Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Glenbrook Residential Aged Care Facility |
| Service address: | 4 Jack Street, PO Box 2525 NAMBOUR QLD 4560 |
| Commission ID: | 5449 |
| Approved provider: | Queensland Health |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 31 October 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 Glenbrook Residential Aged Care Facility (**the service**) has been prepared by K. Spurrell, 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.
* the provider’s response to the assessment team’s report received 21 October 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers, or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they are treated respectfully by staff at the service and felt their individual identities and diversity were valued. Care planning documentation included information on the emotional, spiritual, cultural needs and wellbeing of consumers. Staff demonstrated respect towards consumers and showed an understanding of consumer’s care preferences and individuality.

Consumers advised staff respect their culture, values, and beliefs and said they feel safe at the service. Leisure and care staff demonstrated they understood and valued consumer’s diverse cultures, beliefs, and individuality. Consumers’ care plans included information on their cultural backgrounds and preferences. The service maintains each consumer’s personal and cultural preferences in a person-centred care and lifestyle plan.

Consumers said they are supported to make decisions, maintain their independence, have others involved in their decision making, and are supported to maintain personal relationships with partners, family, and friends.

Staff described how consumers are supported to make choices and retain their independence and communicate their decisions around their care and who they want to spend time with. The service has a suite of policies and documents to support consumers around their care and services, independence, choices, and relationships, such as the dignity of risk work instruction.

Consumers described ways in which they are supported to continue to live the life they choose and do the things important to them. Staff explained how the consumer is supported to understand the benefits and possible harm when they make decisions around taking risks.

Consumers were satisfied with the amount and quality of information provided by the service and felt it was clear and supportive. Staff explained how the service provides consumers with timely information via avenues including meetings and notice boards. The Assessment Team observed relevant and accessible information available to consumers throughout the service, including the daily meal menu and activities calendar.

Consumers said their personal privacy is respected at the service through staff taking care to maintain dignity during cares and knocking and seeking consent to enter consumer rooms. Staff described what consumer personal privacy means and how they maintain the consumer’s dignity. The Assessment Team observed several practices which respected consumer’s privacy, such as staff knocking and asking permission before entering a consumer’s room. The service has policies and practices designed to ensure consumers’ information is kept private and secure.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 consumer representatives considered they are partners in the ongoing assessment and planning of consumers care and services and are supported to make choices about their care and services. Staff described the assessment and planning process, and how ongoing risk assessments and monitoring reviews inform the delivery of safe and effective care and services. All care planning documents reviewed by the Assessment Team, detailed comprehensive information on the assessment and planning for consumers.

Care plans include the needs, goals, and preferences of consumers, who confirmed they had discussed advanced care directives and end of life planning with the service. Staff described how care planning identifies and focuses on the consumer’s current needs, goals, and preferences. The service has policies, procedures, and documentation such as the Advance Care Planning Documentation Procedure outlining steps designed to ensure consumer’s current needs, goals and preferences are an integral part of the assessment and planning process, and end of life discussions include what is important to the consumer and their family.

Consumers and representatives said staff consult with them during the assessment and care planning process, they feel staff know their needs and preferences, and they had access to external health and allied health providers. Staff described the process for assessment planning alongside consumers, and for referring to external care providers when needed. Consumer care files found consumer’s preferences and needs had been considered during assessment and planning, and referrals to external providers had been utilised such as Medical Officers and Physiotherapists.

Consumers and representatives said they are involved with and informed of any changes to their care plan and know how to obtain a copy of their care plan if they choose to. A review of care planning documents demonstrated the outcomes of planning and assessment are successfully communicated to consumers and their representatives and are documented in the service’s electronic care management system.

Consumer care plans demonstrated evidence of review on a regular basis and when a consumer’s circumstances changed, or an incident had occurred. Staff described how care and services are reviewed for effectiveness or if things change or incidents occur impacting on a consumer.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 representatives said they received good personal and clinical care which they considered to be safe and effective. Staff described how the care delivered was safe, effective, and supported consumer’s health and well-being. The service has a suite of policies and documentation which outline how personal and clinical care is assessed, documented, reviewed, and monitored, and how to partner with consumers with care needs and preferences in order to optimise consumer health and well-being.

Staff explained processes for managing high impact and high prevalence risks, including referrals to other health professionals or support services to ensure continuity of safe and effective care. Care planning documentation identified key risks to those consumers and strategies were in place to minimise these risks and documented in care documents.

