Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Marebello |
| Service address: | 537 Cleveland Redland Bay Road VICTORIA POINT QLD 4165 |
| Commission ID: | 5348 |
| Approved provider: | Queensland Rehabilitation Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 10 January 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 Marebello (**the service**) has been prepared by M. Nassif, 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.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 felt respected and valued when staff used their preferred name and spent time getting to know them. Staff demonstrated an understanding of consumers’ backgrounds and what was important to them. Care planning documents included information about consumer’s identity and respectful language was used to describe their care.

Consumers and representatives said staff were respectful of their culture, values, and who they were. Staff articulated their knowledge of consumers’ individual identities. Lifestyle staff explained how they obtained consumer input for activities to ensure their cultural needs were met. Care planning documents included cultural background information for all consumers.

Consumers described how they were supported to exercise choice, maintain relationships and their independence. Staff demonstrated an understanding of consumer preferences and explained how they supported consumers to make informed choices about their care and services. Care planning documents contained evidence of consultation with consumers and their representatives about decisions relating to their care.

Consumers and representatives provided examples of how the service has supported them to take risks and live they life they choose. Staff explained how they informed consumers of the risks associated with certain choices and described steps taken to mitigate it. Care planning documents showed evidence of completed risk assessments and informed consent from consumers.

Consumers and representatives said they received current, accurate and timely information which enabled them to understand and exercise choice. Staff described, and documentation review confirmed, information was provided to consumers/representatives in line with their communication needs and preferences.

Consumers and representatives confirmed their personal privacy was respected and personal information was kept confidential. Staff described the practical ways they respected consumers’ personal privacy. Staff were guided by a privacy and confidentiality policy. Observations showed computers with confidential information being locked and password protected and staff knocking before entering a consumer’s room.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives confirmed they were involved in assessment and care planning, and they received the care and services they needed. Staff demonstrated awareness of assessment and care planning processes, which identified risks to the consumer’s safety, health and well-being. Care planning documents demonstrated individualised care planning and assessment, including identified risks to each consumers’ health and well-being.

Consumers and representatives confirmed their involvement in advanced care planning discussions with clinical staff. Staff said end of life (EOL) preferences were discussed with consumers and representatives upon entry to the service and during reviews. Care planning documents identified consumer’s needs, goals and preferences, including advance care planning and EOL preferences.

Consumers and representatives confirmed they were involved in assessment and planning on an ongoing basis. Care planning documents reflected involvement with consumers, representatives, specialists, medical officers and other allied health professionals in consumer’s care and services.

Consumers and representatives said staff explained relevant information about their needs and they were able to get a copy of their care plan. Clinical staff described how the outcomes of care planning are communicated to the consumers and their representatives in line with the consumer’s wishes.

Consumers and representatives confirmed care and services were reviewed when circumstances changed, or deterioration has impacted their needs, goals and preferences. Staff described how reassessments would be triggered when a change of consumer’s condition was identified. Care planning documents evidenced review when circumstances changed or incidents occurred. Care planning documents showed reviews took place on a 4-monthly basis with consumers and representatives.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 their care was safe and right for them. Staff demonstrated their understanding each consumer’s clinical care needs, including pain management, skin integrity and minimising use of restraints. Care planning documents reflected individualised care was safe, effective and tailored to the specific needs and preferences of the consumer. Care planning documents confirmed restrictive practices were used in compliance with legislated requirements.

Consumers and representatives said the service managed risks associated with their care and services appropriately. Management and staff described processes implemented by the service to manage high-impact and high-prevalent risks. Care planning documents evidenced identification and monitoring of high-impact and high-prevalent risks with documented risk mitigation strategies in place. Staff were guided by a risk management framework and high-impact and high-prevalent risks policy.

Consumers and representatives were confident consumers would be supported to be pain-free and have those important with them during EOL. Clinical staff described how delivery of care changed to meet the needs and preferences of palliative consumers. Care planning documents reflected consumer preferences for EOL care and advance care directives.

Consumers and representatives said their complex care needs were recognised and responded to in a timely manner. Staff described, and care planning documents confirmed, how the service monitored, recognised and responded to consumers’ deterioration or change of condition. Staff were guided by policies for assessment, re-assessment and escalation of changes in consumers’ conditions.

Consumers and representatives said their care needs and preferences were effectively communicated between staff and they received the care they need. Staff described how information regarding changes in consumer’s condition was communicated through the service's electronic care management system and via handover. Care planning documents confirmed information was consistently shared with other allied health professionals and organisations, where the responsibility of care was shared.

Consumers said they had access to medical officers and other health professionals, within the service and in the community. Staff described the referral process for external health professionals and were aware of their contact details. Care planning documents evidenced referrals made by staff to allied health professionals when required.

Consumers and representatives said infection control practices were used at the service. Staff said they have received training in relation to antimicrobial stewardship, infection control and infection minimisation strategies. A sufficient supply of personal protective equipment in the event of a COVID-19 outbreak was observed.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 services and supports for daily living met their needs, goals and preferences. Lifestyle staff described the processes implemented to ensure activities were tailored to consumers’ needs, goals and preferences. Care planning documents reflected which activities consumers liked and what their goals were. Review of the activity calendar confirmed a range of activities offered to accommodate individual consumer interests and preferences.

Consumers said the service supported their emotional, spiritual, and psychological well-being. Lifestyle staff said consumers were supported by monthly church services, religious visitors, visitors and one-to-one time. Care planning documents captured information about consumers’ spiritual and emotional needs and preferences. Consumers were observed being supported emotionally and spiritually.

