Performance

Report

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| Name of service: | Kirra Beach Care Community |
| Service address: | 6-10 Ocean Street COOLANGATTA QLD 4225 |
| Commission ID: | 5357 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 9 January 2023 to 11 January 2023 |
| Performance report date: | 14 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 Kirra Beach Care Community (**the service**) has been prepared by M Kalra, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* other information and intelligence held by the Commission in relation to this 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 said they feel respected by staff, and that their identity, culture and diversity is valued. Staff demonstrated respect and an understanding of consumers’ personal circumstances and life journey. Staff confirmed undertaking training in relation to cultural diversity and care planning documentation contained relevant information to support staff in the delivery of culturally safe care and services. Consumers described how they are supported to exercise choice, maintain relationships and maintain their independence. Staff described how they support consumers to be independent, including during activities of daily living. Consumers said they are supported to take risks and staff were aware of consumers’ activities that included an element of risk. The service completes a dignity of risk form and risk assessments as part of the discussion around consumer choice.

Consumers advised they are provided with information to assist them in making choices about their care and lifestyle, including current events, meal selections, daily activities and access to health professionals. Care planning documentation included consumers’ communication barriers, such as impaired vision, hearing, speech or cognition, along with corresponding strategies to support consumers’ communication needs. Consumers said their privacy is respected and their personal information is kept confidential. Staff described practical ways they respect consumers’ personal privacy and were observed to knock on doors and seek permission prior to entering consumers’ room.

# 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 said they were satisfied with the assessment and care planning process at the service, and the care delivered met consumers’ needs. Staff were aware of assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Care documentation included consumers’ needs, goals, and preferences, including advance care planning and end of life preferences where consumers or their representatives have expressed consumers’ wishes.

Care plans confirmed involvement of consumers or their representatives, medical officers and other allied health specialists in assessment and planning process, which was consistent with consumer and staff feedback. Staff said the outcomes of assessment and planning, including changes in consumers’ care needs, are communicated to consumers and representatives through face-to-face or over the phone discussions. While all consumers could not recall sighting their care plan, they said they would be comfortable requesting a copy of their care plan if they wanted to.

Care plans were reviewed regularly or when circumstances changed, or incidents occurred, including falls and behaviours. The service has clinical guidelines, policies, and procedures to guide staff in their practice, including reviewing care plans, and recording and investigating incidents.

# 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 said consumers receive the care they need, and they were satisfied with the management of individual consumer risks, including falls, pressure injuries, and pain. Care planning documentation demonstrated consumers received individualised, safe and effective personal and clinical care. Staff demonstrated knowledge of how they meet consumers’ personal and clinical care needs. Restrictive practices were appropriately managed in accordance with the legislative requirements. Care documentation showed pain, skin integrity, behaviours, diabetes, infections and other complex clinical care needs of consumers were suitably addressed and managed.

Consumers and representatives considered consumers’ end of life care needs would be supported by the service, when required. Care plans reflected consumers’ advanced health directives, statement of choices and other end of life preferences. Staff explained how care and services changed for consumers nearing end of life.

Care planning documentation and progress reflected the identification of, and response to, deterioration or changes in consumers’ condition. Staff described how they identified and responded to changes in consumers’ condition, including completing observations, contacting relevant health professionals or transferring consumers to hospital if needed.

Consumers considered, and care documentation, including care plans, progress notes and handover reports, showed consumers’ information is effectively communication between staff. The service has procedures for making timely and appropriate referrals to health professionals outside of the service, through electronic messages and telephone communications. Care documentation reflected the input of health professionals, such as physiotherapists, speech pathologists, podiatrists, dietitians, medical officers and wound specialists.

The service has documented policies and procedures to support the minimisation of infection related risks through implementation of infection prevention and control principles and promotion of antimicrobial stewardship. The service demonstrated preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak. Staff interviewed described how to minimise the use of antibiotics and ensure they are used appropriately. Staff were observed to follow appropriate infection prevention procedures and 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 stated they were satisfied with the support they received, and the service assists them to optimise their independence. Staff explained what is important to consumers and how they partner with consumers or their representatives to determine consumers’ preferences, beliefs and leisure needs. Care plans recorded consumers’ emotional, spiritual and psychological well-being needs and corresponding strategies. Staff interviews, and observations confirmed the service offered a range of activities to promote consumers’ independence, health and well-being. Consumers felt supported to participate in activities within and outside the service and maintain relationships of their choice.

Care documentation, including care plans, progress notes and handover documents, provided adequate information to guide staff in safe and effective care delivery. Consumers and representatives said consumers are supported by other organisations and providers of other care and services. Staff described how the service supplements the services and supports provided to consumers, including engaging with volunteers or different religious organisations.

