Performance

Report

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| Name: | Kewarra Beach Aged Care |
| Commission ID: | 5890 |
| Address: | 110-124 Cottesloe Drive, Kewarra Beach, Queensland, 4879 |
| Activity type: | Site Audit |
| Activity date: | 23 July 2024 to 25 July 2024 |
| Performance report date: | 22 August 2024 |
| Service included in this assessment: | Provider: 9260 Kewarra Lifestyles Pty Ltd  Service: 7016 Kewarra Beach Aged Care |

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 Kewarra Beach Aged Care (**the service**) has been prepared by J Earnshaw, 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.
* the provider’s response to the assessment team’s report received 8 August 2024
* 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

Consumers and representatives advised consumers are treated with dignity and respect. Staff were observed engaging with consumers in a dignified and respectful manner and understood consumers’ identity and cultural backgrounds.

Care documentation reflected the history and background of consumers and what was important to them to maintain their identity. The Service has a diversity plan and delivers culturally safe care and services through supports provided to consumers that meet their recognised needs and expectations of care and services.

Staff are knowledgeable about consumers’ backgrounds and what was important to them.

Consumers are supported to exercise choice and maintain their independence by making decisions about their care and services, and their choice for the involvement of others.

Consumers are able to communicate their decisions, make connections with others, and maintain their relationships of choice. Staff demonstrated knowledge, awareness and understanding of consumer choices and preferences and described how each consumer was supported to make informed decisions about their care and services.

Consumers were supported by staff to take risks and engage in activities which are important or meaningful to them. The service demonstrated the processes where risks were identified, potential outcomes discussed, and risk management planning completed. Planning was completed in consultation with consumers and their representatives. Consumers and representatives reported being provided with information enabling them to make informed decisions about their care and services and exercise choice in how their needs, goals and preferences were met. Staff described how information is provided to Consumers.

Consumers felt their privacy and dignity was respected by staff and the organisation’s information management systems ensured their information was kept confidential. Staff described how they maintained consumers’ privacy when providing care. Staff are guided by an organisational privacy policy and training.

# 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 expressed satisfaction with care planning processes and the delivery of effective care and services to consumers. Care documentation demonstrated comprehensive assessments and effective care planning processes that considered potential risks to consumers’ health and wellbeing. Care documentation demonstrated the involvement of other health care providers in the assessment and planning processes with consumers.

Staff were able to describe assessment and care planning processes and how consultation occurs with the consumers and representatives. Consumers and representatives consider consumers to be partners in the ongoing assessment and planning of consumers’ care and services, including consideration of consumers' wishes for end-of-life care.

Consumers said staff have discussed their care planning needs with them, and consider their needs, goals and preferences are met. Care documentation evidenced the consumer’s involvement, those the consumer wish to be involved, and the outcomes of assessments were documented within the care and services plan.

The service uses an electronic care management system. Staff said they have access to care planning information through the electronic care management system. The service demonstrated care plans are reviewed 6 monthly and when circumstances change, or incidents impact the needs of consumers. The organisation had policies and procedures related to assessment and planning to guide staff practice.

# 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 considered consumers received care that optimises consumers’ health and well-being. Staff were aware of the personal and clinical needs of consumers and how to meet those needs.

Consumer care documentation demonstrated individualised, effective assessment, management and evaluation of clinical care needs including restrictive practices, wound care and pain management.

For consumers who are subject to restrictive practices, assessments, informed consent, monitoring and individualised behaviour support plans were demonstrated to be in place. Care documentation confirms consumers’ medication and restrictive practises are reviewed regularly by the Medical Officer.

The service conducts skin integrity risk assessments and develops appropriate management plans and wound care management is completed as prescribed. Consumers are assessed for potential pain using validated assessment tools and an appropriate pain management strategy is developed as required.

The service has effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer. The Service monitored clinical indicators and uses this information to inform strategies to reduce risk for consumers at the Service.

Care documentation identified risks for each consumer, including life choices, falls and diet choices, are effectively managed. Consumers and representatives expressed satisfaction that risks are effectively managed. The service has a suite of policies to guide staff in the identification and management of high-impact and high prevalence risks associated with the care of consumers.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition. Clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers’ conditions. The Service had policies and procedures which guided staff practices in relation to the management of consumers requiring palliative and end of life care. Care documentation recorded consumers’ end-of-life care needs, and preferences.

Consumers and representatives said consumers receive the care they need and that the service is responsive to changes identified to consumers’ health.

Consumers and representatives were confident that consumers’ needs, and preferences were known by and effectively communicated between staff. Staff described the ways in which information was shared amongst staff, including within the electronic care management system, through handover and staff meetings.

Staff have received training on topics such as identifying deterioration, specialist clinical programs, wound care, dementia care and skin care to support staff to meet the clinical care needs of consumers.

Consumers have access to relevant health professionals, such as allied health practitioners and other medical specialists. The service has established referral pathways to various support and specialist services. Staff were knowledgeable about available services and how to arrange referral of consumers to meet their care needs.

The service has documented policies and procedures to guide staff practise in relation to antimicrobial stewardship, and infection control. Consumers and representatives described the ways the Service ensured minimisation of infection related risks including for COVID-19 such as the use of face masks, hand washing and pre-entry screening to the Service.

The service was able to demonstrate the minimising of infection-related risks through antimicrobial stewardship, the implementation of screening processes, staff education and through standard transmission-based precautions to prevent and control infection.

# 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 said the service supports consumers to maintain their independence, personal interests and the service’s lifestyle program was supporting of consumers’ lifestyle needs.

Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they required to participate in activities or pursue individual interests. Care documentation reflected consumer interests and activity attendance. The activities program was inclusive and catered for different needs and interests with a variety of activities and entertainment.