Consumers explained how they kept in touch with family and friends and how they were supported to do the things of interest to them. Staff described how they supported consumers to keep in touch with people important to them and participate in the external community. Care planning documents reflected activities of interest and who was important to consumers.

Consumers said their needs were effectively communicated between organisations when the responsibility for their care was shared. Staff said handover processes and the service’s electronic management system kept them informed of updates to consumer care and services. Care planning documents evidenced information shared internally between staff and with other organisations about consumers’ care.

Consumers said they had additional support from outside individuals, such as volunteers and government support. Management explained how they worked with external groups and individuals to enhance consumer’s lifestyle experiences. Care planning documents reflected the involvement of others in the provision of care and services through referrals to external organisations.

Consumers and representatives said they were satisfied with the variety, quality and quantity of meals provided. Staff described how they ensured the variety of meals suited consumer preferences and needs. Care planning documents confirmed information such as allergies, dietary requirements, and personal preferences was included. Consumers were observed enjoying their food during meal service.

Consumers said the equipment was suitable, safe, clean, and well maintained. This was consistent with observations. Staff said equipment was available to them when they needed it with no issues identified. No outstanding requests were found in the reactive maintenance register.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 they felt at home and welcomed at the service. Management described how features of the service environment supported consumers with a cognitive impairment or who require mobility assistance to navigate easily. Observations showed consumers’ rooms were personalised with photographs and personal items.

Consumers said the environment was safe, clean, comfortable and well maintained and they were able to move freely both indoors and outdoors. Staff described cleaning processes, and how they managed hazards or safety issues identified. Cleaning documentation demonstrated tasks were up to date and completed. Consumers were observed moving around the service freely, both inside and outside.

Consumers said they felt safe when staff used equipment and any damage was quickly fixed. Staff described the cleaning process for shared equipment. Maintenance staff explained the preventative and reactive maintenance processes. Maintenance records confirmed tasks were up to date. Furniture and equipment throughout the service was observed to be clean, well maintained, and appropriate for consumers.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they felt comfortable raising issues directly to management. Staff were guided by a complaint policy and described multiple avenues available for feedback and complaints. The complaints handbook and posters displayed at the service supported consumers to provide feedback. Consumer meeting minutes confirmed how consumers and representatives have raised issues directly to management.

Staff described how they have assisted consumers with communication difficulties to provide feedback. Staff were guided by policies which included information about advocacy and language services. The consumer handbook and posters observed throughout the service provided information to consumers and representatives about external complaint mechanisms and language services.

Consumers and representatives said the service responded to complaints in an open and transparent manner. Staff described changes made at the service in response to feedback and complaints and were aware of what to do when things go wrong. The service’s feedback register confirmed appropriate and timely action taken in response to complaints and open disclosure applied.

Consumers and representatives said feedback and complaints were used to improve care and services. Staff described in detail the improvements made in response to feedback and complaints. The service was guided by continuous improvement policies and procedures which stated feedback and complaints are used to inform continuous improvement. The service’s complaints register described key areas of complaint and detailed the changes made to improve services in response to feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 representatives said there were staff shortages, however they said it did not impact on the quality of care and services delivered. Staff said there was enough staff and unfilled shifts were managed. Rosters confirmed sufficient staffing numbers over 14 days prior to the Site Audit. Call bell data showed average call response times were less than 10 minutes.

Consumers and representatives said staff were kind, caring, and respectful, and they knew what was important to them. Staff were observed to interact with consumers in a caring and respectful manner. The service had a Code of Conduct which outlined expectations about staff conduct towards consumers and representatives.

Consumers and representatives said staff were capable, competent and knew what they were doing. Management described the recruitment process, how they assessed staff competencies and provided ongoing supervision. Staff described the required competencies of their role in relation to their position description. Records demonstrated staff had appropriate qualifications, knowledge, training, and experience for their role.

Consumers and representatives said staff were capable and received adequate training. The service tracked and monitored staff mandatory training modules which were followed up on a weekly basis for completion. Staff said they received training and support to perform their duties. The training register evidenced high completed rate by staff of mandatory training.

Staff described, and documentation confirmed, how performance appraisals were undertaken for each member of the workforce by the service. The appraisal and performance policy outlined how staff performance was assessed, monitored, and reviewed. Staff records evidenced ongoing training and professional development in identified areas of need such as incident reporting and recording.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said the service was well run and described multiple ways they contributed to decisions about how the service was run. Management described how consumers were engaged in the development, delivery and evaluation of care and services. Various meeting minutes demonstrated input, collaborative review and actions from consumers.

Management outlined systems and reporting processes through which compliance with the Quality Standards was monitored by the governing body. The Board was pro-actively recruited with a cross-section of consumers and industry expertise to ensure its responsibility for quality care was met. Policies evidenced the Board’s commitment for a culture of safe, inclusive, quality care and services and accountable for their delivery.

Management and staff described policies, processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management said the Clinical Governance and Quality Management teams provide regular updates, modelling of sufficiency and training for managers to prepare for any changes to legislation including change to policy procedure and practice.

Management described specific high impact or high prevalent risks to consumers and how they were identified, including those falling within Serious Incident Response Scheme (SIRS). Staff explained processes for identifying, managing, and minimising risks and SIRS incidents. The organisation had various registers, and relevant policies and procedures relating to documenting, managing and minimising risks and incidents.

The service had a clinical governance framework including policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated, and policies guided, a clear understanding of their accountabilities and responsibilities in relation to antimicrobial stewardship, the use of restrictive practices, and open disclosure.

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)