Performance

Report

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| Name of service: | PresCare - Alexandra Gardens |
| Service address: | 20 Withers Street NORTH ROCKHAMPTON QLD 4701 |
| Commission ID: | 5142 |
| Approved provider: | Apollo Care Operations Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 11 April 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 PresCare - Alexandra Gardens (**the service**) has been prepared by S Brumm, 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

This Standard is Compliant as 6 of the 6 Requirements are Compliant

Consumers and representatives said the consumers were treated with dignity and respect, and their culture and diversity valued. Consumers, representatives and staff demonstrated a close and friendly relationship, with staff having an in depth understanding of the consumers residing within the service, their needs and preferences.

Consumers received care and services that were culturally safe. Consumers’ cultural needs and preferences were captured during entry to the service and recorded in care planning documents. The service had policies and procedures to align with dignity and respect for the consumers and include an inclusive consumer centred approach.

Care planning documentation includes information about what is important in consumers’ lives, such as cultural backgrounds, family relationships and spiritual preferences. The service holds celebrations for multicultural days and special celebration events during the year.

Most consumers said they are supported to maintain independence, their lifestyle choices are respected and where possible, family and friends are involved in their care. Staff assist consumers to maintain contact with families via telephone and visitors can join consumers for meals. Staff were observed providing choices and being respectful of consumers’ decisions, and consumers were observed maintaining independence.

Consumers said they are supported to take risks and live their best lives. Staff described processes for supporting consumers who wish to take risks, such as conducting a risk assessment in consultation with the consumer, their representative and health professionals as relevant. Decisions made by the consumer about their life choices were documented in the electronic care management system.

Consumers and their representatives said information is provided to assist in making choices about daily care, lifestyle, activities and meal options. Staff described how they communicate with consumers with differing needs, including consumers with cognitive impairment, or those with a visual or hearing impairment. Consumers’ individual communication strategies were reflected in care plans.

Consumers and representatives stated they felt the consumers’ privacy and personal and confidential information was respected, confirming their door was closed when care was being provided and staff knocked on their door prior to them coming in to assist them. Staff were able to identify ways in which the privacy of consumer information was maintained, including the use of individual passwords on the computers for staff.

# 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

This Standard is Compliant as 5 of the 5 Requirements are Compliant

Consumers and representatives said consumers receive the care and services they need, and they were actively involved in care planning processes. Staff were able to describe the care planning process and how it informed the delivery of care and services. Documentation reviewed demonstrated consideration of potential risks to consumers’ health and wellbeing. The service has policies and procedures to guide staff practice in the assessment and care planning process and the service uses validated assessment tools.

Consumers and representatives expressed positive feedback regarding the service’s ability to provide care in line with the consumer’s identified needs, goals and preferences. Care planning documentation identified that consumers and representatives were consulted throughout the assessment and care planning, including, their end of life planning. Staff were able to describe how the assessment and care planning process identifies consumers’needs, goals and preferences which informs the care plan and delivery of care.

Care planning documentation evidenced an ongoing partnership with the consumer and others the consumer wishes to be involved in their care. Consumers and representatives confirmed they were involved in the assessment and care planning process on an ongoing basis. Documentation reflected the inclusion of multiple health disciplines and services into individual consumer assessments and care planning.

The Assessment Team observed the outcomes of assessment and care planning being documented in care plans, case conference notes and progress notes, and was accessible to staff and visiting health professionals. Staff advised all relevant information regarding consumers’ care needs and preferences were available on the service’s electronic care management system and indicated consumers and representatives were offered a copy of their care plans during each care review.

Care planning documentation confirmed care plans were reviewed regularly, including a consumer of the day process every month or when consumers’ circumstances changed, or when incidents occurred. Consumers and representatives indicated staff discussed the consumers care needs with them and any changes were discussed in a timely manner.

# 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

This Standard is Compliant as 7 of the 7 Requirements are Compliant.

Consumers received personal and clinical care that was right for them and met their needs and preferences. The service had processes in place to guide staff on restrictive practices, skin integrity and pain management. Restrictive practices were managed in line with legislative requirements. Care documentation confirmed staff were using strategies and clinical management policies and procedures to guide and deliver effective and individualised care.

Care planning documents identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks. Consumers and representatives said consumers with identified risks were well-managed. The service had a number of policies and procedures to inform staff as to the management of high impact and high prevalence risks.

Care planning documentation evidenced advance care planning discussions had taken place with consumers and representatives, if this was their choice. Staff described how they approached conversations regarding end-of-life care and how palliative care was provided to maximise the comfort of consumers. Consumers are also supported for their end of life care by a local palliative care group and medical officers 24 hours a day if required.

Consumers and representatives said the service had responded to changes or deterioration in the consumer’s condition, health, or ability. Staff, and care planning documents, reflected appropriate actions were taken in response to changes in a consumer’s health. Policies and procedures were available to guide staff in the timely identification and response to consumer deterioration. The service’s electronic care management system included parameters for clinical observations to alert staff to any changes in the consumers health or well-being. The service have registered staff rostered 24 hours per day and access to after hours clinical and medical assistance.

Progress notes, care and service plans, and handover reports provided adequate information to support effective and safe sharing of consumers' information to support care. Staff described how information and up-to-date conditions, needs, and preferences were documented in the service’s electronic care management system.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives confirmed referrals were made in a timely manner and in consultation with the consumer.

Consumers and representatives said the service’s management of infection control practices especially during COVID-19 was communicated and delivered well. The service has an Infection Prevention Control lead, and policies and procedures to guide staff. Staff understood infection minimising strategies and outlined the service’s approach to minimising use of antibiotics including non‑pharmacological strategies. Staff were observed to be adhering to best practice guidelines in relation to infection control.

