Performance

Report

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| Name: | Magnolia Aged Care Coomera |
| Commission ID: | 5016 |
| Address: | 142 Reserve Road, UPPER COOMERA, Queensland, 4209 |
| Activity type: | Site Audit |
| Activity date: | 8 November 2023 to 10 November 2023 |
| Performance report date: | 21 December 2023 |
| Service included in this assessment: | Provider: 3405 CPSM Pty Ltd  Service: 3373 Magnolia Aged Care Coomera |

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 Magnolia Aged Care Coomera (**the service**) has been prepared by P.Golledge, 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.
* 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 said consumers are treated with dignity and respect and staff value their identity, culture, and diversity.

Care documentation identifies consumers’ cultural needs and preferences, who is involved in their care and how the service supports them to maintain relationships of importance to them.

Consumers and representatives confirmed that consumers are supported to maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers and representatives reported consumers are encouraged to maintain their independence, supported to take risks and that staff know what is important to individual consumers. Consumers reported their social connections are supported both inside and outside the service.

Consumers said the service gave them current, accurate and timely information. Staff reported communicating with consumers through newsletters, phone calls, emails, meetings and information displayed on noticeboards. The service had a public address system, which it utilises for various forms of communication.

Consumers say their privacy is respected and personal information is kept confidential. Staff demonstrated practices to ensure consumer information and their relevant files are stored in the locked nurses’ station in closed cupboards and that a clinical handover is done in a private area.

**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

Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers. Staff and management described the assessment and care planning processes and how these reflect consumers’ needs, goals, and preferences.

Staff described how they approach conversations with consumers and representatives about end-of-life and advance care planning, and how these are documented and made accessible to staff via the electronic care management system. Policies and procedures on end-of-life and advance care planning are available to guide staff practice.

Staff described how they involve consumers, representatives, other organisations and individuals in assessment and care planning processes. Review of care documentation, and interviews with staff, confirmed this occurs.

Consumers and representatives were satisfied with how outcomes of assessment and planning are communicated to them. Management described how consumers and representatives are provided access to the consumer’s care plan and are included when any updates occur.

Care and services are reviewed regularly for effectiveness every 4 months, as per the service’s policy and during care conferences. Review of documentation identified regular review and update of care plans, including when there is a change in circumstances or when an incident occurs.

**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’ needs and preferences are effectively communicated between staff and other health care providers, and that consumers receive the care they need. Care documentation sampled reflected referrals and recommendations from a range of health professionals including medical officers, and other health care practitioners.

Care documentation for consumers demonstrated effective assessment, management and evaluation of restrictive practice, wound care, changing behaviours and pain management. Where restrictive practices are used, assessments, authorisation, consent, and monitoring were demonstrated.

Behaviour support plans are in place for sampled consumers who are subject to restrictive practices and the service maintains register. identifying consumer diagnosis, medications prescribed, whether medication used constituted a restrictive practice and consumers who have had their medications reduced or ceased. Care documentation demonstrated 3-monthly Medical Officer reviews for all restrictive practices.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including falls, and the risk mitigation strategies that are used for these. The service review, trend and analyse clinical incident and quality indicator data which is reported within the organisation and to external bodies.

The service demonstrated policies and procedures are in place to manage end-of-life preferences for consumers and clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers’ conditions.

Staff described the ways in which information was shared amongst staff, which included within the electronic care management system, handover, and staff meetings.

The service is supported with a documented suite of policies and procedures including in relation to minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship, and outbreak management.

# 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 confirmed the lifestyle program was supporting their lifestyle needs and said staff assist them to be as independent as possible. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they require to participate in activities or pursue individual interests. Consumers said they are provided emotional, spiritual, and psychological support when needed including access to pastoral care services. Staff described the processes for providing emotional, spiritual, and psychological support to consumers. The service’s activity schedule was visible in common areas and described a range of activities available for consumers to attend.

Consumers and representatives said their services and supports are consistent and the staff were aware of their individual preferences and needs including engagement with other organisations involved in the consumer’s care and services. Staff demonstrated awareness of things of importance to consumers regarding maintaining their well-being. Consumers and representatives said the service support them to access external service providers including volunteer services for companionship and the local community if they wish to do things that are important or of interest to them.

Consumers and representatives said the meals are enjoyable, varied, and of suitable quality and quantity. Alternative meal options are available if consumers do not prefer any meals offered on the menu. Staff described how they are informed of consumers’ dietary needs and requirements such as via information in the electronic care management system, and referring to printed information available on consumer dietary cards in the kitchen and dining areas.

