

**Performance Report**

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| Name: | IBIS Care Miranda |
| Commission ID: | 0034 |
| Address: | 2C Karimbla Road, MIRANDA, New South Wales, 2228 |
| Activity type: | Site Audit |
| Activity date: | 7 January 2025 to 9 January 2025 |
| Performance report date: | 29 January 2025 |
| Service included in this assessment: | Provider: 2465 IBIS (No 2) Pty Ltd Service: 50 IBIS Care Miranda |

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 IBIS Care Miranda (**the service**) has been prepared by Nicola Eastwood, 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 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 accepting the Assessment Team’s report received 20 January 2025.

# 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 confirmed that consumers are treated with dignity and respect and feel their identity is valued and accepted. Staff described what treating consumers with dignity and respect means and confirmed diversity and inclusion training is included in their orientation and annual training. The service recognises and respects diverse cultural backgrounds and staff provide care and services consistent with consumer preferences. Pastoral care is provided fortnightly within the service as well as access to streamed religious services.

Staff provide support to allow individual decision-making where consumers can request, and change, personal preferences as needed. The service supports consumers to maintain relationships of importance such as enabling individuals to sit in their preferred friends’ circle during meal service. Care documentation reflected consumer needs, goals and preferences are discussed and documented, including nominated representative involvement in assessment processes.

The service has a policy and procedures to guide staff in supporting consumers to engage in activities with elements of risk such as smoking. Care documentation reflected completion of risk assessments and staff described how they enable consumers to access smoking areas safely. Where consumers chose to engage in activities outside of the service there was evidence of relevant discussions regarding associated risks and strategies to ensure safety while traveling.

Consumers confirmed they have the information they need to make informed choices, including food options, what activities they wish to attend and information on any changes occurring at the service. The consumer monthly newsletter and consumer meeting minutes reflected the information provided to consumers and representatives.

Staff described how they maintain a consumer privacy, particularly when providing care. Where there were shared bathrooms, staff described the measures they take to ensure individual privacy. Confidential information is protected by ensuring computer screens and nurse’s station doors remain locked and not speaking about consumer confidential information in public areas.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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 confirmed that regular assessments take place. Validated risk assessments are utilised in monitoring consumer conditions including skin integrity, pain, mobility, swallowing, nutrition and hydration, falls, behaviour, medication, wounds, and diabetes. Staff described the process of risk assessment and planning including consultation with consumers, representatives, other health professionals such as geriatricians, medical officers, physiotherapists, speech pathologists, occupational therapists, and dietitians.

Consumers and representatives confirmed they receive care and services, which assists consumers to achieve their goals and includes a focus on reablement. Documentation demonstrated discussions related to end of life wishes or advance care directives and statements of choice are in place. Management explained how the assessment process works in partnership with representatives and other organisations in assessment and care planning. There was evidence of review by allied health professionals, documentation and implementation of recommendations.

There was evidence of monthly discussions with consumers and representatives as well as the provision of care statements including health, lifestyle and medical updates occurring throughout the month. Care information and changes to care requirements are communicated through handover, with care documentation readily available to visiting health professionals who have access to care documentation relevant to their role.

Management explained that care plans are reviewed by clinical staff, when circumstances change, or there is an incident. Alerts are also generated by the electronic care management system when care plans are due for review. The site audit report included examples of review and implementation of strategies to address occurrences of frequent falls.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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 confirmed their care is individualised to suit their needs and they are confident in staff capability to provide the required personalised care. Staff described, how wounds and pain are consistently attended in accordance with management plans and pressure area care is completed as prescribed. Consumers with chronic pain have regular pain assessments, particularly prior to wound care delivery. The service engages a wound consultant, and wound care is conducted as directed, and recorded in wound management plans and charting. Consumers requiring complex care such as percutaneous endoscopic gastrostomy tube feeding, indwelling catheter, and stoma care, have appropriate management plans in place.

