Performance

Report

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| Name: | Forest View Residential Care Facility |
| Commission ID: | 5444 |
| Address: | 80 Scott Street, WONDAI, Queensland, 4606 |
| Activity type: | Site Audit |
| Activity date: | 10 October 2023 to 12 October 2023 |
| Performance report date: | 2 November 2023 |
| Service included in this assessment: | Provider: 1132 Queensland Health  Service: 3734 Forest View Residential Care Facility |

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 Forest View Residential Care Facility (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 2 November 2023

# 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 staff respected consumers’ culture and made them feel valued. Staff were knowledgeable of consumers’ personal circumstances, life experiences and cultural backgrounds, and were observed treating consumers respectfully. Staff participated in relevant training and were guided by policies and procedures regarding dignified care.

Consumers confirmed their cultural identities, beliefs and needs were respected. Staff were informed of consumers’ unique cultural preferences, values and beliefs through care documentation, handovers or spending time with consumers. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers said they were supported to exercise choice, independence and who was involved in their care. Staff were knowledgeable of consumers’ choices and described supporting consumers to maintain relationships, including for married consumers. Staff were guided by consumer choice policies and care documentation.

Consumers said they were supported to take risks to live the best life they can. Staff described assessing consumer risk and ensuring consumers understood the benefits and potential harms. Care documentation identified risks, individualised mitigation strategies and signed informed consent between the consumer and service.

Consumers said they were provided current information in a way they could understand and knew how to source further information. Staff described communicating with consumers through meetings, newsletters, noticeboards and speaking with consumers. Meeting minutes reflected information shared with consumers and representatives and information was displayed throughout the service.

Consumers said their privacy was respected and were confident their personal information was kept confidential. Staff confirmed knocking on doors prior to entry and discussion consumer information discreetly. Consumer information was secured the service’s password protected electronic care management system and staff were observed respecting consumers’ privacy.

# 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 provided positive feedback regarding care assessment and planning which met consumer needs. Staff described assessments undertaken upon entry, including use of validated tools to assess risk. Care documentation reflected care assessment and planning including identification and management of risks.

Consumers and representatives confirmed participating in care discussions, including preferences for end of life care. Staff described respectfully approaching palliative care discussions during entry and care plan reviews and involving consumers and representatives. Care documentation identified consumers’ needs, goals and preferences, including end of life wishes.

Consumers and representatives said they were involved in care assessment, planning and review. Staff described discussing assessment and planning with consumers and representatives, and specialists confirmed accessing consumer information through the electronic care management system. Care documentation evidenced consultation with consumers, representatives and other individuals and organisations supporting consumer care.

Consumers and representatives confirmed staff discussed their care and services and were offered copies of care plans. Staff confirmed collaborating with consumers regarding care plans and tailoring communication of care review outcomes for cognitively impaired consumers. Staff were alerted to care plan changes through the electronic care management system and handovers and were guided by relevant policies.

Consumers’ care plans were reviewed every 3 months or in response to changes or incidents and included consultation with others involved in consumer care. Care documentation reflected changes made in response to deterioration or incidents, and timely completion of routine reviews. Policies and procedures guided staff through care review processes.

# 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 provided positive feedback regarding provision of safe and effective personal and clinical care. Care documentation evidenced consumers were receiving care that was safe, effective, tailored and developed in consultation with consumers, representatives and allied health professionals. Staff were knowledgeable of restrictive practices, medication management and skin care and were guided by policies and procedures to support best practice care delivery.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were aware of consumers susceptible to risks and individualised clinical and environmental management strategies developed in consultation with specialists. Care documentation evidenced appropriate risk assessment and interventions resulting in favourable outcomes for consumers.

Staff were knowledgeable of palliative care to ensure comfort and manage pain. Care documentation for a recently passed consumer reflected specialist review, and pain, comfort and hygiene management aligned to consumer wishes and in consultation with representatives. Staff were guided by palliative care policies supporting consumers wishes to pass with dignity.

Consumers and representatives said staff promptly recognised changes in consumers’ condition and responded appropriately. Staff knew how to identify deterioration through observations and assessments, using validated tools, and respond appropriately. Care documentation evidenced prompt identification of and response to changes in consultation with allied health professionals.

Consumers and representatives provided positive feedback regarding communication of consumers’ condition, needs and preferences. Staff described sharing consumer information through the electronic care management system and reporting and documenting observations to share during handovers. Care documentation evidenced up to date information and staff were observed advising each other of changes to consumers’ condition and needs.

Consumers and representatives said consumers could access other providers of care and services and referrals were timely. Management described accessing a network of external specialists to support clinical care and would monitor consumers to identify the need for a referral. Care documentation evidenced input from various allied health professionals and staff were guided by referral policies.

Staff described infection control procedures and were guided by an infection prevention and control lead who ensured staff sanitised equipment and practised hand hygiene. Staff were knowledgeable of antimicrobial stewardship, including implementing non-pharmacological measures and consulting with medical officers. Staff were observed using personal protective equipment and undertaking viral testing.

# 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 received supports for daily living that meet their needs, goals and preferences and optimised their well-being. Staff confirmed activities were tailored to consumers’ needs following initial assessments, including for consumers with reduced cognitive and physical capabilities. A schedule reflected a range of activities tailored to consumer interests, including bus trips, exercise classes and pet therapy.

