Performance

Report

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| Name: | PresCare - Groundwater Lodge |
| Commission ID: | 5140 |
| Address: | 165 Arnaud Street, GRANVILLE, Queensland, 4650 |
| Activity type: | Site Audit |
| Activity date: | 23 October 2023 to 25 October 2023 |
| Performance report date: | 22 November 2023 |
| Service included in this assessment: | Provider: 9208 Apollo Care Operations Pty Ltd  Service: 3497 PresCare - Groundwater Lodge |

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 - Groundwater Lodge (**the service**) has been prepared by Peter Wallner, 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 Aged Care Quality and Safety 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

The Quality Standard is assessed as Compliant as 6 of the 6 specific requirements were assessed as Compliant.

Consumers said staff treated them with dignity, respect, made them feel valued, and understood their backgrounds and cultures. Staff spoke to consumers with respect, used their preferred names and interacted with them in a kind, patient and friendly manner.

Consumers’ care plans included information about their religious, spiritual and cultural needs and preferences. Consumers confirmed they received culturally safe care and services and staff provided care consistent with their cultural preferences.

Consumers were supported to make decisions about their care and maintain relationships of choice. Consumers’ care plans included information about their care choices, who was involved in their care and how the service supported them to maintain personal relationships.

Consumers said they were supported to take risks, exercise choice and maintain independence, which enabled them to live their best lives. Staff explained how they helped consumers who wanted to take risks, to understand the benefits and possible harms when they documented the risk assessment in their care plans.

Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, information was disseminated via consumer and representative meetings and associated minutes, emails, activities calendar, daily menus, newsletters and noticeboards in each wing of the service. Staff confirmed they informed and reminded consumers each day about what is happening and if there were any changes to activities or meals.

Consumers felt their personal information was kept confidential and their care and services were delivered in a way which respected their privacy. Staff were observed knocking on consumers’ doors and waiting for a response before entering. Consumers’ personal information was kept confidential in a password-protected electronic care management system and locked nurses’ stations.

# 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 Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

Consumers stated they were involved in the assessment and planning of their care during the admission process and on an ongoing basis. Care plans showed assessment and planning considered risks to consumers such as falls, skin integrity, pressure injuries, pain and behaviours of concern. Staff described how the service considered risks to consumers’ health and well-being during the assessment and care planning process, which informed the delivery of care and services.

Consumers confirmed the assessment and care planning process identified their current goals, needs and preferences, and included advance care and end of life planning, if they wished. Care planning documents included consumers’ current needs and preferences and basic end of life wishes were recorded, at a minimum.

Management described how the service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. Consumers’ care plans showed they participated in evaluations which involved medical officers, allied health professionals and external specialists.

The outcomes of assessment and planning were documented in consumers’ care plans, which were readily available to consumers and those involved in their care. Consumer representatives confirmed they were informed about the outcomes of assessments and offered a copy of their loved ones’ care plans.

Consumers said the service constantly communicated with them and reviewed their care and services quarterly and following an incident or change in their circumstances. Care plans had been reviewed and evaluated for effectiveness within the last 3 months, and when incidents impacted on the needs, goals, and preferences of consumers.

# 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 Quality Standard is assessed as Compliant as 7 of the 7 specific requirements were assessed as Compliant.

Consumers confirmed they received safe and effective personal and clinical care which was tailored to their needs and optimised their health and well-being. Staff detailed how they provided safe and effective personal and clinical care in line with each consumer’s individualised care plan. Care documents showed the consistent delivery of safe and effective personal and clinical care in line with consumers’ needs and preferences.

Staff were guided by policies and procedures which addressed high-impact and high-prevalence risks to consumers such as pressure injuries, falls, weight loss and diabetes management. Staff understood high-impact and high-prevalence risks and described how those were managed for individual consumers. Consumers confirmed the service effectively managed risks associated with their care.