Clinical staff monitor the use and effectiveness of chemical restraint and ensure care staff have implemented planned nonpharmacological strategies to minimise the use of restrictive practices. There was evidence of effective behaviour support plans in place to address challenging behaviours. The service undertakes scheduled auditing daily management rounds, progress note reviews and monitoring clinical indicators and incidents.

Risks are identified and monitored with consumer care implemented to assist in the prevention of choking and unplanned weight loss, falls, skin integrity and prevention of pressure injuries, as well as safe administration of medication and minimising the use of restrictive practices. The site audit report reflected examples of effective strategies to address identified high impact high prevalence risk as well as referral and involvement of supporting health practitioners and implementation of recommendations. Allied health professionals are actively involved in reablement strategies.

Consumers prescribed psychotropic medication have corresponding diagnosis, individualised behaviour support plans, 3 monthly medication reviews by a medical officer and signed informed consent documentation.

Consumer comfort and dignity is maintained throughout end-of-life period with representatives, medical officers, palliative care teams involved as required, as well as those consumers wish to be included. Consumers confirmed staff know them well and are confident staff could identify a change in their health status. Consumer documentation reflected the identification of and response to, deterioration or changes in condition.

Information is available in care documentation to support effective and safe care. Staff inform medical officers and consumer representatives when there is a change in consumer condition, a clinical incident, requirement for transfer or return from hospital, or medication review. Information about each consumer was communicated during handover, including any changes in physical, emotional and cognitive state.

Documentation demonstrated referrals are made to external health professionals including, but not limited to, geriatricians, Dementia Services Australia, occupational therapists, and mental health services. Consumers and representatives confirmed that the service is prompt with referrals to other organisations for an assessment.

The service has effective processes in place for prevention and control of infection including management of an infectious outbreak as well as practices to promote evidence-based use of antibiotics.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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 and representatives confirmed that staff assist consumers to maintain their independence and partake in activities of interest in line with their individual needs, goals, and preferences. Consumers said they attend group activities of interest to them and follow individual interests supported by lifestyle staff such as knitting and learning to play the guitar with the music therapist.

Staff explained that when they identify consumers who are feeling low, they spend time with them, notify clinical and lifestyle staff to provide support and explore referrals to a visiting psychology service. Initial and ongoing assessments include consumer social, spiritual, cultural, and lifestyle preferences, needs, and goals.

Consumers are supported to engage in community activities by requests from consumers, through feedback and ideas put forward at lifestyle forum meetings. The site audit report included examples of enabling consumers to contact and maintain family connections internationally.

The service has effective processes for the communication of information about conditions, needs, and preferences. Care documentation included lifestyle preferences such as birthdays, preferred religious denomination, meal preferences, food allergies, entertainment preferences and the celebration of special occasions.

Staff described the process of referring consumers to external services by escalating to registered or lifestyle staff. There was evidence of referrals to the Emotional Wellbeing for Older Persons Program to facilitate visits from volunteers to provide emotional and social support.

Consumers were satisfied with the taste and variety of meals provided. A review of the service’s menu and consumer food focus meeting minutes confirm consumers are invited to provide input on the menu and offered a range of choices and personal preferences. Monthly menus are provided to all consumers for feedback with suggestions taken on board and changes made to the menu in response.

The service has appropriate arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was suitable, clean, and well-maintained.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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 and representatives confirmed that the service has made them feel welcome. Consumers bring personal effects from home to decorate their rooms and reflect individual styles. Directional signage throughout the service is present with handrails in corridors. Small seating areas are also available around the service for consumers to sit and rest.

Outdoor areas had wide, flat paths with covered seating areas with consumers able to enjoy both internal and external spaces freely. Maintenance and cleaning staff described processes to ensure the environment is safe, well maintained, and clean. Maintenance records documented how scheduled maintenance is carried out and staff explained how audit processes monitor tasks and ensure completion of work within required timeframes. The site audit report includes examples of the services actions to environmental observations of the Assessment Team as well as future consideration of additional fire doors to a stairwell rather than the use of a plastic chain across a doorway.

