Performance

Report

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| Name of service: | Pearl Supported Care |
| Service address: | 11 Waratah Crescent FANNIE BAY NT 0820 |
| Commission ID: | 7017 |
| Approved provider: | Southern Cross Care (SA NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 11 July 2023 to 13 July 2023 |
| Performance report date: | 14 August 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 Pearl Supported Care (**the service**) has been prepared by T Wilson, 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.

# 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; and
* the provider’s response to the assessment team’s report received 10 August 2023.

# 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 sampled confirmed staff deliver care and services to consumers in a way that is dignified and respectful and meets their needs, goals, and preferences. Consumers confirmed they have choice over who is involved in making decisions around their care and they received information in a way they wished that is provided in a timely manner. Consumers were satisfied their personal information was kept confidential.

Staff were familiar with consumers’ backgrounds, needs and preferences and were able to identify consumers with specific cultural needs and describe how they tailor care and services for those consumers. Staff were observed treating consumers respectfully and in a dignified manner when providing care or supporting them with meals. Staff provided examples of how they assist consumers with choices and how they support consumers to take risks to enable them to live the best life they can. Staff could describe how they respect consumer privacy.

Based on information above, I find all Requirements in Standard 1 Consumer dignity and choice Compliant.

# Standard 2

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

Findings

The assessment team recommended Requirement (2)(a) not met as the service did not consider all potential risks for three consumers and did not take a holistic approach when assessing risks consumers wish to take. They also stated the service did not identify some environmental risks so risk assessments were not completed for consumers accessing the balconies on the first floor. I have considered the information about environmental risk assessments under Standard 8 Requirement (3)(d).

Whilst three consumers were assessed for risks they wish to take, such as using a mobility scooter, drinking alcohol and smoking, the assessment team asserted that the service had not considered their comorbidities, medications or the combinations of risks together as there was no information recorded about these items on the risk assessment forms completed.

In relation to risk assessments for consumers going onto the balcony, 13 of 25 consumers living on the first floor had a cognitive impairment, at least 7 consumers were identified to be at high risk of falls and one consumer had severe visual impairment. One consumer does not go onto the balcony as they don’t want to fall, and a general purpose risk assessment was provided to the assessment team for one consumer who was at high falls risk.

The provider responded to the assessment team report on the 10 August 2023 strongly refuting the findings and stating an element of reasonableness needs to be applied when assessing risks. They provided information for each consumer named consumer showing that whilst the risks may not be recorded as being considered on the forms completed, these risks have been considered during other assessments. A continuous improvement plan showing the mobility scooter risk assessment has been updated to include consideration of psychotropic and high risk medication, and an audit of all risk assessments is being conducted to identify any trends or actions required. A statement saying that 100% of consumers who are mobile have had a risk assessment completed was also included in the response.

I have considered both the assessment team report and the provider’s response, and I have come to a different view to that of the assessment team. There does need to be an element of reasonableness when conducting risk assessments, especially when consumers are choosing to take a risk to live the best life they can. Whilst something may not be written on a form it does not mean that it has not been considered. The risks that the consumers wished to take have been assessed and mitigating strategies are in place. The service uses validated risk assessment tools to assess risks on entry, during regular reviews and when incidents occur to ensure consumers’ risks are managed and appropriate care is provided. In relation to the individual risk assessment for balconies, I am unable to determine if they were completed before or after the visit. However, in consideration that there have been no incidents on the balconies I am not prepared to make a finding of non-compliance.

Consumers and representatives confirmed they are regularly consulted in relation to care plans and said they are reviewed regularly and updated when other health care professionals have been involved in consumer care. They also confirmed that the care plan is provided to them.

Clinical staff stated they consult consumers and/or representatives during all care plan reviews and when care needs changed. Staff were able to describe how care plans guide them when providing care to consumers. Staff were knowledgeable about consumer care plans and on how to report when care needs changed.

Care planning documentation demonstrated that assessment and planning identified and addressed consumers’ needs, including advance care planning and end of life. Care plans showed that consumers, representatives are partners in care and other care providers are involved in the care planning process. Care documentation showed care plans were reviewed and updated regularly, including when circumstances changed or when incidents occurred.

Based on information above, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The assessment team recommended Requirement (3)(d) not met as care documentation did not show clinical monitoring had occurred when deterioration was identified, and progress notes did not capture whether care was provided following deterioration. They also stated the service does not have policies to guide staff practice on the timely identification of deterioration.

Consumer A’s representative stated they were disappointed in the monitoring strategies implemented when the consumer had COVID-19. Consumer B did not have their blood pressure taken before and after dialysis and Consumer C did not have their deterioration recognised and responded to, with no frequent observations completed when it was recognised.

A booklet was in each nurse’s station to provide information on prevention, early intervention and urgent intervention for various categories of clinical deterioration. Staff were aware of this booklet and stated it was useful in managing deterioration, with training records showing a recent training session was completed for clinical staff.