Consumers and representatives expressed satisfaction with the meals and described how they provide feedback directly to the chef or the catering staff. Care documentation reflected consumers’ dietary needs and preferences. Consumers participated in food focus groups and development of the menu. Equipment to support consumers with lifestyle activities was observed to be safe, clean, well-maintained, and suitable for consumers’ needs.

# 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 that they feel safe and at home living at the service, and the service environment optimises their daily functions. The service environment was observed to be clean and tidy, with clear signage, wide hallways with handrails, and design features to support consumers with different needs. Garden areas and courtyards were observed to have flat paths and were free of hazards.

The service environment was observed to be clean and well-maintained, consistent with consumer feedback. Consumers with various levels of mobility were observed to easily access indoor and outdoor areas of the service. Cleaning staff described how they use the electronic system to monitor and maintain cleanliness of the service environment, including through daily cleaning.

Consumers said, and observations confirmed furniture, fittings and equipment at the service were clean, safe, well-maintained and suitable for consumers’ needs. Staff said shared equipment is cleaned after use. Maintenance reports and logs showed maintenance requests were completed in a timely manner.

# 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 said they are encouraged and supported to raise concerns or provide feedback, including through resident meetings, verbally telling staff, completing a feedback form or sending an email to management. Management described different ways for consumers to provide feedback, comments, suggestions, compliments or complaints as per the service’s feedback and complaints management policy and procedure.

Consumers said they are informed about how to access advocacy, interpreter, legal, and external complaints services through brochures and factsheets. Feedback forms and information on advocacy and language services is located at the reception area and on noticeboards throughout the service.

Consumers said the service responds to their complaints appropriately and communicates with them to discuss their concerns. The service’s feedback and complaint system included the description of complaints, comments or compliments and the action taken in response. Staff demonstrated knowledge of open disclosure, including providing an apology when things go wrong, reasons for and steps taken to prevent recurrence of concerns or incidents.

Management and staff described how service improvements have been made in response to feedback, consistent with the service’s policies and procedures. The service’s plan for continuous improvement detailed the changes made in response to feedback and complaints to improve services, such as cleaning of the service’s outdoor pathway.

# 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 is adequate staff and that staff respond to their call bells in a timely manner. Management said, and rostering documentation confirmed shift vacancies are usually adequately filled to deliver safe and quality care and services. Management said call bells are monitored through the electronic system, analysed and discussed daily.

Consumers said staff interacted with them in a kind, caring and respectful manner. Staff were observed addressing consumers by their preferred name and using respectful language. Management said staff are determined to be competent and capable in their role through the service’s recruitment and pre-employment checks, processes and procedures. Position descriptions include responsibilities, accountabilities, qualifications, personal attributes, skills, training and experience relevant to different staff roles.

Consumers said they were satisfied staff are adequately trained and equipped to do their jobs. Staff felt adequate training was provided to them to perform their assigned duties. The service has an annual education and training program which includes training on various topics such as falls prevention, continence and catheter care, skin care, pressure injury, wound management, manual handling, Aged Care Quality Standards, infection control, incident management and root-cause analysis, and medication management.

Management said they monitor staff performance through performance assessments annually and use an electronic system to record and monitor timeliness of performance assessments. The electronic records showed all staff annual performance reviews were up to date.

# 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

Staff said, and consumers confirmed they are engaged in the development, delivery and evaluation of care and services, including through resident meetings, consumer surveys, and feedback processes.

The organisation’s governing body demonstrated it was accountable for the delivery of safe, inclusive, quality care and services. Review of the board, quality and clinical governance meeting minutes demonstrated how compliance with the Quality Standards is monitored, including through review of complaints, incidents, high-impact risks, restrictive practices, and infection control processes.

The organisation has effective governance systems in place. Policies, procedures and consumer information is accessed through an electronic information management system. The service identifies, monitors and reviews inputs for continuous improvement. Financial, feedback and complaints and workforce governance systems are suitably addressed. Regulatory compliance is addressed through discussions and communication in the organisation’s meetings.

The service’s risk management framework provides a structure for consistent management of risks across the organisation. Staff described processes of identifying and managing high impact and high prevalence risks through review of clinical data and incidents, prevention of abuse and neglect, and incident management processes. Consumers are supported to make choices with associated risks through discussions with consumers to find ways to eliminate or reduce the risks.

The organisation has a clinical governance framework, including policies, procedures, service delivery practices, and staff training requirements across areas of antimicrobial stewardship, restrictive practices, and open disclosure. Staff described principles related to these policies and procedures, including examples relevant to their work.

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-2)