Performance

Report

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| Name of service: | Infinite Care Cornubia |
| Service address: | 144 Beenleigh-Redland Bay Road CORNUBIA QLD 4130 |
| Commission ID: | 5341 |
| Approved provider: | Infinite Aged Care (Cornubia) Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 July 2023 |
| Performance report date: | 17 August 2023 |

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 Infinite Care Cornubia (**the service**) has been prepared by B Bassett, 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 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 |

Findings

Consumers and representatives said staff treat consumers with dignity and respect. Staff were observed responding and catering to consumers' individual choices and preferences. Care planning documentation sampled reflected consumers’ identity, choices and preferences for care. The organisation had documentation and training which demonstrated an inclusive, consumer-centred approach to deliver care and services.

Staff were observed by the Assessment Team to be kind and caring when providing care and services to consumers and interactions with consumers indicated staff understood and respected consumers as individuals with their own identity and culture. Care planning documentation reflected what is important to each consumer and included information about their backgrounds. Documentation included information on consumer’s personal and community relationships, life experiences, interests, likes and dislikes, preferred name, and religious preferences. The service environment included information in common areas encouraging consumers and representatives to provide feedback to management regarding ways in which culture and diversity could be improved.

Following consideration of the information included in the Assessment Team report I have decided that Requirement 1(3)(a) is Compliant.

# 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 |

Findings

Overall consumers and representatives considered assessment and care planning delivered safe and effective care and services to consumers. Consumers expressed confidence in the staff to assess and plan management of their individual health issues such as wounds, diabetes and catheter management. Consumers and representatives confirmed that they were involved in planning and their goals were considered and risks and benefits of treatment and management options were discussed with them.

Staff were able to describe the process of assessment and care planning, and documentation confirmed the process was conducted in consultation with other health professionals, consumers and/or their representatives. Documentation considered potential risks to consumers’ health and wellbeing. Clinical staff described the process of assessment and care planning and reported how this informed development of an individualised care plan.

Reviewed care documentation for sampled consumers demonstrated assessment and planning processes identified needs, goals and preferences of consumers and any related risks to their health and wellbeing.

Following consideration of the information included in the Assessment Team report I have decided that Requirement 2(3)(a) is Compliant.

# 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)(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 |

Findings

The service demonstrated timely identification, effective assessment, management, and evaluation of consumers’ skin integrity, pain, changed behaviours, and restrictive practices. Where restrictive practices were used, assessments, authorisation, consent, and monitoring were demonstrated.

The service actively collated incidents for falls, weight loss, behaviours, medication incidents, infections, and pressure injuries (PI) every month and provided information to staff and organisational management on individual consumers, with actions for implementation. The service had a range of validated assessment tools and charts available for use in the electronic care management system (ECMS), to guide the staff to deliver best practice care and support for consumers.

Consumers sampled said they receive the care and support they require, which is delivered in a safe and effective manner.

Staff interviewed were able to describe consumers individual care and service needs, including consumers who are a high risk of falling when mobilising and consumers with changing behaviours, requiring additional support.

Care planning documentation identified individualised strategies to guide staff practice in personal and clinical care delivery.

Restrictive practices for consumers at the service were monitored. The service promotes a restraint free environment and consumers circumstances were reviewed every 3 months for any required changes. All consumers with restrictive practices or an identified changed behaviour had a BSP in place, which included, individual triggers, interventions and strategies for the consumer. The Assessment Team confirmed review of restrictive practices was occurring at the service.

The service had processes to manage high impact or high prevalence risks associated with the care of each consumer. Care planning documentation identified consumers at risk of falls, PIs, infections, pain, changed behaviours and weight loss. Progress notes were monitored by clinical staff for risks associated with consumers’ care and communicated daily to all registered staff through handover and clinical meetings. The service had policies and procedures to guide clinical practice.

Documentation reviewed by the Assessment Team identified the service was effectively managing high impact and high prevalence risks.

Interviews with staff evidenced they knew how to manage high impact or high prevalence risks associated with the care of each consumer.

The service was able to demonstrate changes in consumers’ health and well-being were recognised and responded to in a timely manner. Care staff said they reported any changes or deterioration in consumers’ condition to registered staff. Registered staff explained the assessment process following changes to a consumer’s condition. Care planning documentation reflected the identification of and response to deterioration or changes in consumer’s condition.

Staff have access to clinical information to guide practice in recognising and responding to deterioration or change in consumers condition. Staff were able to describe signs related to deterioration including changes in mobility, appetite and behaviour, and clinical observations.

Following consideration of the information included in the Assessment Team report I have decided that Requirements 3(3)(a), 3(3)(b) and 3(3)(d) are Compliant.

# 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 |

Findings

Consumers and representatives said staffing enabled the provision of care and services in a timely manner.

Staff interviewed said they felt supported by management with respect to staffing levels. Management advised shifts are filled by either existing staff, agency or management providing assistance with care and services if necessary.

Management advised the service conducts call bell auditing daily and any extended response times are investigated to identify the cause. Management advised once the cause is identified, action is taken to prevent a recurrence. Review of call bell reports indicated response times averaging five minutes.

Management advised recruitment and hiring process ensured staffing levels were sufficient in providing care and services. Management provided evidence of an active recruitment advertisement and evidence of international staff being employed to fill vacancies.

Review of rosters and allocation sheets demonstrated vacant shifts were filled and staff said they have enough time to meet the demands of their roles and the needs of consumers.

Following consideration of the information included in the Assessment Team report I have decided that Requirement 7(3)(a) is Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)