Performance

Report

**1800 951 822**

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| Name of service: | James Grimes Care Centre |
| Service address: | 35 Doolan Street NAMBOUR QLD 4560 |
| Commission ID: | 5959 |
| Approved provider: | Sundale Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 17 February 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 James Grimes Care Centre (**the service**) has been prepared by E Blance, 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 02 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# 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

The decision maker finds this Standard compliant.

Consumers and their representatives said consumers were treated with dignity and respect and they felt accepted and valued to express their religious and cultural background needs. The service involved them in the planning of care and services to ensure cultural needs were supported. Consumers were supported to nominate who they wanted involved in their care, communicate their decisions, make connections with others and maintain relationships of choice. They spoke of the risks they chose to take and how the service had taken the time to listen and understand their choice. They said enough information was provided to enable them to make informed decisions.

Staff said they had received education regarding treating consumers with dignity and respect. Staff demonstrated a shared understanding of individual consumer’s lifestyle preferences and culture, and how the consumer’s culture influenced how they delivered care and services. Staff explained how consumers were supported to maintain relationships of choice. Staff described the practical ways they respected the personal privacy of the consumer.

Care planning documentation demonstrated the service had sought and captured individualised information as it related to consumers’ religious, spiritual, cultural and personal preferences. Care planning documentation evidenced consultation with consumers and (if required) their representatives to identify and discuss all aspects of risk associated with consumers’ choice and independence and to implement safety strategies.

The organisation had policies and procedures to support and guide staff practices.

# 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

The decision maker finds this Standard compliant.

Consumers and their representatives said the consumers’ assessment and planning informed the delivery of safe and effective care services.

Staff interviewed demonstrated an awareness of assessment and care plan review processes which identified risks to the consumer’s health, safety and well-being. Staff said end of life care planning was discussed on entry to the service and at care plan reviews or if the consumer experienced a decline in health. Staff said consumers and their representatives were involved in the assessment and review process through regular care plan reviews. Staff said they were aware of incident reporting processes and that incidents triggered a reassessment or review.

Care planning documentation demonstrated consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services. Care planning documents reflected other medical and allied health providers were involved in assessment and planning as well as case conferencing in partnership with the consumer. The service monitored clinical incidents.

The organisation had policies and procedures to support and guide staff practices.

# 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

The decision maker finds this Standard compliant.

Consumers confirmed they received safe and effective clinical and personal care which aligned with their health and well-being needs and was individualised to their preferences. They said staff responded and recognised changes to their health and well-being. Their needs and preferences were effectively communicated between staff.

Staff demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing their end of life and the service provided chaplaincy services for consumers nearing end of life. Staff could describe the ways they recognised and responded to deterioration or changes in the consumer’s condition. Staff described monitoring practices to effectively identify and respond to changes in consumer’s health. The service had an appointed Infection Prevention and Control Lead and staff provided examples of practices to prevent and control infections.

Care planning documentation identified consumers identified as having high impact and high prevalence risks were effectively managed and care directives to support staff in delivery of care was evident. Behaviour management and support plans were individualised and identified assessments and behaviour charting were completed, and referrals are made to specialist services. Management strategies were communicated to staff, implemented and included non-pharmacological interventions. Consumers who were assessed as high risk were regularly reviewed as well as when required.

The organisation had policies and procedures to support and guide staff 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

The decision maker finds this Standard compliant.

Consumers and their representatives confirmed the service’s lifestyle program supported their needs and they felt supported by the staff to participate in activities or pursue individual interests. Consumers said they could continue cultural and religious practices at the service and said they were provided emotional and spiritual support when needed. Consumers and their representatives said their social life activities and interests outside of the service were supported by staff who understood what was important to them and who they wanted to maintain personal relationships with. Overall, consumers expressed satisfaction with the taste and variety of meals provided.