The provider responded to the assessment team report on the 10 August 2023 refuting all issues raised by the assessment team. Progress notes were provided for Consumer A to show the consumer was monitored at least daily during COVID-19, noting the deterioration was captured in progress notes. Consumer B was disputed as the provider stated blood pressure readings were ordered twice a day and not after dialysis. They also completed an audit which showed the readings were taken as scheduled.

On the night prior to when Consumer C was taken to hospital, the provider did counsel the night nurse upon reflection of events that has occurred on the evening prior to the transfer. However, they still refute that the consumer was not monitored adequately and had been monitored closely for several days. They have a plan of action for when they return to the service to ensure the next of kin is involved in the plan of care and to ensure the right care is provided.

I have considered both the assessment team report and the provider’s response, and I have come to a different view to that of the assessment team. The evidence included in the provider’s response shows that Consumer A was monitored during their bout of COVID-19, and the deterioration was recorded in the progress notes right up until they were transferred to hospital. Consumer B has not had a deterioration to consider. Staff know about the guidance for deterioration and expressed they were satisfied this helped them with their work.

In relation to Consumer C, the service has completed a reflection exercise and the staff member who involved in the overnight monitoring has been counselled to the findings in the reflections. However, in the morning vital signs were taken and they were monitored up until they went to hospital. I acknowledge that the consumer has had other hospitalisations to prior the hospitalisation mentioned here, but this is not unusual for someone with a complex medical history. The service has a plan to ensure any gaps in care have been addressed and staff receive appropriate training. Whilst I was not provided with any evidence to consider, I have to consider the outcome for the consumer. They were taken to hospital despite refusing to go the day before, when the worst part of the deterioration occurred.

Consumers and representatives confirmed they are satisfied with the personal and clinical care provided and consumers have access to other health professionals who provide care. They were also satisfied that risks are managed and information about care is available, and staff know what care to provide them.

Staff provided examples on how they provide safe and effective care and demonstrated how care and services for each consumer are tailored to their needs. They could describe the high impact or high prevalence risks for consumers and the individual strategies used to mitigate the risks. Staff described how they maximise comfort and preserve dignity during end of life. Staff were satisfied with information sharing, how referrals are made and how changes and recommendations are communicated. They were knowledgeable about infection control practices and could describe how they reduce the risk of infections to consumers.

Care planning documentation was comprehensive and included information for staff on how to provide personal and clinical care and how to manage high prevalence high impact risks. Information is shared effectively through handover, care files and progress notes and documentation shows referrals are made to other providers. The service has policies and procedures to guide staff when providing care, assessing risk and maintaining infection control. The is an outbreak management plan which is easily accessible to staff in the event of an outbreak.

Based on information above, I find all Requirements in Standard 3 Personal care and clinical care Compliant.

# 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 consumers are supported to do the things of interest to them through engagement in the lifestyle program and to maintain their independence, including through tailored allied health programs. Consumers described how they are supported to maintain important connections within the service and external community, including local shopping visits. Consumers described how they are supported by staff with their emotional, spiritual, and psychological needs, including through individual sessions, volunteers visiting, and church services delivered.

Consumers and representatives were satisfied with the quality and quantity of meals, described how the service provides meals in line with consumers’ preferences and dietary requirements, and confirmed they can make requests, and these are accommodated for their meal choices. Documentation sampled showed consumers’ dietary needs and preferences, including allergies, likes and dislikes are recorded in care plans with a copy observed to be kept by kitchen staff for reference. Consumers confirmed equipment is provided to them when they need it to maintain their independence, including mobility and to engage in the lifestyle program and were satisfied it was right for them.

Observations showed consumers engaging in the lifestyle program through various group and individual activities in both the indoor and outdoor spaces. Staff demonstrated knowledge of individual consumer needs, goals and preferences for lifestyle supports, including meals and activities and described ways in which they engage consumers. Staff confirmed information about consumers’ condition and lifestyle supports required is communicated with them to enable them to deliver the right care to consumers. Documentation confirmed referrals to other providers of care, including volunteers is done in a timely manner when requested or required.

Based on information above, I find all Requirements in Standard 4 Services and supports for daily living Compliant.

# 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 and representatives confirmed the service environment is clean, well-maintained and consumers reported they felt safe living at the service. Consumers confirmed where they need anything fixed or require maintenance undertaken this is done to a high standard and in a timely manner. Consumers confirmed they were able to decorate their own rooms with personal items and the service environment was easy to navigate around. Consumers were observed moving freely within both internal and external areas.

The service environment, including furniture, communal areas, indoor and outdoor spaces were observed to be clean, and equipment well maintained. Staff showed understanding of cleaning processes and confirmed cleaning is undertaken on a regular routine with high touch point areas cleaned more often.