Consumers and representatives said the service supported consumers’ emotional, spiritual and psychological well-being. Staff knew triggers that would adversely impact consumers’ mental health and how to provide individualised support to improve consumers’ mood. Documentation reflected indicators to be aware of and how to provide support, including referrals to specialist volunteers.

Consumers said they were supported to undertake activities within the service and community, including maintaining important relationships. Staff described facilitating community outings and regular contact with family and friends through phone calls and visits. Consumers were observed engaging in their preferred activities, including spending time with visiting family and friends.

Consumers and representatives said the service effectively shared consumers’ information with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and support from external providers through handovers and the electronic care management system. Care documentation evidenced up to date information regarding consumers’ needs and preferences to support daily living.

Consumers provided positive feedback regarding timely and appropriate referral to other care and service providers. Staff described collaborating with other providers, including music therapists and disability support workers, to supplement care and services. Care documentation evidenced referrals to providers for additional support.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed the seasonal menu changed every 3 weeks and consumer feedback and requests were considered through meetings. Care documentation reflected consumers’ dietary preferences, allergies and required textures.

Consumers confirmed equipment was safe, suitable, clean and well-maintained. Staff confirmed sufficient availability of equipment and were knowledgeable of cleaning and maintenance processes, including cleaning shared equipment following each use. Records confirmed up to date servicing and cleaning of equipment to support 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, safe, easy to navigate and provided a sense of belonging. There were wide corridors with mobility infrastructure, colour coded wings to assist navigation, lounges, an activity room and outdoor areas. Consumers were observed to have personalised their rooms and were participating in various activities throughout the service environment.

Consumers and representatives confirmed the service environment was safe, clean, well-maintained and they could move around freely. Staff described processes to address hazards and routine and responsive cleaning and maintenance. Cleaning and maintenance schedules reflected timely completion of tasks and consumers were observed mobilising inside and outside of the service.

Consumers said they had access to safe, clean and well-maintained equipment. Staff were knowledgeable of maintenance processes, and confirmed requests were completed promptly and consumers were reviewed by specialists prior to using mobility equipment. Records confirmed equipment had been inspected for safety and serviced with no outstanding items.

# 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 were aware of processes to provide feedback or make a complaint and were supported to do so. Staff confirmed feedback and complaints could be made by speaking with staff, completing a form or contacting external agencies. Meeting minutes evidenced discussion and encouragement of feedback and complaints.

Consumers and representatives said they were aware of advocacy and language services and processes to access these services. Staff were knowledgeable of advocacy and language services and guided consumers to corresponding printed information provided to consumers upon entering the service.

Consumers and representatives said staff were responsive to their complaints, had implemented corrective changes and practised open disclosure. Most staff and management described processes to respond to feedback and complaints, including the use of open disclosure. Complaints documentation evidenced complaints were registered and actioned, and staff had participated in open disclosure training, despite some staff not identifying they say sorry to consumers or their representatives when an incident occurred or a complaint was made.

Consumers confirmed their feedback and complaints were used to improve care and services. Management provided examples of improvements made in response to consumer feedback and appropriately documenting relevant processes. Meeting minutes and continuous improvement plans reflected consumers’ feedback and complaints informing service 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 provided positive feedback regarding staffing numbers and confirmed their care needs were met and calls for assistance responded to quickly. Management confirmed filling shift vacancies with ongoing staff, using agency staff as a last resort, and allocating the workforce based on care needs. Records evidenced adequate staff coverage, including uninterrupted availability of registered nurses.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable of consumers’ individual preferences, including addressing consumers by their preferred names, and were observed interacting with consumers in a kind and respectful manner. Staff were guided by protocols ensuring consumers’ beliefs and customs were valued.

Consumers and representatives said staff were knowledgeable in meeting consumers’ care needs. Management described mandatory requirements of candidates during recruitment processes in line with service policy. Personnel records confirmed valid security vetting, professional registrations, qualifications and vaccinations.

Consumers and representatives were confident staff had been appropriately trained to perform their duties. Management confirmed offering staff online and in-person training regarding various topics including medication management and serious incidents. Staff confirmed participating in training and understood the practical application of their learnings. Education records evidenced all staff had completed training in infection control and responsive training on open disclosure had been delivered when staff did not advise an apology was offered when describing complaint processes.

Management described monitoring staff performance through annual appraisals and offering further training when identifying areas for improvement. Staff confirmed being notified of when to participate in annual performance appraisals and records confirmed the service assessed, monitored and reviewed workforce 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 involved in the development, delivery and evaluation of care and services through meetings and care plan reviews. Management described encouraging consumers and representatives to provide input regarding care and services. Meeting minutes evidenced consumers contributing to the development of care and services.

The organisational governing body promoted delivery of safe and inclusive care and services and was routinely informed by the service of clinical indicators, feedback and incident data. The governing body monitored service performance to inform quality care and service delivery and management confirmed governing body engagement with the service’s various committees ensured the service continued to meet expected standards for care delivery.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate, review and monitor risks and incidents to improve care delivery. Staff were knowledgeable of best practice management of serious incidents and confirmed participating in regular training. Records reflected appropriate risk management and relevant staff training.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and confirmed participating in relevant training. Frameworks, policies and guidelines assisted staff to maintain best practice and staff understood the practical application of such practices in their daily duties.

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