Staff described the support and care provided to end of life consumers and their families. Policies and documentation, such as the Advance Care Documentation Procedure, outline how the needs, goals and preferences of consumers approaching end of life can be supported, monitored, their comfort maximised, and their dignity preserved.

Staff described how they recognise and respond to deterioration or changes in the consumer’s condition and or health status as a trigger for reassessment and review including, the monitoring of clinical observations and referrals where appropriate. A review of consumer care plans showed changing consumer conditions are recognised and responded to. The service has guiding documentation in relation to deterioration and changes to consumer health.

A review of care planning documentation and consumer and staff interviews demonstrated information about consumer needs and preferences is adequately documented and shared amongst staff responsible for care provision. Information shared through the services electronic case management system, through progress notes and care plans, and during staff handover.

Consumers and representatives stated the service completes appropriate referrals in a timely manner. A review of consumer care plans and records confirmed the input of allied health and other providers of health care services are recorded, and referrals are created for external providers when necessary. Staff explained the process to refer consumers to specialist providers.

Staff demonstrated an understanding of the need to minimise the use of antibiotics and how this is managed, and how to minimise infection-related risks. Policies, procedures, and other documentation such as staff vaccination registers and cleaning schedules demonstrated infection control practices are in place and appropriate antibiotic prescribing is in place.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 were satisfied the services and supports for daily living met their needs, goals, and preferences, and maintained their sense of identity, independence, wellbeing, and quality of life. Care planning documentation identified consumer’s lifestyle choices and preferences, and the supports and services provided to meet the needs and wants of consumers. Clinical, and care staff demonstrated a knowledge of consumer’s needs and preferences.

Consumers and representatives described how they are supported to do things they like, or when they are feeling low such as having a one-to-one conversation with staff or with family and friends. Staff said if a consumer was feeling low, staff would try to talk with the consumer about what would make them feel better, and where appropriate, contact their families. A review of care planning documents detailed the emotional and well-being needs of consumers.

Consumers stated they were able to do the things they enjoyed, both within and outside the service and staff described how consumers are supported to do the things important to them. Care planning policies, procedures, documentation, and care plans demonstrated the service provides supports to encourage consumers to participate in activities they enjoy, have input into activities offered within the service, provide social interactions such as group activities, and attend outdoor activities such as barbeques and walks in a park across the road from the service.

Consumers stated they felt information about their daily living choices and preferences was effectively communicated between staff and with external providers. Staff demonstrated a good understanding of consumer’s health conditions, needs and preferences, and described how these are communicated between staff and with other health professionals where there is shared care. A review of consumer care plans demonstrates 3-monthly reviews, or as the consumer’s care and services needs changes. The Assessment Team observed handovers where information was shared between staff.

Consumers and representatives were satisfied consumers get the care they need, including referrals to allied health professionals. Staff described the referral process, including examples of specialist providers consumers have been referred to. Care planning documents demonstrated appropriate and timely referrals to external health providers and the service has guiding documentation relating to the management of referrals.

Consumers said the service provides meals which are varied, of suitable quality and quantity and reflects their choice. The service has processes and systems in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. A review of documentation demonstrated the service has relevant practices to ensure safe food storage, preparation, delivery, and dietary needs and preferences are considered.

Consumers said they had access to suitable, safe, clean, and well-maintained equipment and felt confident to tell staff if there were any concerns. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 representatives felt at home and welcome at the service and described being able to easily navigate within the service environment. The Assessment Team observed appropriate signage, indoor and outdoor spaces for consumers and visitors to access and consumer rooms individually personalised to suit each consumer.

Consumers and representatives said they felt the service environment is safe, clean, and well maintained, and they could move freely inside and in outdoor areas with ease. Staff described the process for reporting maintenance issues, the laundry process, and ensuing consistent cleaning practices are in place. The Assessment Team observed care equipment stored away safely and the service to be clean and maintained, with consumers moving freely within and outside the service.

Consumers and representatives said the service maintains cleanliness, and equipment is well-maintained, safe, and suitable for their needs. Staff described how high levels of cleaning are maintained and the process for reporting maintenance needs. The service has policy, systems, processes, and schedules in place to ensure the cleaning and care of furniture, fixtures and fittings and equipment are appropriate and well maintained for consumers.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 felt comfortable to raise concerns or provide feedback and were aware of how to do so, such as raising concerns directly with staff. Staff described how consumers and representatives provide feedback and make complaints, such as providing feedback at the Resident and Representative Meetings. The Assessment Team reviewed the feedback and complaints policy and management procedure, stating feedback and complaints should be encouraged and supported.