Documentation showed the service has systems and processes in place for routine and preventative maintenance. Staff described the process of escalation for all maintenance issues and the ways in which they assist consumers to have those issues resolved in a timely manner.

Based on information above, I find all Requirements in Standard 5 Organisation’s service environment Compliant.

# 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 confirmed they are supported to provide feedback, including complaints and were able to describe the ways in which they can do this, including verbally to staff and management, in writing using forms or through resident and relative meetings. Consumers described feeling comfortable to speak to staff if they had any issues they wished to raise. Consumers confirmed when they raise issues these are actioned in a timely manner to their satisfaction.

Staff demonstrated understanding of the service’s feedback processes and described ways they supported consumers to make complaints. Management confirmed the service has partnered with a local community advocacy service to support consumers if they wished to speak with them.

Observations showed information about how to make complaints, accessing advocacy and other language services to raise complaints is displayed throughout the service for consumers and representatives to access. Documentation showed the service encourages consumers to provide feedback and make complaints and where they do it is captured and actioned in a timely manner. Management confirmed they use consumer feedback to improve care and services, providing specific examples of projects that have been implemented directly from consumer feedback, including new furniture and a courtesy car for consumers to use for external appointments.

Based on information above, I find all Requirements in Standard 6 Feedback and complaints Compliant.

# 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 representatives were satisfied there were enough staff to deliver care and services in the way consumers wished and confirmed when they request assistance, they receive it in a timely manner. Consumers confirmed staff treat them in a kind, caring, respectful manner and felt confident staff were well trained and knew their needs, goals and preferences for care and services. Observations throughout the site audit visit showed staff interacting with consumers in a kind, caring and respectful manner.

Staff confirmed they felt supported with enough staff to undertake their roles effectively. Documentation confirmed where shifts are vacant, they are filled with staff. Call bell audits are undertaken at regular intervals and documentation confirmed audit are undertaken and investigation occur for long call bell waits.

Staff demonstrated knowledge of consumers, their preferences for care and service delivery and described ways in which they deliver care in a kind, caring and respectful manner. Staff confirmed they have access to training and receive regular training in either an online or face to face form. Documentation confirmed staff attendance at training is monitored and a register maintained.

Consumers were satisfied staff were competent and perform their roles well. Management confirmed staff performance is monitored through the onboarding process and all new staff have performance appraisals at three and six months and then annually from there. Documentation confirmed performance appraisals, staff training and competency are monitored through a central human resources function.

Based on information above, I find all Requirements in Standard 7 Human resources Compliant

# Standard 8

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

Findings

The assessment team recommended all Requirements met, however, some information provided in Standard 2 Requirement (2)(a) has been considered under Requirement (8)(d). The assessment team found that some environmental risks were not considered, and risk assessments were not completed in relation to them.

The assessment team stated that risk assessment had not been undertaken for consumers accessing the balconies on the first floor, including having a slightly elevated step on the door leading to the balcony. There were no reported incidents that had occurred for consumers accessing the balconies and since they had raised the issue, door checks were being completed to ensure they are locked at night.

The provider responded to the assessment team report on the 10 August 2023 stating they have put the door checks in place as discussed with the assessment team and all consumers have a risk assessment completed for accessing the balconies. There is also capitol works underway to replace existing balustrades to higher balustrades which is due for completion in April 2024. The steps are a functional requirement for cyclones and water management and the size of the balconies would not support additional equipment, such as a ramp, which may increase consumers’ risk of falls. They also state the balconies have been assessed as low risk and they have not had any incidents with the balconies since the building was commissioned in 2011.

I have considered both the assessment team report and the provider’s response and as the service does have capital works underway with the balconies there must have been some sort of risk assessment undertaken to start the improvements. Also, in the service’s consideration of placing ramps or other assistive equipment on the balcony but that posing a risk also means this had been considered. They also stated that they have always been considered low risk, however, I was not provided with a copy of any risk assessment. In considering this information I find that the service has considered the risk of the balconies and processes have been improved since the site audit.

Consumers and representatives confirmed they feel involved and have input into consumers’ care and services and are supported by the service to do so. Consumers said they feel safe residing at the service, and it is well run.

Management provided examples of where care and services have been improved due to the input from consumers and representatives. Staff could describe the responsibilities of their roles and actions they undertake to support safe and quality care to consumers. Staff confirmed they can readily access the information they require, including consumer information and policies and procedures. Staff described the strategies for minimising restraint and the principles of antimicrobial stewardship, as well as open disclosure when things go wrong.

The organisation has a clinical governance framework underpinned by a suite of policies and procedures to guide staff in providing care. The organisation demonstrated effective governance systems are in place to ensure safe and quality care and services relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation demonstrated a risk management framework which includes systems, policies and processes to facilitate the management of risk and to guide staff in identifying and responding to abuse and neglect of consumers, incidents, and most high impact or high prevalence risks.

Based on information above, I find all Requirements in Standard 8 Organisational governance Compliant

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)