Performance

Report

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| Name: | Infinite Care Ipswich |
| Commission ID: | 5489 |
| Address: | 43 South Street, IPSWICH, Queensland, 4305 |
| Activity type: | Site Audit |
| Activity date: | 31 October 2023 to 2 November 2023 |
| Performance report date: | 28 November 2023 |
| Service included in this assessment: | Provider: 7104 IC (SEQ) Pty Ltd  Service: 25034 Infinite Care Ipswich |

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 Ipswich (**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.

# 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 consumers were treated with dignity, respect and their identities valued. Staff said they described care processes to consumers prior to delivery, assisted during activities and had participated in relevant training. Policies and procedures supported staff to deliver person-cantered, dignified care.

Consumers confirmed their cultural identities, beliefs and needs were respected. Staff were familiar with consumers’ unique cultural identities which informed tailored care and services. Care documentation reflected consumers’ cultural preferences and interests. An activity calendar included events relevant to the cultural interests of consumers.

Consumers said they were supported to exercise choice regarding care and services, including those involved, and maintain relationships. Staff were knowledgeable of consumers’ choices and described supporting consumers to maintain relationships, including tailoring care for married consumers. Care documentation evidenced consumer choice, needs and preferences.

Consumers said they were supported to safely take risks to live the best life they can and engage in preferred activities. Staff described assessing consumer risk and ensuring consumers understood the benefits and potential harms. Care documentation identified risks, mitigation strategies, consultation with consumers and specialists, and signed agreements between the consumer and service.

Consumers and representatives said they received timely information regarding lifestyle activities, meals and events. Consumers were observed reading information supplied through newsletters and activity calendars and announcements were made reminding consumers of upcoming food focus meetings. Information displayed throughout the service advised of events, religious services and menu options.

Consumers said their privacy was respected and were confident their personal information was kept confidential. Staff confirmed discreetly discussing consumer information, locking nurses’ stations and closing doors prior to care delivery. 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 confirmed involvement in care assessment and planning, including consideration of risks. Staff described assessments undertaken upon entry using validated risk assessment tools to develop care plans in consultation with specialists. Care documentation evidenced individualised care and risk assessment and planning.

Consumers and representatives confirmed care assessment and planning addressed needs, goals and preferences, including end of life care. Staff were knowledgeable of consumers’ individualised needs and preferences, including for palliative care, as evidenced in care documentation.

Consumers and representatives said they were involved in care assessment, planning and review. Staff described discussing assessment and planning with consumers, representatives and specialists. Care documentation evidenced consultation with consumers and other individuals and organisations supporting consumer care.

Consumers and representatives confirmed staff discussed care and services and offered copies of care plans. Staff confirmed reviewing care plans in partnership with consumers, representatives and specialists, and care documentation evidenced care review outcomes accessible to staff and relevant specialists through the electronic care management system.

Consumers confirmed their care and services were continually reviewed and staff informed them of any changes. Staff described undertaking care plan reviews quarterly or in response to incidents and recording relevant updates. Care documentation reflected identification of changes, assessments, and care responses. Staff referred to guidelines to review and evaluate care and services.

# 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 and representatives confirmed consumers received personal and clinical care that was safe and tailored to their needs. Staff were guided by best practice clinical tools and were knowledgeable of restrictive practices, medication management and skin care. Care documentation evidenced consumers were receiving safe, effective, and tailored care developed in consultation with allied health professionals.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff described providing individualised care to manage consumers assessed as susceptible to risks and review by senior staff to ensure appropriate care strategies. Care documentation evidenced risk assessment and interventions tailored to the individual needs of consumers.

Staff were knowledgeable of palliative care processes to ensure comfort and manage pain. Care documentation for a recently passed consumer reflected identification of deterioration, consultation with representatives, specialist review, pain, comfort and hygiene management. Staff participated in end of life training as part of an ongoing palliative care training program.

Consumers and representatives confirmed staff promptly recognised changes in consumers’ condition and responded in a timely manner. Staff discussed consumer deterioration during daily meetings and care documentation evidenced decline in consumers’ condition was identified, escalated and responded to in consultation with specialists.

Consumers and representatives provided positive feedback regarding communication of consumers’ condition, needs and preferences with those involved in care delivery. Staff and specialists described, and were observed, receiving consumer information through handovers and the service’s electronic care management system.

Consumers and representatives provided positive feedback regarding timely and appropriate referrals to other individuals and organisations. Staff were knowledgeable of referral processes to various allied health professionals including dietitians and physiotherapists and care documentation evidenced specialist referrals and subsequent review outcomes.

Staff described infection control procedures and were guided by 2 infection prevention and control leads. Staff were knowledgeable of infection control, antimicrobial stewardship, including implementing non-pharmacological measures. Observations confirmed availability of personal protective equipment and staff demonstrating infection control practices.

