Performance

Report

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| Name of service: | Rockpool RAC Morayfield |
| Service address: | 49 Amy Street MORAYFIELD QLD 4506 |
| Commission ID: | 5437 |
| Approved provider: | Rockpool RAC (Morayfield) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 11 September 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 Rockpool RAC Morayfield (**the service**) has been prepared by J. Miaris 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.
* the provider’s response to the assessment team’s report received 4 September 2023.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff treated them with dignity and respect, with their identity, culture, and diversity valued. Staff described how they respected consumers when providing care, such as asking for consent, acknowledging consumers’ choices, and taking time to understand consumers’ life history and needs. Staff were observed interacting with consumers in a respectful manner.

Consumers and representatives said care was delivered in a way which supported consumers’ cultural traditions and preferences. Staff described how they supported the delivery of culturally safe care and services for consumers, consistent with care planning documentation. The service had a policy which outlined the service’s commitment to create a culture that is diverse, inclusive and respects, and celebrates differences.

Consumers advised they were able to make decisions about their care and maintain relationships of choice. Staff described how they supported consumers to communicate decisions. Care planning documentation reflected consumers choices relating to the delivery of care and services, who should be involved, and ways to support consumers in maintaining relationships and connections.

Consumers described how they were supported to do things with an element of risk. Management and staff explained consumers were supported to live the best life they can through consultation and assessment of risks associated with consumers’ choices. Care planning documentation evidenced risks were assessed and discussed with consumers and others, with risk mitigation strategies in place.

Consumers and representatives advised information was provided which helped them make decisions about consumers care and services and could ask for clarifying information if required. Management and staff described ways information was shared and clearly communicated with consumers and representatives, such as verbal reminders, newsletters, and posters.

Consumers considered the service respected their privacy, such as staff knocking on their door before entering. Management and staff outlined ways consumers privacy was respected, with privacy protocols in place to maintain the confidentiality of consumers’ personal information. Staff were observed following privacy protocols and respecting consumers privacy.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Management and staff explained how risks to consumers’ health and well-being were considered through assessment and planning processes, to inform the delivery of safe, effective care and services. Care planning documentation evidenced risks were considered for consumers, with strategies in place to assist the safe delivery of care and services.

Consumers and representatives said consumers’ current needs, goals, and preferences, including advance care planning and end of life wishes, were identified and addressed during assessment and planning processes. Management and staff explained discussions around end of life care planning was held upon admission to the service, or at other times as appropriate. Care planning documentation reflected the current needs of consumers and included consumers advance care and end of life directives.

Consumers and representatives considered they were involved in the ongoing assessment, planning, and review of consumers’ care and services. Staff explained how they involved, consumers, representatives, and other providers of care and services in assessment and planning processes. Documentation evidenced consumers, representatives, and others, such as allied health professionals, were involved in care planning.

Consumers and representatives reflected how outcomes of assessment and planning were communicated to them and said they were offered a copy of the care plan. Staff outlined ways they communicated the outcomes of assessment and planning, such as through meetings, telephone, or email communication. Documentation demonstrated consumers and representatives were informed of assessment and planning outcomes.

Management and staff explained that care and services were regularly reviewed monthly as part of resident of the day processes, and more comprehensive reviews were scheduled and completed 3 monthly. Staff said care and services were reviewed as needed following a change in consumers circumstance, such as when an incident occurred or a deterioration in health. Care planning documentation evidenced care and services were regularly reviewed for effectiveness, including when circumstances changed, in line with policies and procedures.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives expressed satisfaction with the delivery of personal and clinical care. Management and staff demonstrated knowledge of consumers’ needs and preferences and described how they tailored the delivery of care and services for consumers. Care planning documentation evidenced consumers received safe, effective care aligned to consumers’ needs and preferences, with strategies in place to optimise consumers health and well-being. The service had policies were in place to guide best practice care.

Management and staff identified high impact, high prevalence risks associated with the care of consumers, and described how these risks were identified and managed. Care planning documentation demonstrated individual risks to consumers were identified and effectively managed, with risk mitigation strategies in place.

Management and staff described how the needs of consumers changed nearing end of life care and ways they supported consumers dignity and comfort, such as attending to personal care, and pain management. Care planning documentation reflected care to support consumers dignity and comfort, in line with their preferences and needs, with policies in place to support staff in the delivery of best practice end of life care.

Consumers and representatives said the service recognised and responded to changes in consumers’ condition in a suitable and timely manner. Staff described how they monitored consumers to identify changes or deterioration in mental health, cognitive, or physical function or capacity. Care planning documentation evidenced deterioration or changes in consumers were identified and responded to in a timely manner.