The service has processes in place for the purchasing, servicing, and replacement of equipment. Consumers and staff both confirmed equipment is safe, and they know how to report any concerns or issues to maintenance staff. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-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

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to be utilising handrails, and moving freely around communal and garden areas of the service; consumer rooms were personalised and decorated to reflect their individuality. For example, one named consumer expressed her happiness to be able to display her favourite china in glass cabinets in her room.

Consumers reported feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean, comfortable, well maintained, and suitable for consumers and their visitors.

The service demonstrated the environment, furniture, fittings, and equipment was safe and well maintained through scheduled preventative maintenance and reactive maintenance and maintenance issues were reported and actioned promptly. The service was able to demonstrate processes for fixing or replacing furniture, fittings or equipment that were unsuitable or broken. Staff reported there is sufficient equipment to allow them to deliver quality service.

# 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 say they are encouraged and supported to provide feedback regarding care and services and would feel comfortable in raising concerns. Staff and management were able to describe the process available for consumers and representatives if they wanted to provide feedback or make a complaint. The service demonstrated it had a process in place to encourage and support consumers to provide feedback or make a complaint.

Consumers and representatives say consumers are aware of external bodies to help with advocacy, and other methods on how to make complaints. Management and staff demonstrated how to access interpreter and advocacy services for consumers if it is required. The Assessment Team observed posters displayed by the service advising consumers and representatives on how to contact the Aged Care Quality and Safety Commission, translation services, and advocacy services.

Consumers and representatives say management respond to complaints and incidents and takes appropriate action including using an open disclosure process for when things go wrong. The service has policies and procedures to guide staff practice, and electronic systems that automate escalation of complaints and incidents.

Consumers and representatives say feedback is used to improve services. Management could describe processes in place to escalate feedback and complaints, and how they are used to improve the care and services available to consumers. Staff were able to describe improvements, which were driven by consumer feedback. The complaints register and continuous improvement plan were reviewed and were demonstrated how feedback was used to drive improvement.

# 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 staff attended to their requests for assistance promptly and followed their wishes, including personal preferences for the times which care and services are provided. Management monitored the number and skill mix of staff via consumer and representative feedback, analysis of incident trends, and analysis of staffing ratios related to consumer acuity. Staff confirmed satisfaction with the roster and staff ratio allocations, and review of documentation shifts were consistently replaced.

Consumers and representatives consider they received quality care and services when they need them from people who were knowledgeable, capable and caring. Consumers reported staff were kind, caring and respectful of their identity, culture and diversity.

Consumers and representatives felt that staff knew what they were doing, and they had yet to identify any areas where staff required additional training. Staff described completing mandatory training programs annually, which include competency assessments, and stated that the service supports professional development. Position descriptions identified essential qualifications and knowledge requirements for each position.

Consumers expressed satisfaction with the skills of the staff providing care and services, and staff said they had access to training and the variety of topics provided.

The organisation had an established education program that supported staff through orientation and ongoing. The program is flexible to provide the skills needed by staff in caring for consumers with changing needs. Training is offered face-to-face and via online education programs.

The service undertakes performance appraisals annually for staff and demonstrates regular assessment, monitoring and review of the performance of each staff member. Management described how the service monitors staff performance through observations, feedback from consumers and representatives and other staff, and the care consultation process.

# 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 said the service sought their input to help design, deliver, and evaluate their care. Care records showed the service held regular care conferences and sought consumers’ feedback as part of them. Management could state the various methods the service used to engage consumers about their care.

Consumers said they felt safe at the service, and they had regular interactions with the service’s governing body at consumer and representative meetings. Management described the specific methods the organisation’s executive used to foster a culture of safe, inclusive care. The organisation’s governance structure included multiple reporting processes and forums that gave accountability to the service’s governing body.

The service’s records showed it had effective organisation-wide governance systems in all applicable domains. Staff and management knew the key principles of the service’s governance systems. The service had policies and procedures to guide staff in each aspect of its governance framework. Management confirmed the Board have approved the 2023/2024 budget increase for both the changes to staffing levels to ensure there is an RN on duty 24 hours and 7 days and the increase to both the RN and care staff roster to bring the service care minutes in line with the new regulatory care minute requirements commencing 1 October 2023.

Management demonstrated the service’s risk processes, and these were consistent with best practice. The service had an electronic incident reporting system, which contained detailed reports of risk events. Staff knew the service’s risk profile and its mitigation processes, both for individuals, and for service-wide risks.

The service had implemented its approved provider’s clinical governance framework effectively. The framework included directives to minimise restrictive practices, implement antimicrobial stewardship and manage complaints using open disclosure. The service had a range of policies, procedures, and guidelines to support its governance framework.

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)