Consumers confirmed staff had discussed their advanced care plans and end-of-life preferences with them and recorded them in their care plans. Staff described how care delivery changed during the end-of-life process to ensure consumers were comfortable and their dignity was preserved through effective pain management, comfort and personal care and referral to external palliative care services, when necessary.

Consumers said the service was very responsive and promptly managed deterioration in consumer's condition, health, or ability. Staff described how they observe, monitor and report changes in consumer status and report it to the clinical staff. Care documents showed changes in consumers’ health status were identified and responded to in a timely manner.

Consumers were satisfied with how changes to their condition, needs or preferences were documented and communicated within the organisation and with others providing care. Staff said current information about consumers’ condition or preferences was recorded and communicated effectively via the electronic care management system, task lists and shift handovers.

Consumers confirmed they were referred to other appropriate providers of care and services promptly when required, and this was consistent with referral documentation. Staff described the process for referring consumers to other health professionals, and how this informed the care and services provided to consumers.

Consumers said the service had good infection control practices and managed the COVID-19 pandemic very well. The service had documented policies and processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics. Staff described infection prevention and control practices and steps they took to promote the appropriate prescribing of antibiotics to reduce the risk of antimicrobial resistance.

# 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

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements were assessed as Compliant.

Consumers said they received safe and effective services and supports for daily living that met their needs, goals, preferences and optimised their independence and quality of life. Consumers confirmed they were supported to participate in activities provided by the service’s lifestyle team or spend time on independent activities. Consumers’ care plans showed comprehensive lifestyle assessments captured their personal histories and needs, goals and preferences for daily living.

Consumers confirmed they received the emotional, spiritual and psychological supports needed to maintain their psychological well-being, such as receiving visits from a pastoral care officer and spending one-on-one time with visitors and staff. Management detailed the service’s links with several local churches and a pastoral care officer who conducts services and provides one-to-one support to consumers.

Consumers said they participated in their community, did things of interest and were supported to maintain personal relationships. Staff understood the activities consumers found meaningful and described how they supported them to participate in what they wanted. A review of consumers’ care plans identified their activities of interest and people of importance to them.

Consumers said information about their daily living needs and preferences was effectively communicated between staff, and to other providers of care and services involved in supporting them. Staff explained how current information about consumers’ lifestyle needs was shared with those who were responsible for providing care.

Management and staff spoke about the various community supports the service accessed and how they referred consumers to these other providers. Care planning documents evidenced referrals to various external service providers, organisations, religious services and allied health professionals.

Consumers were satisfied with the quality, quantity and variety of food provided by the service. Consumers were offered meal options and could request an alternative if the menu was not to their liking. Consumers’ care plans noted their dietary needs, allergies and cultural and religious food preferences where applicable.

Consumers said the equipment provided was safe, suitable, clean and well maintained. Consumers were comfortable raising any issues or concerns about the equipment with staff. Staff said equipment was safe, suitable and regularly cleaned and 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 Quality Standard is assessed as Compliant as 3 of the 3 specific requirements were assessed as Compliant.

Consumers said the service was welcoming, easy to navigate and they felt at home, as they could personalise their rooms. The service environment appeared welcoming, well-lit and easy to understand with clear signage. Corridors were spacious, clean and fitted with handrails to support independent mobility. Pathways surrounding the service were safe and suitable for leisurely walks. Consumers and their families could use an outdoor gazebo area which included barbecue amenities and space for entertaining.

Consumers said the service was consistently clean, well-maintained and they could move freely and independently both indoors and outdoors. Consumers were observed using communal areas to watch television, listen to music and participate in activities. Maintenance staff described the service's reactive and preventive maintenance schedules and described the process for lodging maintenance requests. The service environment was observed to be a comfortable temperature, safe, clean and well-maintained. All doors were unlocked, allowing consumers to move freely both indoors and outdoors.