Consumers and representatives said consumer's preferences and care needs were communicated effectively with them, between staff, and with external providers involved in consumers’ care. Staff described how information about consumer needs, conditions, and preferences were documented and communicated within the service and with others responsible for consumers’ care, such as through verbal and documented processes.

Management and staff explained the processes in place for referring consumers to other providers of care and services to support consumers, such as medical officers. Feedback received from consumers and representatives, and care planning documentation demonstrated referrals were completed in a timely and appropriate manner.

Consumers and representatives said they were satisfied with the service’s cleanliness, management of COVID-19 precautions, and infection control practices. Management, staff and the service’s infection prevention and control leads described the processes in place to minimise and manage infection related risks in line with service’s outbreak management plan. Staff were observed following infection prevention and control protocols. Staff demonstrated an understanding of antimicrobial stewardship and described how they follow best practice.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers were supported to do things of interest and were provided with appropriate support to optimise their independence and quality of life. Staff explained how assessment and planning processes identified consumer’s needs, goals, and preferences, and ways to support consumers in a safe and effective manner. Staff demonstrated knowledge of consumers, including their interests which aligned with information in care planning documentation and consumers goals, interests, and needs were reflected in care planning documentation.

Consumers and representatives said consumers were supported when they were feeling low, and described how the service promoted consumers’ emotional, spiritual, and psychological well-being. Staff explained how they identified changes in consumers well-being, and ways they supported consumers such as providing emotional support or escalate as appropriate. Care planning documentation contained information about consumers needs and preferences, including spiritual and religious, and well-being needs.

Consumers and representatives reflected how consumers’ social and community participation was supported, and consumers were able to do things of interest. Management and staff outlined ways consumers were supported to participate in their community within and outside the service environment, maintain relationships and do things of interest to them. Documentation evidenced various activities and services were available to support consumers diverse interests and needs, such as religious services and the availability of volunteers.

Management and staff said they communicated shared information about consumers through the service’s electronic records management system, shift handover processes, meetings, and other documentation such as handover sheets. Others responsible for consumers’ care, such as representatives, reflected the service regularly contacted them with updates and information about consumers.

Consumers and representatives said consumers were supported by other organisations, support services and providers of other care and services. Care planning documents evidenced the service collaborates with external providers of other care and services to support the diverse needs of consumers. External providers were observed visiting the service.

Consumers and representatives expressed satisfaction with the quality and quantity of meals provided at the service. Consumers advised they were supported to provide feedback about meals, which was responded to accordingly. Staff said the menu was developed in consultation with a dietician and consumers input, and described ways they supported consumers with their meal dining experience. Documentation included information about consumers dietary needs and preferences.

Consumers and representatives reflected consumers had access to a variety of equipment which assisted with their daily living needs. Staff explained the processes in place to maintain the safety and cleanliness of equipment, and equipment was observed to be suitable, clean, and in good condition.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was welcoming and easy to understand. Management and staff described features of the service which helped consumers to feel welcome, optimising their sense of belonging, independence, interaction, and function. The service environment was observed to be welcoming, with sufficient lighting, handrails to assist consumers mobility, and clear signage throughout the service to assist in navigation.

Consumers and representatives said the service environment was safe, clean, and well maintained, and enabled consumers to move freely throughout the service. Staff explained the processes in place to maintain the safety and cleanliness of the service environment, including reactive, with preventative maintenance schedules in place. Documentation demonstrated maintenance issues were addressed in a timely manner, and preventative maintenance was up to date.

Consumers advised equipment and fittings were cleaned and maintained regularly. Staff explained the processes and schedules in place for maintaining the safety, suitability, and cleanliness of furniture, fittings, and equipment. Observations demonstrated furniture, fittings, and equipment were clean and well maintained.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives advised they were encouraged to provide feedback or make a complaint, and described ways they were supported to do so. Management and staff described the processes in place to encourage and support consumers and others in providing feedback and complaints, such as assistance in filling out a feedback form. Feedback and complaints forms were observed to be readily available and accessible for consumers, with the option to submit feedback or complaints anonymously.

Consumers and representatives said they were aware of advocacy and language services available, and other ways to raise and resolve complaints. Management and staff explained the external advocacy and language translation services available for consumers to access and there were staff available to assist with translation who spoke the primary language of the consumer cohort. Information was observed throughout the service environment to support consumers in understanding their feedback and complaints options.

Consumers and representatives advised the service responded to and resolved complaints or concerns in a promptly. Staff explained they acknowledge mistakes or issues raised, provide an apology, and keep those concerned updated throughout the investigation process. Documentation demonstrated open disclosure was used by staff in response to complaints, and staff demonstrated knowledge of the principles of open disclosure. The service had policies in place to guide staff in documenting, investigating, resolving, and evaluating feedback and complaints.

