean and comfortable. Staff explained there were regular checks conducted on equipment and furniture, and said repairs and maintenance are attended to promptly. The service had cleaning and preventative maintenance schedules in place which were up to date, with ongoing monitoring through environmental audits.

Based on this evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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 and raise concerns through available methods, including telling staff or management, completing a feedback form, attending the Family Forum, or completing consumer surveys. Management described different ways they supported consumers to provide suggestions, compliments, or complaints, as outlined in the service’s policy. Consumer feedback forms and feedback boxes were located at the entrance of each wing of the service.

Consumers and representatives said they were informed about how to access advocacy, interpreter, legal services, and lodge complaints externally through information within the consumer handbook. Management and staff knew how to access advocacy and interpreter services for consumers when needed. Information about advocacy and interpreter services and supporting organisations, such as the Aged Care Quality and Safety Commission, were observed around the service and in the consumer handbook.

Consumers and representatives felt the service responded to their complaints appropriately and communicated effectively with them to discuss their concerns. Management and staff could describe the complaint management process and the use of open disclosure in resolving issues. The service’s feedback and complaint register recorded details about complaints including the date, description of the issue and the action taken in response. The service’s written policies outlined the service’s commitment to resolve complaints using a person-centred, fair, objective, efficient and confidential process including using open disclosure.

Consumers and representatives said feedback and complaints were reviewed and used to improve the quality of care and services. Management and staff described how consumer feedback informed the continuous improvement plan and gave examples of improvements made because of consumer feedback or complaints. The service’s continuous improvement register recorded the improvements identified due to consumer feedback and complaints.

Based on this evidence, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said there were enough staff to meet consumers’ needs and call bells were responded to in a timely manner. Management explained how they planned the workforce and filled vacant shifts. Staff felt there were enough staff at the service, and they had sufficient time to provide safe and quality care. Rosters and other documents showed shifts were filled and the workforce was sufficient to deliver safe and quality care and services. Average call bell response times were monitored, and call bell response times greater than 5 minutes were analysed and investigated by management.

Consumers and representatives said staff were always kind, caring and respectful to consumers, regardless of their cultural backgrounds. Management and staff were observed to be kind, gentle, caring, and respectful, when interacting with consumers.

Consumers and representatives said staff knew what they were doing. Management described the processes in place for recruitment and ensuring staff were competent, capable, and suitable for their roles. Documentation showed staff had appropriate qualifications, knowledge, and experience to effectively perform their duties in line with position descriptions.

Consumers and representatives were confident the staff were suitably trained and skilled. Staff were satisfied with the training and support provided by the organisation, identifying training provided on the Quality Standards and regulatory obligations. Workforce records showed staff were recruited, trained, equipped, and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management described how they monitored staff performance, including undertaking staff performance assessments every 6-12 months, as set out in the service’s written policy. Management and staff could describe processes within the formal assessment process, including setting performance goals and expectations, and identifying development needs. Records confirmed that staff performance was continually monitored and assessed, including through ongoing supervision, and addressing any performance issues as they arose. The electronic management system tracked and monitored the timeliness of performance assessments.

Based on this evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

# 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 engaged in the development, delivery and evaluation of care and services. Management explained the different avenues open to consumers and representatives to have input into improving the development and delivery of their care and services. Records demonstrated consumers and representatives engaged in the development, delivery and evaluation of care and services and updated with progress on initiatives.

Consumers and representatives said they felt safe and received the care they needed. Management described how the governing body, the Board, was accountable and ensured the Aged Care Quality Standards were met through the clinical governance processes, committee structure, and quality audits. Records and the organisational chart and framework showed the reporting and governance arrangements. Meeting minutes demonstrated the Board was accountable to consumers in ensuring the delivery of care and services that are safe, effective, integrated, high quality and continuously improving.

Management demonstrated the service had effective governance systems in place covering information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff were trained and aware of the policies and procedures underpinned by these governance systems. Records showed governance systems were effective, with processes for driving change for improvement.

Management and staff described effectiveness of risk management systems in place for managing high impact or high prevalence risks to consumers, identifying, and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. The service had a documented risk management framework and associated policies which set out how risks were identified, assessed, evaluated, treated, and monitored and associated responsibilities of staff. Staff were aware of these policies and could explain how they applied them in their work.

The organisation had a clinical governance framework in place which included policies, procedures, and staff training for provision of clinical care, including antimicrobial stewardship, restrictive practices, and open disclosure. Management and staff could describe the relevant training provided and the practical application of these policies.

Based on this evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

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)