There is a rotating schedule for each area to ensure furniture and fittings are cleaned and well maintained. Management and the maintenance officer described their systems for preventative and reactive maintenance. They demonstrated how they request both general repairs and urgent maintenance. Documentation confirmed regular and ongoing maintenance occur.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 confirmed they feel comfortable to provide verbal feedback and to make a complaint. Most consumers and families indicated they are comfortable to provide feedback directly to staff or management. Feedback forms are available in English and other languages and meeting minutes demonstrated, feedback can be provided forums such as consumer and representative meetings, food focus meetings, and consumer advisory body meetings.

Advocacy information pamphlets are located are available as well as posters throughout the service with contact details for the advocacy service. On admission consumers and representatives are provided with a consumer handbook that provides relevant information about complaints, advocates, and language services.

Consumers were confident that complaints are managed fairly and in a timely manner. Management advised that the service prefers to resolve feedback and complaints immediately upon receipt if possible. Any feedback not able to be resolved immediately is handled by management until it is resolved. The site audit report included examples of where a complaint was raised with a positive outcome for the complainant and an affected consumer.

The service maintains a feedback and complaints register with actions taken and outcomes documented in the complaints and incident management systems. Management advised the register is used to analyse feedback data and provide information to the governing body to inform continuous improvement. The site audit report did note the limited number of registered complaints, management acknowledged an opportunity to capture more verbal complaints as they occur.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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 confirmed that staff are available when required and respond promptly to consumer needs. Management described how it ensures a mix of skill appropriate to clinical needs and uses a proactive approach to planned and unplanned leave to avoid staff shortages. A base roster is completed with consideration to occupancy, clinical needs, and staff skillsets, and is informed also by the service management team. The service has an ongoing recruitment process and partnership with local training organisations and universities which ensures an appropriate diversity and skill mix.

Management explained it uses consumer and representative feedback to monitor staff behaviour and to ensure interactions between staff and consumers meet the organisation’s expectations. Consumers and representatives indicated they are confident staff perform their duties effectively, and that they are trained appropriately and skilled to meet their care needs. Staff competency is assessed through auditing and is monitored through performance assessments, consumer and representative feedback, audits, surveys, and reviews of clinical records and care delivery.

Consumers and representatives were satisfied staff are trained to provide safe and effective care to consumers. Staff indicated that the service offers regular face-to-face and online training, including mandatory units and self-assigned education. An education schedule is in place for 2025 which included topics for all levels of staff and there was evidence of completion of mandatory training.

The service has a process for tracking staff performance, incorporating team meetings, informal discussions, peer input, self and formal evaluations. Staff explained that part of the performance review process includes the opportunity to request and plan their nominated areas for further improvement and/or professional development training.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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**

The service conducts consumer surveys and regularly seeks feedback from consumers verbally and through meeting forums. Management and staff described how the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and its involvement in this delivery. The organisation has a governance structure in place that supports accountability over care and services delivered. The Quality Care Advisory Committee has been established and includes key personnel, clinical staff, and consumer advocates to support and inform the governing body and suggest improvements.

Information flows through several regulatory meetings where benchmarking is discussed, and early risks are identified.

Staff confirmed information is available to them to provide effective care through the electronic care management system, including care planning documentation, policies and procedures.

Opportunities for continuous improvement are identified through consumer, representative and staff feedback, audits, surveys, incidents, and observations. The service’s Plan for Continuous Improvement (PCI) reflected such improvement actions. The service has economic management policy to ensure accountability of the organisation to overseeing assets, facilities and financial systems.

The service is supported by head office alerts when registrations and police checks are due, as well as performance reviews and training. Position descriptions contained clear information regarding accountability and responsibility. The organisation has governance mechanisms in place to track, audit, and monitor compliance with legislative and regulatory standards which are monitored by the organisation’s quality and executive teams. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services PCI.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and a review of documentation. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an effective incident management system in place to identify, record, manage, resolve, and report all incidents.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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)