Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Redland Residential Care Facility |
| Service address: | 3 Weippin Street CLEVELAND QLD 4163 |
| Commission ID: | 5504 |
| Approved provider: | Queensland Health |
| Activity type: | Site Audit |
| Activity date: | 16 January 2023 to 18 January 2023 |
| Performance report date: | 17 March 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 Redland Residential Care Facility (**the service**) has been prepared by A Kasyan, 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.

**Assessment summary**

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

**Areas for improvement**

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

**Standard 1**

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

**Findings**

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

Consumers interviewed confirmed they are treated with dignity and respect, and their identities are valued. They said their cultures and preferences are respected, including in relation to specific foods, routine and communication technique. Consumers and representatives reported they receive current, accurate, and timely information and felt consumers’ privacy was respected, and information was kept confidential.

Staff spoke highly of the care they provide to consumers, stating that they take pride in the care that they give and always treat consumers with respect. Policy documents around mandatory training show evidence of staff receiving training in culturally safe care, dignity of risk and supporting consumers to exercise choice.

Staff were observed to communicate with consumers in a way that is clear and easy to understand. Care planning documentation demonstrated consumers are provided information about different care options, are supported to make decisions in line with their preferences and goals, are involved in the decision-making process, and are able to make choices about their care, such as types of activities they participate in, the foods they eat, and the level of assistance they receive from staff.

Staff interviewed confirmed they are trained in policies in place to ensure consumer privacy is respected and personal information is kept confidential. Staff were able to describe how they maintain confidentiality of consumer information and to only share information on a need-to-know basis.

**Standard 2**

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

**Findings**

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

Consumers’ and representatives’ feedback indicated that the consumers are involved in assessment and planning on admission and on ongoing basis. They are asked questions about all aspects of care and services, including consumer preferences in relation to time to rise, sleeping aids, bedtime rituals, bathing days preference, nap preferences, end of life care and leisure activities. Consumers and representatives confirmed staff regularly communicate with them, and they regularly attend case conferences and receive information face-to-face, through emails and phone calls in line with the consumer or their representative’s wishes and preferences. Consumers and representatives confirmed they have been informed they could receive a copy of consumers’ care plans if they wished to.

Documentation showed the service utilises risk assessment tools to inform care planning, including assessments in relation to falls, nutrition, and infection and where a consumer chooses to take risks to have better quality of life or wishes to manage some or all aspects of their care independently. The service uses best practice tools, such as Abbey Pain Scale for pain assessment. Clinical and care staff interviewed, and care plans reviewed, reflected pain is also identified through body language, facial expression, vocalisation and change in behaviours.

Staff provided examples of risks considered during consumer assessment and planning, including the risks associated with management of pain, pressure injuries, continence, nutrition, communication, mobility, skin and behaviour management needs. Staff were able to describe, and care planning documentation reviewed showed, the service addresses these risks during the assessment and planning process through implementation of specific interventions, such as non-pharmacological strategies for pain management, including heat packs and massage, in addition to the administration of analgesia.

The Assessment Team observed that consumers have an advance care plan or end of life wishes in place. Consumers interviewed confirmed their involvement in discussions of end-of-life care, including in relation to emotional support, spiritual and social support. Clinical staff were able to explain how they involve consumers in the assessment planning and review of care and services. All sampled consumers’ care planning documentation showed evidence of regular case conferences, three monthly reviews in line with the organisation’s policies and procedures and the participation of external service providers, such as dementia outreach services and mental health practitioners.

Staff described the processes for regular three-monthly reviews of care and services, as well as a review when circumstances change, or incidents occur. Staff said they are guided by various policies and procedures in relation to the assessment and care planning, including in relation to advance care planning, consumer choices and evaluation of care plans. All sampled care plans were noted to be reviewed and evaluated for effectiveness within the last three months and when incidents impacted the needs, goals, and preferences of consumers.

**Standard 3**

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

**Findings**

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

Consumers expressed satisfaction with the provision of personal and clinical care, including assistance with showering, continence care needs, pain management, wounds, and specialised nursing care. They confirmed that they receive tailored personal care which is delivered in accordance with their specific wishes and preferences. They reported risks associated with restrictive practices, such as bedrails, are discussed with them and risks mitigation strategies are put in place appropriately. They also expressed their satisfaction with their access to a medical officer, podiatrist and speech pathologist.

Staff interviewed were able to demonstrate an understanding of the consumers' care needs and what they do to support them in line with their care plans. All staff interviewed could describe their role in recognising and escalating changes in consumers' physical and mental health and their responsibility in communicating any changes in a consumer's condition based on observations. Clinical staff were able to describe how they ensure effective communication of consumer needs through comprehensively documented progress notes, care plans and handover process. Staff could explain how they monitor changes in consumers' behaviour, bladder and bowel function, pain, and other risk factors to identify and manage deterioration promptly.

Interviews with management and clinical staff demonstrated understanding of restrictive practices, including implementation of alternative strategies prior to the use of restrictive practices, such as chemical and mechanical restraints. Implementation of alternative strategies was evident in all consumers’ files sampled.