Staff said consumer’s social and cultural assessment informed a lifestyle, spirituality and activities care plan. This information along with feedback from consumers informed the service’s activity calendar which was reviewed regularly and included entertainers, craft groups, movies and bus outings. Staff confirmed the service’s handover processes included information relating to the consumer’s condition, needs and preferences. Pastoral staff advised they were alerted by the staff when a consumer requested to engage their services.

Care planning documentation included adequate information to support the delivery of effective and safe care with respect to services and supports for daily living.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained.

The organisation had policies and procedures to support and guide staff practices.

# 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

The decision maker finds this Standard compliant.

The service was able to demonstrate the environment was welcoming, easy to understand and enabled consumers to optimise their independence and ability to interact within the service with family, friends, and others. Consumers’ rooms were decorated with personal items and photographs.

Consumers and their representatives advised consumers were satisfied with the frequency and quality of cleaning provided to both the consumers’ rooms and communal areas. Staff were able to demonstrate effective processes to ensure the environment was safe, well maintained, and clean.

The service was able to demonstrate an effective system for ensuring furniture, fittings, and equipment was safe, clean, and well-maintained.

Consumers were observed moving freely, both indoors and outdoors.

The organisation had policies and procedures to support and guide staff practices.

# 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

The decision maker finds this Standard compliant.

Consumers and their representatives said they felt encouraged, safe, and supported to provide feedback and make complaints, and were aware of the avenues for raising feedback and complaints.

Staff had received training on open disclosure and were able to demonstrate an understanding of the principles of open disclosure and the complaint handling process when feedback or a complaint was received.

The feedback and complaints register demonstrated open disclosure was consistently practised when things went wrong and the plan for continuous improvement identified the service utilised feedback and complaints to improve the quality of care and services.

Feedback and complaints was a standard agenda item at monthly lifestyle and service consumer meetings. Written materials, such as the consumer handbook, feedback forms, newsletters, lifestyle and service consumer meeting minutes, brochures and posters displayed throughout the service, provided information regarding internal feedback and complaints processes and contact information for external assistance from the Commission and advocacy and translation services.

The organisation had policies and procedures to support and guide staff practices.

# 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

The decision maker finds this Standard compliant.

Consumers and their representatives considered there were enough staff at the service to meet their needs and staff attended quickly in response to calls for assistance. They considered staff treated them kindly and were respectful. Consumers and their representatives identified they felt the workforce was competent, staff had the knowledge to effectively perform their roles, and expressed their satisfaction with the way care and services were delivered by staff.

Staff said there were adequate staff to provide care and services in accordance with consumers’ needs and preferences and staff generally had sufficient time to undertake their allocated tasks and responsibilities. Feedback through complaints and surveys was used to monitor staff behaviour and to ensure interactions between staff and consumers met the organisation’s expectations. Staff competency was determined through assessments and was monitored through feedback, audits, surveys and reviews of clinical records and care delivery. Staff considered they were appropriately trained, supported, and equipped to perform their roles. Staff confirmed they had undergone regular performance appraisals that involved feedback from supervisors on their performance and an opportunity to identify areas for further improvement and/or training.

The organisation had policies and procedures to support and guide staff practices.

# 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 decision maker finds this Standard compliant.

The service demonstrated consumers were involved in the development and evaluation of care and services. Consumers considered the service was well run and they could provide feedback and suggestions to management. A culture of safe, inclusive and quality care was promoted and effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints were evidenced including an effective clinical governance framework and associated risk and incident management systems and practices. The governing body consisted of a Board of Directors who were actively involved with the service.

Staff demonstrated information was accessible within the organisation’s information management system to support them to undertake their role. Staff expressed opportunities for continuous improvement were identified through a range of sources. Staff demonstrated industry standards and guidelines were monitored. Documentation demonstrated planned and completed improvement actions in relation to various areas of care and service delivery. Documentation showed financial governance included workforce review and consideration of capital planning and purchases as well as capability development and quality improvement investments.

The service demonstrated governance systems supported effective risk management systems including where clinical care was provided.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)