Performance

Report

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| Name: | Redcliffe Aged Care Service |
| Commission ID: | 5956 |
| Address: | 39 Baringa Street, CLONTARF, Queensland, 4019 |
| Activity type: | Site Audit |
| Activity date: | 2 July 2024 to 4 July 2024 |
| Performance report date: | 21 August 2024 |
| Service included in this assessment: | Provider: 7235 Beaumont Care (Holdings) Pty Ltd  Service: 3870 Redcliffe Aged Care Service |

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 Redcliffe Aged Care Service (**the service**) has been prepared by P. 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 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 this 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 Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treated consumers with dignity and respect whatever their background, needs, identity or culture. Management and staff described how they treated consumers with dignity and respect by understanding their cultural background, identity, personal circumstances, needs and preferences. Staff were observed treating each consumer in a respectful manner when delivering care. The service had a dignity and choice policy and process to guide staff.

Consumers and representatives confirmed the service recognised and respected consumers’ cultural background and spirituality, and provided culturally safe care, in accordance with their preferences. Staff and management knew consumers’ identity and cultural background, and explained how they collaborated with external cultural organisations to ensure the care and services provided were culturally safe. Policies, procedures and training guided staff in providing culturally safe care and services.

Consumers and representatives said they could make decisions about consumers’ care, choose the people involved, and maintain important relationships. Management and staff described how they supported consumers to exercise choice and independence, choose to involve others in their care, and to maintain their chosen relationships. Staff were observed supporting a couple to maintain their relationship as they chose.

Consumers and representatives described how consumers were supported to take risks to live the best life they could. Staff were aware of the risks taken by consumers and explained how they supported them to live as they chose, in line with their care documentation. Management described the risk assessment and risk management processes which support consumers to make informed decisions and balance taking risks with their quality of life.

Consumers and representatives said the service regularly provided current information in a way they could understand, which enabled them to make informed choices about their care and services. Staff and management described how they used various communication methods to support individual consumers’ needs, including consumers with sensory or cognitive deficits.

Consumers and representatives confirmed staff respected their privacy and maintained the confidentiality of their personal information. Management and staff explained how consumers’ privacy was respected, and their personal information was kept secure on password protected computers.

# 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 Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the assessment and care planning, considered risks to consumers’ health and well-being, and informed the delivery of safe and effective care. Management and staff described the initial and ongoing assessment and planning processes, which considered risks to consumers’ health, and informed the delivery of safe and effective care and services. The service had documented policies, procedures and checklists which guide staff in assessment and care planning.

Consumers and representatives described how assessment and planning identified and addressed their current needs, goals, and preferences, and they discussed and documented their end-of-life plans. Management and staff described how assessment and planning identified consumers’ current needs, goals and preferences, and advance care directives or resuscitation preferences, were discussed during the admission process, or when consumers wished to. Care planning documents identified consumers’ current needs, goals and preferences, and advance care and end of life plans.

Consumers and representatives confirmed assessment and care planning was an ongoing partnership with the service and external providers they wished to involve. Staff said assessment and care planning was undertaken in partnership with consumers, representatives, and other health professionals. Care planning documents showed the regular involvement of consumers, representatives and various external providers such as medical officers and allied health professionals.

Consumers and representatives confirmed the service regularly communicated assessment outcomes to them, and they were offered a copy of the consumers’ care plan. Management and staff explained how care needs were constantly reviewed, and they documented and communicated the outcomes of assessments. Care planning documents reflected frequent communication with consumers and representatives about consumers’ changing care needs.

Consumers and representatives described how care and services were reviewed when circumstances changed, or incidents impacted on consumers’ needs, goals or preferences. Management explained how care plans were reviewed 3-monthly for effectiveness, and reviewed if there was an incident or change in circumstances. Care planning documents showed care and services were reviewed regularly for effectiveness, and reviewed when circumstances changed, or incidents impacted on the needs, goals, and preferences of the consumer.

# 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 Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers received safe and effective personal and clinical care, which met their specific needs and optimised their health and well-being. Staff described how personal and clinical care was tailored to the needs and preferences of consumers in line with their documented care plans. Care planning documents reflected safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer. The service had established policies, procedures and systems to support the delivery of best practice personal and clinical care.

Consumers and representatives considered the service to manage high impact or high prevalence risks to consumers effectively. Management and staff described the high prevalence and high impact risks to individual consumers and the mitigation strategies in place. Care planning documents identified the relevant risks to consumers and the strategies in place to manage them.