The Assessment Team observed consumers to have appropriate risks mitigation strategies in place, including bed cradle and heel protectors for consumers identified at high risk of developing pressure injuries. Care staff confirmed their knowledge of the consumer’s risks and how they assist registered staff in successful implementation of risk mitigation strategies by conducting regular skin checks and ensuring a consumer is repositioned frequently.

Care planning documents sampled reflected the identification of, and response to, deterioration or changes in consumers’ condition and delivery of personal and clinical care in line with their care plans and policies and procedures. Whilst one consumer’s representative expressed their dissatisfaction with management of the consumer’s deterioration, documentation review and staff interviews demonstrated timely identification of and appropriate actions taken in response to the change in the consumer’s condition. Documentation evidenced staff followed the organisations’ policies and procedures on management of deterioration, including in relation to referrals to medical officers, ongoing monitoring of the consumer’s status and record keeping.

Staff were able to describe, and documentation reviewed, including progress notes and handover information, evidenced effective and safe sharing of the consumer’s needs and preferences. The Assessment Team observed input from other services and care providers in consumer files and accurate implementation of recommendations from the health professionals.

The service has policies and procedures in place to minimise infection-related risks through prevention and control of infection. There is an appointed Infection Prevention Control Lead to oversee and coordinate the implementation of infection prevention and control measures in the service, including ensuring staff are using personal protective equipment properly. The Assessment Team observed hand washing stations and hand sanitiser throughout the service. Staff were observed maintaining social distancing, washing their hands and using personal protective equipment appropriately.

**Standard 4**

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

**Findings**

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

Consumers provided feedback indicating they are generally satisfied with the meals. The majority of them found the food to be tasty, well-prepared, however, some consumers expressed a desire for more flavour. In relation to leisure and lifestyle, consumers expressed satisfaction with a range of activities available. including games, concerts, pampering sessions and outings. They felt that the staff was supportive and attentive to their emotional needs.

Staff advised they completed Cultural Diversity as part of mandatory competency which highlights the importance of meaningful everyday encounters that promote a sense of community and connection. Staff were able to describe how changes to operational service or consumers’ care were communicated to consumers and their representatives through face-to-face interactions, email, and telephone or Consumer Engagement Meetings, and documentation reviewed demonstrated effective communication of consumers’ needs within and outside of the service environment.

Care planning documentation reviewed reflected consumers’ emotional, spiritual, social and lifestyle needs and preferences and other relevant information to supports the consumers’ well-being and quality of life. Documentation confirmed care was being delivered in line with consumers’ assessed needs.

A review of documentation, such as care plans, minutes of consumer meetings and newsletters confirmed that consumers are supported to be active participants, both within and outside of the service community. There are two specifically designed activities program delivered by its own lifestyle staff member. Lifestyle staff said consumers are supported to engage in activities delivered through the two programs and to form friendships within in the service.

The service has access to a wide range of allied health services attached to the adjoining hospital and maintains a documented process for making referrals to individuals and providers outside the service. Care planning documentation confirmed timely and appropriate referrals where required.

Lifestyle staff were able to describe, and documentation reviewed confirmed, how consumers’ well-being is supported through delivery of one-on-one sessions, exercises, pampers sessions, but trips and groups activities. Lifestyle staff described how that they work with volunteers from different church groups to supplement the activities offered by the service and refer consumers to a volunteer or Minister for one-on-one conversations and spiritual support.

Staff could describe each consumer's food preferences and dietary needs and how they support consumers to choose their meals each day for the next day from a two-week rotating menu which has two to three options for each meal each day, including modified options. Staff described how consumers have choices when selecting meals and consumers have input into the menu through feedback forms, tasting panels, or requests. Meals are delivered to the service from the adjoining hospital kitchens in insulated trolleys and are placed in unit kitchens. The kitchens for each unit were observed to be clean and tidy, with food safety and work health and safety protocols implemented.

The Assessment Team observed equipment, which supports consumers to engage in activities of daily living, was suitable, clean, and well maintained. A range of policies, processes, and schedules to ensure that equipment is inspected, cleaned and suitable for use.

**Standard 5**

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

**Findings**

Consumers’ feedback indicated they found the service environment to be welcoming and to have a home-like feeling. They reported feeling secure and comfortable and expressed satisfaction with cleanliness maintained throughout the service. Consumers reported equipment and furniture is well-maintained and is suitable for consumer needs.

Indoor and outdoor areas were observed to be accessible with wide pathways which assisted with functionality for consumers in wheelchairs or using walking frames. The Assessment Team observed the service environment to be easy to navigate and enabled consumers to be independent in accessing different areas. Consumers were observed to be utilising indoor and outdoor areas freely.

Consumers were observed to have access to call bells and mobility aids placed within reach. Furniture and equipment within the service were observed to be clean, well maintained, and suitable for the consumer. Inspection reports and maintenance records demonstrated the service is actively monitoring the safety and maintenance of furniture, fittings and equipment.

Staff were able to describe processes for reporting maintenance and safety issues when they arise, including removing unsafe equipment from the floor and logging it in the maintenance book. Documentation reviewed demonstrated maintenance requests are completed appropriately by staff and repair is completed in a timely manner depending on the level of priority.