# 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

This Standard is Compliant as 7 of the 7 Requirements are Compliant

Consumers and representatives confirmed they were supported to engage in activities they chose and were provided with the appropriate supports to optimise their independence and quality of life. Staff outlined the supports of importance to consumers; this information aligned with care planning documentation.

Consumers felt supported to maintain social, emotional, and spiritual connections which were important to them. Staff described additional support provided for consumers experiencing a change in mood, such as offering support and talking to consumers who were feeling low. Care planning documentation contained information about consumers’ emotional and spiritual or psychological well-being and how staff could support them.

Consumers were supported to maintain personal relationships and can take part in community and social activities which they choose. Staff described how they work with other organisations, advocates, community members and groups to support consumers, including those consumers with mobility or cognitive impairments, to maintain social activities, interests and community connections. Documentation, including consumer care plans identified the service designs activities for daily living in consultation with consumers, to reflect the consumer’s individuals needs, goals and preferences.

Information about each consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared. Consumers and representatives felt confident the consumers’ information was adequately communicated. Staff confirmed any changes to the consumers condition, needs and preferences was communicated through handovers and electronic mail and recorded in the electronic care management system.

Care planning documentation and internal processes demonstrated the service had access to a range of services and providers of care and were able to make referrals in a timely manner. Consumers advised they were supported by external organisations, support services and providers of other care and services.

Consumers sampled said the meals provided were a sensible serving size and of suitable quality. The menu is developed with input from the consumers and is changed seasonally. Dietary preferences were indicated within consumer’s documentation. A dietician and speech pathologist visit the service when requested in response to referrals generated by staff. Meals are delivered to each dining area and/or consumers’ rooms, and printed information from the kitchen regarding individual consumer’s meal choices, meal and fluid texture and allergies are made available to staff.

Consumers and representatives stated the equipment provided was safe, suitable, clean and well maintained. The Assessment Team observed a range of equipment was available to consumers, such as walkers, wheelchairs and leisure and lifestyle equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Standard is Compliant as 3 of the 3 Requirements are Compliant

The Assessment Team observed the service environment was welcoming and optimised the consumers’ sense of belonging. Management and staff described the various aspects of the service environment that made consumers feel welcome and optimised their independence, interaction and function. Consumers rooms were observed to be spacious and personalised with items reflecting their individual tastes and styles.

The service demonstrated processes were in place to ensure the service environment was safe, clean, well maintained and comfortable, and the service environment enabled consumers to move freely, both indoors and outdoors. The Assessment Team observed consumers in all areas of the service, moving freely both indoors and outdoors, and enjoying time with their visitors.

Management provided records which evidenced preventative maintenance had been carried out, including maintenance of mobility aids and other shared equipment. The Assessment Team observed equipment was kept well maintained and suitable for use by consumers.

# 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

This Standard is Compliant as 4 of the 4 Requirements are Compliant.

Management and staff described the processes in place which encouraged and supported consumers and representatives to provide feedback and make complaints. Consumers and representatives indicated they understood how to provide feedback and complaints and felt comfortable to do so, either anonymously or with staff directly.

Consumers and representatives were aware of and had access to advocates and other methods for raising and resolving complaints. External resources including advocacy and language service were available, and information on accessing advocacy or interpreter services were available around the service. Observations confirmed brochures for advocacy services, external complaints and language support services were on display.

Consumers and representatives indicated the service took appropriate action in response to complaints. Staff demonstrated an understanding of open disclosure principles and outlined how they would apologise to a consumer when something went wrong.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

# 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

This Standard is Compliant as 5 of the 5 Requirements are Compliant

Consumers and representatives felt the workforce was planned to enable the delivery and management of safe and quality care and services. Consumers and representatives confirmed there was sufficient staff to meet consumers’ needs, and staff responded promptly when assistance was required. Management advised they ensured there were sufficient staff to provide safe and effective care by adjusting the staffing mix to ensure consumer needs were met.

The Assessment Team observed workforce interactions to be kind, caring and respectful of consumer’s identity, culture and diversity. Consumers and representatives advised staff took the time to get to know them and understood their individuality and diversity.

Consumers and representatives felt staff were competent, and confident they were skilled to meet their care needs. Staff were suitable for, and competent in their roles. Recruitment and orientation processes were comprehensive ensuring suitable and qualified staff were employed by the service.

The service demonstrated it has systems and processes to ensure appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Education records identified staff participated in mandatory training and other training identified as required. Consumers and representatives expressed confidence in the abilities of staff.

The service demonstrated regular assessment, monitoring and review of the performance of each staff member. Management described the various ways it monitored performance, such as through observations, incidents, feedback and audits.

# 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

This Standard is Compliant as 5 of the 5 Requirements are Compliant.

Consumers and representatives said they were encouraged to provide ongoing input into how care and services are developed, delivered and evaluated, and this is sought in a variety of ways, including during regular care plan reviews, consumer meetings, surveys and face-to-face discussions.

The service demonstrated they have policies, procedures and tools developed with the governing body to promote a culture of safe, inclusive and quality care and services and was accountable for their delivery. The organisation uses information from consolidated reports to identify the service’s compliance with the Quality Standards, to initate improvement actions, to enhance performance and to monitor care and service delivery.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management confirmed the governing body is engaged with an external industry body to keep abreast of regulatory changes in aged care.

The service had policies, guidelines and frameworks in place to support the management of risks, supporting consumers to live the best life they can and managing and preventing incidents. Risks were reported, escalated and reviewed at the service level and management and staff described examples of individual risks and how they were managed, including daily clinical monitoring of exceptions and incidents which supports oversight of high impact and high prevalence risks. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated their understanding of open disclosure, antimicrobial stewardship, and ways to minimise restrictive practices and provided practical examples.

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)