Consumers and representatives confirmed consumers’ advance care and end of life care preferences were discussed with them. Management and staff could articulate how care was adjusted for consumers nearing the end of life to ensure their comfort was maximised and dignity preserved. Management reported they involved the medical officers and the palliative care team in the delivery of end of life care. The service had policies and procedures to guide in the delivery of end of life care.

Consumers and representatives said the service identified and responded promptly to a deterioration or change in consumers’ condition. Staff described how they identified deterioration in consumers’ condition and promptly responded by escalating to clinical staff. Consumers’ care plans confirmed the service promptly identified and responded to changes in their condition. The service had policies and procedures to guide staff in recognising and responding to clinical deterioration.

Consumers and representatives said information about consumers’ condition, needs and preferences was documented and communicated effectively between staff and external providers involved in their care. Staff explained how current information about consumers’ condition, needs and preferences was communicated between staff and others involved in providing care through shift handovers, and by accessing electronic care documents and alerts. Staff were observed communicating information about consumers’ condition and care needs at shift handover meetings.

Consumers and representatives said referrals were timely and appropriate, and they had access to relevant health services. Clinical staff described how referrals were made to medical officers and other providers of care and services to ensure each consumer received quality care. Care plans confirmed timely referrals of consumers to appropriate other health professionals.

Consumers and representatives expressed satisfaction in the service’s infection prevention and control measures, and how the service managed COVID-19. Staff confirmed they had received training in infection prevention and control and were aware of antimicrobial stewardship. Management stated they continuously reviewed their outbreak management plan to ensure it met current guidelines and described how the service adhered to antimicrobial stewardship principles. The service had implemented policies, procedures and training to guide staff in infection prevention and control and antimicrobial stewardship. Staff were observed adhering to infection prevention and control practices.

# 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 Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living met their needs, goals and preferences, and optimised their independence and quality of life. Staff described how they identified and supported consumers’ needs, goals and preferences for daily living. Management and staff explained the detailed lifestyle assessment process which captured consumers’ lifestyle needs and preferences. Care planning documentation identified the services and supports needed to meet consumer’s needs, goals and preferences, and optimise their independence, health and quality of life.

Consumers and representatives described how the service promoted their emotional, spiritual and psychological well-being. Staff described how they supported consumers’ emotional, social and psychological needs, such as by talking to them when they felt low or providing religious services. Care planning documents detailed the religious, spiritual and psychological needs of consumers and the supports needed.

Consumers and representatives said consumers were supported to participate in their community, within and outside the service, do things of interest, and maintain social and personal relationships. Staff described how they supported consumers to maintain relationships, engage in activities of interest, and participate in the community. Care planning documents identified consumers’ interests and important personal relationships. Consumers were observed returning from outings and socialising with other consumers and visitors.

Consumers and representatives said information about consumers’ current condition, needs and preferences was effectively communicated to staff, and others involved in providing services and supports for daily living. Staff described how daily updates to consumers’ care and services were communicated through verbal and documented handover processes. Care planning documents provided adequate information to support safe and effective services and supports for daily living.

Consumers and representatives said the service provided timely referrals to other individuals and organisations providing care and services. Staff and management said they identified suitable community services and organisations and facilitated consumers contact with them. Care planning documents showed collaboration with external services, such as local churches, Change Futures, and the community visitor scheme, to support the diverse needs of consumers.

Consumers and representatives stated the food is of good quality, quantity and variety, and they had input into the menu through meetings and feedback processes. Staff were aware of consumers’ dietary needs and preferences and said they could provide consumers with snacks and drinks outside mealtimes. Care planning documents reflected consumers' dietary needs and preferences. Menus were displayed in the dining area and the kitchen was observed to be clean, well maintained, and with a current food safety certificate displayed. Equipment cleaning logs and refrigeration temperature logs had been completed.

Consumers and representatives said the equipment was safe, clean, suitable, and they knew how to report any maintenance concerns. Management and staff explained how the equipment was kept clean and well maintained. Equipment was observed to be safe, clean, suitable, and well maintained.

# Standard 5

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives stated the service environment was welcoming, easy to understand, and optimised each consumer’s sense of belonging, independence, interaction and function. Management and staff explained the strategies in place to promote a sense of belonging, and support consumers’ independence interaction and function. Staff were observed greeting consumers and visitors, and the service environment appeared personalised, well-lit, and easy to navigate.