# 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 were supported to engage in activities of interest to promote wellbeing and to maintain independence. Staff described developing group or individual activities aligned to consumer input and consumers were observed participating in their preferred activities which were reflected in care documentation.

Consumers and representatives said the service supported consumers’ emotional, spiritual and psychological well-being. Staff were knowledgeable of consumers’ religious preferences and provided individualised psychological support. Documentation reflected consumers’ unique spiritual and psychological practices and preferences.

Consumers said they were supported to undertake activities within the service and community, and staff described support available to enable consumers’ participation and maintenance of important relationships. Records evidenced consumers engaging in their preferred activities, including religious services.

Consumers and representatives said the service effectively shared consumers’ information with those involved in consumers’ care. Staff were made aware of consumers’ needs, likes, dislikes, and preferred activities through handovers and the electronic care management system. Care documentation consistently detailed 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 religious groups, entertainers and volunteers, 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 4 weeks, and consumers provided feedback through meetings and selected daily menu options through an electronic tablet. Care documentation reflected consumers’ dietary needs and preferences and the kitchen was observed to be clean and tidy.

Consumers confirmed equipment was safe, suitable, clean and well-maintained. Staff were knowledgeable of equipment maintenance and cleaning processes and records confirmed up to date servicing and cleaning of equipment to support daily living. Equipment used by consumers and in storage was observed to be clean and maintained.

# 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, provided a sense of belonging and they were encouraged to personalise their rooms. There were outdoor areas, a café, lounge and dining areas. Consumers were observed welcoming visitors and being assisted by staff to mobilise throughout the service environment, where required.

Consumers confirmed the service environment was safe, clean, well-maintained and they could move around freely. Staff described, and records evidenced, routine and responsive cleaning and maintenance, including annual equipment audits. All areas of the service environment were observed to be easily accessible, including for consumers with reduced mobility.

Consumers said furniture, fittings and equipment were safe, clean and well-maintained. Staff were knowledgeable of maintenance processes, including outsourcing tasks to appropriate service providers. Records evidenced completion of preventative, periodic and responsive maintenance.

# 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 said they were comfortable and encouraged to provide feedback or make a complaint. Management confirmed input could be lodged through feedback forms, meetings, surveys or discussions with staff. Feedback forms and collection boxes were displayed for anonymous feedback or complaints.

Consumers and representatives said they were aware of advocacy services and were comfortable raising issues with staff in the first instance. Staff were knowledgeable of advocacy and language services and invited advocacy representatives to provide information sessions. Advocacy posters displayed in the service provided consumers with further information.

Consumers and representatives said staff were responsive to their complaints, had implemented corrective changes and apologised. Staff and management described processes to respond to feedback and complaints, including the use of open disclosure. Complaints documentation evidenced complaints were registered, actioned and open disclosure practised.

Consumers confirmed their feedback and complaints were used to improve care and services. Staff described discussing issues and resolutions with consumers and representatives during routine meetings and records evidenced actions taken in response to feedback and complaints for the benefit of consumers.

# 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 said there were sufficient staff to attend to their needs in a timely manner. Management described onboarding additional staff to meet required care minutes and all rostered hours were filled, including continuous availability of registered nurses. Call bell records demonstrated calls were responded to within benchmarked timeframes.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff demonstrated a comprehensive knowledge of consumers’ backgrounds and needs and were observed interacting with consumers in a kind and personable manner. Staff were guided by policies, procedures regarding respectful and inclusive care.

Consumers and representatives said staff were skilled and competent to deliver care and services which met consumer need. Management described confirming minimum qualifications and registrations during recruitment processes and personnel records evidenced qualifications, experience, work clearances and professional registrations.

Consumers and representatives were confident staff had the appropriate skills and knowledge to deliver care and services. Staff confirmed participating in mandatory and elective training and management described systems to offer further training in response to identified need. Records evidenced a high proportion of staff had completed mandatory training.

Staff confirmed participating in performance appraisals which occurred 6 months post commencement, then annually thereafter. Management described further evaluating workforce performance through internal audits, clinical data and competency evaluations. Staff were guided by policies and procedures regarding workforce monitoring and performance management.

# 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 and delivery of care and services through meetings and discussions with staff. Meeting minutes evidenced consumer input to the design and delivery of care and services which was reflected in the service’s continuous improvement plan alongside responsive actions.

The organisational governing body promoted delivery of safe and inclusive care and services and was routinely informed by the service of audit outcomes, consumer feedback and clinical incidents. Monthly governing body meeting minutes evidenced analysis of service information used to inform and promote safe and inclusive care and services.

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 management audited, monitored and reviewed service performance to inform continuous improvement.

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 participated in training for serious incidents and management described monitoring and investigating risks to develop tailored interventions.

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 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)