Furniture, fittings and equipment appeared to be safe, clean, well maintained and suitable for use. Consumers confirmed their equipment and furniture was regularly cleaned and maintained. Furniture, equipment and the general service environment was maintained under routine, preventative and corrective schedules.

# 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

The Quality Standard is assessed as Compliant as 4 of the 4 specific requirements were assessed as Compliant.

Consumers and representatives said knew how to provide feedback or make complaints and they were supported to do so. Consumers said they felt comfortable going straight to management if they had a complaint and it was dealt with. Management and staff described ways the service encouraged consumers and representatives to make complaints and provide feedback such as through consumer meetings or using a feedback form.

Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was discussed during the admission process, available in consumers’ residential care agreements and on posters and noticeboards throughout the service.

Consumers confirmed the service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong. Staff and management understood their responsibilities in relation to complaints management. Staff confirmed ‘open disclosure’ training formed part of their annual mandatory training program.

Consumers said their feedback was used to improve the quality of care and services. The complaints register showed complaints were acknowledged and improvement actions taken to resolve the issue in a timely manner. Management provided examples of complaints that had resulted in improvements for consumers.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

Consumers said there were sufficient staff to provide safe, quality care and services and they did not have to wait long when they pressed their call bell. Staff reported they had sufficient time to complete their duties and they worked together to ensure consumers’ needs were met. Management explained how the staffing number and mix was planned to meet the care needs of consumers. Call bell data showed an average response time of under 2 minutes.

Consumers confirmed staff were kind, caring, gentle and respectful when providing care and services. Staff were observed showing respect to consumers by interacting with them in a kind, caring and personable manner, and knocking on their doors and waiting to be invited to enter.

Consumers said staff were effective and confident in their roles and had the skills and knowledge to meet their care needs. Management explained how they determined staff had the qualifications and knowledge to effectively perform their roles. Documented position descriptions set out the required qualifications, professional registrations, knowledge, skills, abilities and responsibilities for the different roles in the service.

Consumers said staff were suitably trained and supported to meet their care needs. Management explained the training and support provided to staff, including the onboarding process and online training system. Records confirmed staff participated in mandatory training in topics such as the Quality Standards, infection prevention and control, manual handling and the Aged Care Code of Conduct.

Consumers felt staff were capable, but said they could provide feedback regarding staff performance, if they needed to. Staff confirmed they completed performance reviews during their probationary period and then annually. Management explained how they monitored and assessed staff performance through both informal and formal performance review processes.

# 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 Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

Consumers and representatives said the service was well run and they were engaged in the development, delivery and evaluation of care and services. Management and staff explained how they assisted consumers and representatives to provide regular input through food focus meetings, care reviews, resident and representative meetings, surveys and the feedback and complaints system. Meeting records confirmed consumers and representatives were engaged in how care and services were delivered at the service.

Consumers said the organisation was accountable for providing safe, inclusive quality care and services. Management described how the organisation’s governing body (the Board) promoted a culture of safe, inclusive and quality care and services. The Board met monthly, and all quality reports, clinical indicators, serious incidents, feedback and improvements were reported by the Chief Governance Officer. Management described how the executive management connected with all parts of the organisation to underpin the Board’s accountability for the delivery of safe, inclusive, quality care and services. Documented governance systems and policies supported the delivery of quality, safe and effective care and services in accordance with the Quality Standards.

Management demonstrated the service had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Performance measures and other issues were regularly reported to the Board, who used the information to implement improvements to the care and services.

The service had effective risk management systems and policies to manage high-impact or high-prevalence risks to consumers, identify and respond to abuse and neglect, support consumers to live their best life, and manage and prevent incidents. Risks were identified, reported, escalated and reviewed by service management, the Board and its sub-committees. Management confirmed risks to consumers were analysed and incidents were used to identify trends and address issues.

The service demonstrated a clinical governance framework and systems to guide the delivery of safe and effective clinical care which included antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Management and staff confirmed they had received training in these areas. Incident records showed open disclosure had been used.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)