Consumers and representatives said the service was safe, clean, and well-maintained and they could move around freely, both indoors and outdoors. Maintenance and cleaning staff described effective processes in place to keep the service safe and clean. The service environment was a comfortable temperature, and appeared safe, clean, and well-maintained. Consumers and visitors were observed moving independently throughout the service and external courtyards.

Consumers and representatives said the furniture, fittings and equipment were suitable, safe, clean, and maintenance request were actioned promptly. Staff described the processes in place for ensuring the furniture, fittings and equipment was safe and clean. Documents confirmed preventative and reactive maintenance was addressed promptly. The furniture, fittings and equipment appeared to be safe, clean, well maintained, and suitable for 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 Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to provide feedback and make complaints through speaking directly to management/staff or using feedback forms. Management and staff explained how they supported consumers and representatives to make complaints and provide feedback. The resident handbook and the service’s policies and procedures set out the processes for managing feedback and complaints. Complaint information, feedback forms and lodgement boxes were observed around the service.

Consumers and representatives were aware of the external advocacy and complaint services available, including the Commission. Management and staff knew how to access advocacy, external complaint agencies, and interpreter services, although the current consumers spoke English. Information about advocacy, interpreter and complaint services was observed around the service.

Consumers and representatives said the service addressed their complaints appropriately, and used open disclosure when things went wrong. Management and staff explained the processes for managing and resolving complaints and applying the principles of open disclosure. Complaint records confirmed the service documented and resolved complaints using open disclosure. The service had policies and training to guide staff in complaints management and the use of open disclosure.

Consumers and representatives said complaints were reviewed and used to improve the quality of care and services. Management and staff described how complaints were used to improve the quality of care and services and led to actions being put on the Continuous Improvement Plan. The complaints register, meeting minutes and the Continuous Improvement Plan confirmed feedback and complaints were reviewed and used to improve care and services.

# 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 Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to meet consumers’ care needs in a timely manner. Staff said there were enough staff, and they were well supported with vacant shifts always backfilled. Management explained how they planned and rostered the workforce around consumers’ care needs, and they were meeting the targets for care minutes and registered nurse coverage. Rosters and call bell records showed there were adequate staff.

Consumers and representatives said staff were kind, caring, and respectful of each consumer’s identity, culture, and diversity. Staff were familiar with each consumer’s individual needs, preferences and identity. Staff were observed interacting with consumers in a kind, caring and respectful manner. The service had mandatory staff training in the Aged Care Code of Conduct.

Consumers and representatives said staff were competent and knew what they were doing. Management described the recruitment and induction processes which ensure all staff have the necessary qualifications, registrations, and security checks. Position descriptions and staff records confirmed staff had the necessary qualifications and requirements for their roles.

Consumers and representatives said staff were trained and supported to deliver safe and quality care and services. Management and staff explained how staff were trained, equipped and supported to deliver safe and quality care and services. Training records confirmed staff were trained and supported to deliver the outcomes required by the Quality Standards.

Consumers and representatives said they were encouraged to provide feedback on the performance of staff. Management confirmed staff performance was continuously evaluated through feedback processes, regular informal, and annual performance appraisals. Staff confirmed their performance was monitored and reviewed by management. Records showed performance management issues were addressed.

# 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 Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well run and they were engaged in the design, delivery, and evaluation of care and services. Consumers confirmed changes were made due to their feedback. Management and staff described various ways consumers and representatives were regularly consulted about the care and services provided. The service had established a Consumer Advisory Body (CAB) which was scheduled to meet. The complaints register and other records confirmed consumers were engaged in developing, delivering and evaluating care and services.

Consumers and representatives said the service provided a safe, inclusive environment providing quality care and services. Management confirmed the Board had a suitable composition and promoted a culture of safe, inclusive and quality, care and services, and was accountable for their delivery. Management described the organisational and reporting structure and how the Board satisfied itself the Quality Standards were met. The Board monitored and evaluated the service’s performance against the Quality Standards through various daily, weekly, and monthly reports, with incidents being reviewed at clinical and organisational governance meetings.

The organisation demonstrated appropriate governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff described how they implemented the governance systems and related policies in the delivery of care and services. The Board ensured the governance systems and processes were effective in meeting the Quality Standards.

The service had effective risk management systems and practices to manage high-impact and high-prevalence risks to consumers, identify and respond to abuse and neglect, support consumers to live their best lives, and manage and prevent incidents. Staff and management were knowledgeable in the processes for identifying, assessing, managing and reporting risks and incidents associated with the care of consumers.

The organisation’s clinical governance framework included documented policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff explained how these policies and procedures were applied in the delivery of care and services.

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)