Consumers said the services, supports, and activities provided promote their emotional and psychological wellbeing. Consumers were supported to take part in community activities outside the service, and to engage in social relationships within the service.

Information about consumers was shared by staff during handover processes, within the electronic care management system and on handover sheets. Staff knew consumers’ individual preferences and organisations involved in their care. Care documentation for consumers provided adequate information to support safe and effective care and supports for daily living.

Timely and appropriate referrals occurred to other individuals, organisation, or other service providers in collaboration to meet the diverse needs of consumers, including services such as hairdressing, beauty therapy, and massage.

Consumers and representatives confirmed meals were varied and of suitable quality and quantity. Staff were able to explain texture modified diets and refer to the resources they use to ensure consumers receive the correct meals. The service has processes and systems to comply with relevant food safety regulatory requirements.

Consumers expressed satisfaction with the equipment provided to them by the service, which was fit for purpose, and well maintained, to assist them with their daily living activities. Staff said they have received training to safely assist consumers with mobility equipment.

# 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 described ways the service made them feel welcome including that staff assist them to personalise their rooms. Areas of the service environment supported the consumers to be engaged in activities in communal areas, to welcome visitors and to easily navigate around the service.

Consumers were observed to be moving freely throughout the service which was observed to be presented in a clean and well-maintained condition. Consumers reported the service was cleaned regularly and maintenance attended to. Cleaning and maintenance staff described the process to ensure all tasks were completed and monitored.

Consumers using mobility aides reported equipment is regularly maintained by the service. The service uses an electronic maintenance system and demonstrates effective processes and scheduling to ensure that furniture, fixtures and equipment were safe, clean, and well maintained.

# 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 reported being encouraged and supported to provide feedback or make a complaint through various avenues. Staff described processes in place to encourage and support feedback and complaints. Feedback is sought and discussed during consumer meetings, and feedback is documented within feedback response forms and recorded within the service's electronic care management system.

Consumers and representatives said they are aware of advocacy services that are available to them and described how this information has been shared with them by the Service.

Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues and advocacy services available for consumers and representatives. The service displays and provides information related to external support mechanisms.

Consumers and representatives were confident management would address and resolve any concerns which were raised. Staff demonstrated an understanding of the principles of open disclosure, provided examples of its use in their role and policies and procedures guide staff in complaints handling and providing open disclosure.

The service demonstrated feedback and complaints are recorded and utilised to enhance the quality of care and services for consumers. Consumers also confirmed the service responds to their feedback by implementing changes based on their input.

# 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 their representatives reported there were sufficient staff available to meet both personal and clinical needs in a timely manner. The service demonstrated the workforce is planned to meet the needs of consumers and the service has systems and processes in place to ensure there is sufficient staff rostered across all shifts.

Staff considered there were sufficient staff to deliver care and services in accordance with the consumers’ needs and preferences. Consumers and representatives said staff respond to calls for assistance in a timely manner.

Consumers and representatives consider consumer’s received quality care and services when they need them from people who were knowledgeable, capable, kind and respectful.

Staff said they are provided with the support and training needed to perform their roles, including through onboarding processes for new staff and ongoing professional development opportunities.

Staff interactions with consumers was observed to be respectful. Management said they use various methods, including consumer and representative feedback to monitor staff behaviour. Staff had a shared understanding of consumers and what was important to them.

Management described how they determine whether staff are competent and capable in their role, which included monitoring of criminal history checks and professional registrations, and staff completion of mandatory training programs.

Management described how the workforce is recruited, trained, and equipped to deliver the outcomes required by the Quality Standards. Systems and processes were in place to identify training needs, provide education to staff, monitor staff performance, professional registrations and criminal history checks.

# 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 expressed confidence in how the service is run, said they partner in improving the delivery of care and services and expressed satisfaction with the care and services provided to them.

Staff described how consumers are supported to be engaged in the development, delivery and evaluation of care and services through consumer meetings, feedback forms, food focus groups, surveys and by providing direct feedback to management. Management provided examples of how improvements have been implemented as a result of consumer feedback.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services. The Board is informed by various meetings and reports by the service, and the organisation provides updated information to consumers, representatives, and staff regarding changes to policies, procedures, and legislation. This information is shared through staff meetings, electronically, newsletters, and via training sessions.

The service has established governance frameworks, policies and procedures that support the management of risk associated with the care of consumers.

Staff advised they were able to access the information they needed to perform their roles and demonstrated an understanding of consumers with high-impact or high-prevalence risks. Consumers and representatives said they were satisfied with the management and provision of information regarding care and services.

Continuous improvement was demonstrated at a service level and by the board's oversight and integration of quality improvement principles identified by feedback, audit and survey results, and the analysis of clinical indicators.

Management was able to demonstrate financial governance systems and processes and how additional expenditure approval is sought for particular projects of benefit to consumers. The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care.

The organisation monitored changes to legislative requirements through correspondence received from national peak bodies, external agencies and regulatory bodies. Changes to legislative requirements are disseminated to staff through staff meetings, memoranda, electronic mail correspondence, staff education and training sessions, and amendments to policies and procedures.

The Service had policies and procedures in relation to incident reporting which capture types of incidents to report under the Serious Incident Response Scheme. The Service’s incident documentation confirmed the Service had reported incidents falling within the scope of the Serious Incident Response Scheme appropriately and in line with legislated timeframes.

The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

The organisation has a clinical governance framework and practises which directs the service on how to manage high-impact and high-prevalence risks; respond to abuse and neglect; support consumer choice and decision-making; and report and manage incidents. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how they are implemented within their daily practise.

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)