Consumers and representatives expressed satisfaction with improvements that were made to care and services following feedback or complaints. Management explained the processes in place to review and resolve individual feedback and complaints, with improvements made to care and services. Management explained how complaints were trended to identify broader improvements to 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Management explained the workforce planning and management processes in place to enable the delivery of safe, quality care, and services, including accounting for unplanned staff leave. Documentation, such as staff rosters and call bell data demonstrated the service had adequate staffing levels and consumers calls for assistance were answered in a timely manner. Consumers and representatives considered the service had sufficient staff to meet consumers’ needs.

Overall, consumers and representatives considered staff were kind and caring, and staff described how they respected consumers life history, background, needs and preferences. Staff were observed interacting with consumers in a familiar, caring, and respectful manner. The service had various policies, procedures, and guidelines to support staff practice and behaviour.

Management explained how staff competency and capability was supported through mechanisms such as: recruitment processes, onboarding processes, regular training, and position descriptions outlined required key competencies, knowledge, and qualifications required for each role. Documentation demonstrated staff had up to date registrations and checks completed required for their respective role.

Management and staff explained how they were supported to deliver outcomes required by these standards through training and education, which was evidenced in documentation. Staff said they could request additional training and support from management when required.

Management explained staff performance was reviewed on an annual basis, and at other times as required. Documentation demonstrated staff performance appraisals were up to date, with a scheduled plan in place.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 8(3)(e) as not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 8(3)(e), the Site Audit report found the service was unable to demonstrate it had a framework which minimised the use of restrictive practice, due to deficiencies associated with the identification and monitoring of environmental restraints in relation to consumers who were required the use of wandering bracelets which triggered the service’s front door to close. However, this was not identified by the service as a form of environmental restrictive practice. Consumers had behaviour support plans with restrictive practice assessments completed, however, no informed consent was recorded. A consumer did not express any concerns regarding the use of the wandering bracelet and described how they were assisted to move freely throughout the service environment. Management and staff said the consumers were supported to move freely within and outside the service environment with assistance and were not aware that the bracelets triggered the front door to close. In response to feedback raised by the Assessment Team during the site audit, remedial action had been taken to monitor consumers without the use of the wandering bracelets, with the door closing mechanism to be reconfigured.

The Approved Provider’s response acknowledged deficiencies raised in relation to the front door access. However, disagreed this was a systemic failure in relation to the clinical governance framework and minimisation of restrictive practices. The response advised a previous consumer was subject to environmental restraint, as their wandering bracelet triggered the front door to close, however, this consumer no longer resides at the service. The front door closing mechanism had not been reconfigured appropriately following the previous consumer’s departure and had not been identified as affecting other consumers in relation to environmental restraint. The response clarified the wandering bracelets and front door closing mechanism was not intended to restrict the free movement of current consumers concerned. In addition, all consumers had access to a pin code panel to open the front door or were supported by staff to exit the service. The response provided context to the consumers condition and evidenced risk assessments in place to support the consumers.

Based on the balance of evidence before me, I find there are limited grounds to demonstrate systemic impact or risk associated with the clinical governance framework. Therefore, I find Requirement 8(3)(e) compliant. I have placed emphasis on strategies to support the consumers free access of the service environment, improvement actions taken, and note there was no consumer impact identified. In addition, I have considered other evidence reflected in the Site Audit report and response which demonstrated the clinical governance framework and systems were supported by policies, procedures, reporting and audit mechanisms, which were implemented into practice to minimise the use of restraint. Management and staff demonstrated knowledge of the policies and procedures, and described how these were incorporated into the delivery of care and services.

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumers reflected they were involved in the development, delivery, and evaluation of care and services, such as through meetings. Management described ways consumers were supported to provide input into care and services and provided examples of improvements driven by consumer feedback. Documentation evidenced consumers were actively engaged in the development, delivery and evaluation of care and services.

Management described a robust organisational and governance structure to ensure the delivery of quality care and services. The service demonstrated that they were supported by their governing body in the delivery of safe, inclusive, and quality care and services. Documentation evidenced that the governing body was kept informed and held accountable for the outcomes at the service.

Organisation wide governance systems were effectively supported by policies, procedures, and training, relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff feedback, observations, and documentation demonstrated policies and procedures were implemented in practice.

The service demonstrated effective risk management systems and practices, including management of high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents using an incident management system. Management and staff demonstrated an applied understanding of the high impact and high prevalence risks associated with the care of consumers, and how the service safeguards risk in line with best practice.

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)