Harbour Quays Residential Aged Care

Performance Report

36 Compass Drive   
Biggera Waters QLD 4213  
Phone number: 0434 423 375/ 07 5655 3200

**Commission ID:** 5793

**Provider name:** Provectus Care Pty Limited

**Assessment Contact - Site date:** 23 June 2022

**Date of Performance Report:** 26 July 2022

# Performance report prepared by

Tara Wurf, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Performance Report dated 4 February 2022 for the site audit conducted at the service from 6 December 2021 to 8 December 2021.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

### The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Compliant

*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.*

Consumers/representatives said staff are respectful of their care preferences and end of life wishes and they have discussed their preferences with staff.

Staff described what was important to individual consumers in terms of how advanced care and end of life care is provided, which was consistent with information in care documentation and feedback from consumers/representatives.

Advanced care and end of life planning is discussed with consumers and their representatives upon entry to the service. Care documentation detailed consumers’ advance care planning and end of life preferences, which were personalised, reviewed and updated within the last six months. For one consumer at the end stage of life, their end of life and advanced care plans had recently been updated on several occasions. Completion of assessments and advanced care and end of life plans is monitored by the care manager.

The Assessment Team observed staff monitoring and providing care to a named consumer who was in his end of life stage. The consumer’s representative said staff had been monitoring the consumer closely and were respectful of the family’s privacy.

Actions have been taken to improve the performance of the service in this requirement, including in response to deficiencies identified during the site audit conducted 6 to 8 December 2021, specifically relating to assessment, care planning, monitoring and review of advanced care and end of life plans for consumers. For example:

* Registered staff record changes in consumer needs and preferences in the electronic care management system, which alerts the handover sheet and message board to inform staff of the changes.
* The service implemented a process to monitor compliance with completion of advanced care plan and end of life plan reviews with consumers/representatives to ensure they are completed when due. All consumers had current plans in place, which were readily accessible in the care documentation.
* Staff received training on advanced care planning and palliative care and information on these topics was included in the staff information and education resource folder.

Based on the evidence above, I find this requirement is now compliant.

### Requirement 2(3)(d) Compliant

*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.*

Consumers and representatives advised they are involved in care planning and can access a copy of the consumer’s care and services plan if they wish.

Management and registered staff described the service’s processes for care planning and how consumers and their representatives are included through case conferences, telephone calls or one-on-one discussions.

Management advised the new electronic care management system stores all consumer documentation and information and is available to staff and visiting health professionals. Staff received training in the new system and said they access the system for all aspects of consumer documentation and the information contained in care plans and assessments.

Consumers’ care documentation included information relevant to each consumer’s needs, goals and preferences including, but not limited to communication, behaviour management, acute care needs, nutrition and hydration, mobility, continence, skin care, pain and sleep. For example, two consumers prescribed psychotropic medication as chemical restrictive practice had comprehensive behavioural support plans and assessments which informed staff about triggers which may cause behaviours and effective strategies to assist to manage the behaviours.

Summary care plans were available which reflected individual consumer’s goals, needs and care management strategies. The care plans were complete, regularly reviewed and readily accessible in the electronic care management system. They also demonstrated regular communication and consultation with consumers/representatives and recorded that the consumer/representatives are offered a copy of the care plan.

The Assessment Team observed a range of care documentation available to staff, including care plans, progress notes, risk assessments available in staff workstations, and dietary requirements available in kitchenettes for staff reference when serving the meals. The Assessment Team observed a handover between registered staff and observed staff accessing consumer documentation in the electronic care management system to guide the discussion about consumers’ status.

Actions have been taken to improve the performance of the service in this requirement, including in response to deficiencies identified during the site audit conducted 6 to 8 December 2021. Improvements included:

* Implemented an electronic care management system which has improved the quality and availability of consumer information. All consumer documentation is stored in the system and staff have received training on how to use the system.
* Established a process whereby corporate office monitors the completion of care plans and assessments in the service’s electronic care management system.
* Updated the consumer care plan review process to ensure consumers/representatives are offered a copy of the care plan following each review.
* Implemented a range of strategies to improve the effectiveness of communication about consumers’ status between staff and other health professionals, such as:
  + created headings for progress notes to locate specific notes more easily
  + a return from hospital checklist to guide staff to complete all required documentation and communication
  + a memo system which is activated when care and registered staff do not complete required paperwork
  + monthly care review through a resident of the day (ROD) process by registered staff.
* Completed comprehensive behaviour support plans for all consumers with complex behaviours, including those subject to chemical restrictive practice.

Based on the evidence above, I find this requirement is now compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

### The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

Most consumers/representatives interviewed said that there are enough staff to meet their needs and that when they use the call bell for assistance staff are prompt to attend. Consumers reported staff are kind, caring and knowledgeable.

One named consumer that requires multiple staff to assist with hygiene cares had experienced several occasions where staff assistance was delayed. I am satisfied, however, that management demonstrated awareness of the consumer’s needs and had strategies in place to ensure sufficient staff were available to that consumer. Further, following feedback from the Assessment Team, management committed to remind staff about timely response to call bells and monitor response times, and conduct a review of the consumer’s hygiene requirements.

Management described various processes used to determine whether the workforce is providing safe and quality care and services. Processes included: daily observations by management, staff education in various topics, monthly consumer satisfaction surveys to determine consumers’ satisfaction with agency and permanent staff performance and analysis of quality workload data to determine whether there is enough staff. Management also have a process to review and analyse call bell response times daily, investigate delayed responses and have implemented several strategies to improve response times, including staff training.

The service utilises a combination of registered and care staff to provide care across a 24-hour period, with at least one registered staff member on site at all times. The service has an electronic program to invite available staff to backfill or extend their shifts to cover vacant shifts. Staff reported they complete their allocated workload.

Actions have been taken to improve the performance of the service in this requirement, including in response to deficiencies identified during the site audit conducted 6 to 8 December 2021. Improvements have been made to call bell response practices, monitoring consumer’s satisfaction with the care and services provided by agency staff, and ensuring there are sufficient staff to meet consumers’ needs. For example:

* To improve call bell response practices, the policy and procedure was revised and staff received training. Call bell response times are reviewed daily. Interviews with consumers indicated an improvement with call bell response practices, as most consumers said they were satisfied with response times.
* To ensure sufficient staff are available, recruitment and retention policies and procedures were reviewed, recruitment processes commenced to expand the workforce and regular workload analyses conducted. Most consumers were satisfied there is enough staff.
* The service reviewed the orientation process for agency staff and conducts monthly consumer satisfaction surveys to determine consumers’ satisfaction with agency staff. The results of the survey are provided to the agency for consideration and appropriate action. Recent satisfaction survey results indicated consumers were satisfied with the care and services provided by agency staff.
* The service has implemented an electronic program to cover vacant shifts. Staff said the new procedure works well and they have completed additional shifts using the procedure.

Based on the evidence above, I find this requirement is now compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.