**Standard 6**

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

**Findings**

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

Overall, consumers, representatives and staff interviewed provided feedback indicating they felt comfortable in giving feedback to the service, positive or negative, and were able to describe multiple ways in which the feedback could be provided. Consumers reported their complaints were addressed promptly and effectively.

The service promotes a range of mechanisms to encourage consumers, representatives and visitors to provide feedback and make complaints. This included feedback boxes, posters, satisfaction surveys, case conferencing, Consumer Engagement Meetings, and the Menu Planning Committee. Meeting minutes for the last two meetings showed feedback from family members and consumers was encouraged and supported.

Staff were able to describe how consumers are made aware of how to access advocacy services, language services, or other methods for raising and resolving complaints through welcome pack content, brochures and pamphlets on display throughout the service, and feedback forms in languages other than English.

Staff have mandatory annual training on complaints and incident management, which included content on the open disclosure process. All training records reviewed were current and up-to-date, and staff interviews confirmed understanding of these processes. A review of the Complaints and Compliments Register, Quality Improvement Register, consumer interviews, and Consumer Engagement meeting minutes, provided examples of improvements made as a result of feedback and complaints.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

**Findings**

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

Consumers’ feedback indicated they were generally satisfied with the number of staff, commenting staff promptly respond to their call bells and provide care in a non-rushed manner. Consumers found all staff to be kind, caring and compassionate. They felt confident the staff has the necessary knowledge and experience to provide high quality care.

Documentation, including rosters, showed the service does not use agency staff with all shift vacancies being filled with the service’s staff. A review of rosters for the month preceding the Site Audit demonstrated no unfilled shifts.

Staff were observed interacting with consumers in a caring and respectful manner, including knocking at doors, asking to enter consumer rooms and using preferred names. The Assessment Team observed staff communicating with consumer in a way that shows care, such as sitting beside consumers, sharing news, morning tea or holding a consumer’s hand.

A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties. Staff records reviewed indicated staff are appropriately qualified and that the service conducts the necessary checks required for their roles, including police checks, Australian Health Practitioner Regulation Agency (AHPRA) registration, and mandatory training. Staff interviewed expressed satisfaction with training and supports and how this assists them to perform the assigned duties safely and competently.

The service was noted to have an effective system for staff performance evaluation, which includes regular assessments of individual staff member’s job performance and ongoing monitoring of their work. The annual performance appraisal process has recently been updated to include a greater focus on staff reflection of self-assessment of performance. Staff reported they found the performance evaluation process to be effective and helpful in identifying areas of improvement.

**Standard 8**

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

**Findings**

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

All consumers interviewed reported they felt the service was well run and they are engaged in the development, delivery and evaluation of care and services. They all confirmed they felt very safe and receive the care they need.

Management and staff could describe the various means in engaging consumers, such as Consumer Engagement Forums, feedback from consumers and representatives, and surveys. The service could provide documented evidence to demonstrate that consumers are engaged and supported in providing input on service delivery, with requests to have better access to a medical officer.

The service has a comprehensive quality assurance program in place, which includes regular audits, reviews and assessments of all aspects of care delivery. Consumers’ and families’ feedback is actively thought through a range of mechanisms, such as Consumer Engagement Forums and Resident Response Surveys. Management advised, and documentation showed, consumer feedback is included in the monthly quality and safety reports and it is also discussed at the Residential Aged Care Quality Management meetings.

The service has an electronic health records system that ensures all consumer information is accurately and securely stored, managed and shared among staff who have been trained on how to use this system effectively. There is a comprehensive quality improvement program that includes regular audits, reviews and assessments of all aspects of care delivery. Staff interviewed reported they are encouraged to identify areas for improvement.

The organisation has clear financial policies and procedures, including budgeting and accounting process is which are oversee by a finance team. There are clear policies and procedures related to workforce management, including training, performance, evaluation and staff development. Staff confirmed they received regular training and support to ensure that they equipped with all skills needed to provide high quality care. Audits and assessments are conducted to ensure the service is meeting all regulatory requirements, and there is a clear process for receiving, investigating and responding to feedback and complaints from consumers, their families and staff.

The service has a risk management framework in place that ensures current and emerging risks are identified and their potential consequences understood, so that appropriate and effective steps are taken to mitigate and manage the identified risks. Management and staff could describe the processes used in identifying and managing high impact or high prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines are in place where risks are escalated to management, which has the overall responsibility for the oversight of risk, the systems and processes of risk management.

All staff interviewed stated that they completed training on incident management, Serious Incident Response Scheme, open disclosure and restrictive practices and were able to describe their role in incident management process and how restrictive practices are minimised

The organisation has a clinical governance framework in place that included policies, work instructions, and staff training requirements across areas, such as antimicrobial stewardship, medication administration, restrictive practices, and open disclosure. Staff receive regular training on these policies and procedures, and there is ongoing monitoring and review of clinical care practices. Documentation viewed demonstrated regular reporting and analysis of clinical outcomes data to identify areas for improvement and ensure the service provides safe and effective clinical care.

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)