The Approved Provider’s written response of 21 October 2022 further confirmed the operation and relevance of this policy in the management of complaints and confirmed the policy will be reviewed in April 2023, as per the service’s governance processes.

Feedback forms, suggestion boxes, and information on how to provide feedback were located at various prominent locations throughout the service and methods of providing feedback are outlined in the Resident Handbook.

Staff described some of the ways they assist consumers who have difficulty communicating to provide feedback and were aware of how to access advocacy and interpreter services for consumers. The Resident Handbook and noticeboards throughout the service contained information for consumers, detailing methods of raising complaints both internally and externally, information was provided on advocacy services, and external complaints throughout the service.

Consumers and representatives felt the service satisfactorily responds to complaints. Staff described changes made at the service in response to feedback and complaints and had an awareness of the complaint management process including following open disclosure when things go wrong. A feedback and complaints register detailed the nature of complaints and the actions taken to rectify complaints. In addition, the service has policies for complaint management and open disclosure.

Consumers said they see changes made in response to feedback and complaints. Staff were aware of some of the common complaints made by consumers and described how service improvements are made in response to feedback. A feedback and complaint register also outlined the main areas of complaint and detailed the changes made to improve services in response to feedback and complaints, such as new shaded areas throughout the grounds. In addition, the services complaints management policies state feedback and complaints should be used for continuous improvement.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 felt there are enough staff to provide safe and effective care and said they receive assistance when required. Staff felt the service was sufficiently staffed and said unfilled shifts are managed well by management. A review of rosters for the fortnight immediately preceding the assessment, found adequate staffing numbers across the three daily shifts. Consumers felt staff are kind, caring, and respectful, and they know what is important to them. Staff were observed interacting with consumers in a caring and respectful manner.

During the Site Audit management advised that the call bell system was unable to provide good statistical reporting data due to its age, the service manages response times through consumer feedback and at staff meetings. In its written response of 21 October 2022, the Approved Provider advised that the call bell system is expected to be replaced by 30 January 2023. The Assessment team did not identify any impacts to consumers as a result of the aged call bell system.

Consumers felt staff were capable and knew what they were doing. Staff described ways in which they determine whether they are competent and capable in their role, such as recruiting qualified staff and providing ongoing supervision and training. A review of staff records showed staff have appropriate qualifications, knowledge, training, and experience to perform the duties of their roles.

Staff described how staff performance is assessed and monitored, including through ongoing supervision, identifying, and addressing issues as they arise, and through the completion of mandatory training, including reporting requirements. Position descriptions were regularly reviewed and revised. A staff appraisal and performance policy outlines how staff performance is assessed, monitored, and reviewed.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 felt they can contribute to decisions about how the service is run, including attending the resident meetings. Staff described how consumers are engaged in the development, delivery and evaluation of care and services, such as resident and representative meetings, encouraging feedback and senior staff having an open-door policy.

Staff demonstrated how the executive and governing body is involved in the delivery of care and services, and how they stay informed about incidents and safety issues via mechanisms such as monthly meetings where service performance and trends are reviewed. Policies and procedures outlined how the organisation’s board plays a role in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service provided a range of policies and procedures to demonstrate appropriate governance systems are in place relating to information management, continuous improvement, financial and workforce governance, and regulatory compliance. The service stores and updates information about staff and consumer vaccinations status on electronic spreadsheets, paper-based care plans, and electronic staff records.

Staff explained how opportunities for continuous improvement are identified, how they seek changes to budget expenditure, and how they monitor compliance with relevant legislation and regulatory requirements.

Staff described processes for identifying, managing, and minimising risks and incidents including the prevention of abuse, harm, and neglect of consumers. The service has suitable registers, and relevant policies and procedures relating to documenting, managing, and minimising risks and incidents.

The organisation provided its clinical governance framework in the form of a suite of policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. The Infection Prevention Control Lead was able to outline the outbreak management plan including improvements following a recent COVID-19 outbreak. Staff demonstrated an understanding of their accountabilities and responsibilities under clinical governance framework, and what the policy meant to them in a practical way in relation to antimicrobial stewardship, the use of restrictive practices, and open disclosure.

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)