Performance

Report

**1800 951 822**

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| Name of service: | Sandbrook Assisted Aged Care |
| Service address: | 10 Executive Drive BURLEIGH WATERS QLD 4220 |
| Commission ID: | 5511 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 24 May 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 Sandbrook Assisted Aged Care (**the service**) has been prepared by E Blance, 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 8 May 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

I find this Standard compliant.

Consumers say they are treated with dignity and respect. Policies support consumers’ right to respect and dignity and staff demonstrated how they interact with consumers in a respectful way and understand consumers’ culture and diversity.

The service demonstrated how consumers’ culture influenced delivery of care. Processes for documenting and understanding consumers’ individual values and cultural wishes are practiced with additional information gathered over time to support consumers’ preferences and cultural diversity. Policies, procedures, and educational tools support staff in cultural diversity, inclusion, and spiritually safe care and services.

Consumers say they are supported to nominate who they would like involved in their care, can communicate their decisions, make connections with others, and maintain relationships of choice. Staff demonstrated how consumers are supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers are supported to maintain relationships of choice through receiving visitors to the service, undertaking outings to visit friends and family, and attending the service’s group activities. Care planning documentation lists people of importance to the consumer, including their Enduring Power of Attorney.

Consumers and representatives say consumers are supported by staff to take risks and live the best life they can. Consumers are supported to understand the benefits and possible harm when they make decisions about taking risks. Risk assessments demonstrated that consumers’ current needs and preferences in relation to risk are identified with strategies developed to deliver care and services in line with their preferences. Policies and procedures guide staff in risk management.

Consumers and representatives say consumers receive up to date information, enabling them to make informed choices. Information is provided in languages that reflect the diversity of the consumers. Care and services are discussed with consumers and their representatives both on entry to the service and during review processes and their choices are recorded in their care plans. Activity schedules and menus are displayed in common areas and staff were observed by the Assessment Team reminding consumers of upcoming events, mealtimes and medical appointments.

Consumers and representatives say information is kept confidential and private. Policies and procedures are available to guide staff to ensure consumer privacy and confidentiality. Staff practices within the service were consistent with the maintenance for both personal privacy as well as consumer’s personal information.

I have placed weight on the consumers’ experience at the service as well as the supporting evidence provided within the site audit report in making a decision of compliance for this Standard.

# 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

I find this Standard compliant.

Overall consumers and representatives considered assessment and care planning delivered safe and effective care and services. Care planning documentation considers potential risks to consumers’ health and wellbeing. There are assessment care planning and review policies and procedures to guide staff practice.

Care planning documentation demonstrated individual consumer’s current needs, goals and preferences are addressed, including for advance care planning. Consumers say their wishes are discussed with staff.

Consumers and representatives say they are involved in the assessment, planning and review of consumers’ care and services. Care planning documents reflect others involved in assessment and planning, including medical officers and allied health providers. Case conferences are held to discuss care needs.

Staff say they have access to care plans for consumers through the electronic care management system and information is shared in handover processes. Outcomes of assessment and planning is documented. A copy of the care plan is available to consumers and representatives.

Consumers and representatives say care and services are reviewed when a consumer’s circumstances have changed, or incidents have occurred. Care plans are updated in line with the care planning review schedule. Incident reporting processes trigger a reassessment or review. The service monitors clinical indicators. Where the site audit report identified a gap in relation to care plans for pain management not updated in line with policies and procedures, I have considered the responsiveness of the service to address and remediate identified gaps in relation to pain management identified by the Assessment Team in making a decision of compliance.

I have placed weight on the consumers’ experience at the service as well as the supporting evidence provided within the site audit report in making a decision of compliance for this Standard.

# 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

I find this Standard compliant.

Consumers and representatives provided positive feedback about the care provided at the service. Care planning documentation and medication records demonstrated effective care delivery. Staff demonstrated a shared understanding of consumer’s care needs and the processes in place to support care delivery. For consumers requiring management of skin integrity, the service demonstrated effective management for pressure injuries and wound management. Preventative measures used, including repositioning, pressure relieving devices and monitoring of wounds, are in line with best practice including the engagement of specialists, correct dressings and charting.

The service has effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Incident reports, training records and clinical indicator data are used to support the effective management and clinical oversight of care delivery for consumers. For consumers who experience falls, management strategies are in place including the use of low beds, sensor mats, charting and effective management of the environment to prevent hazards. For consumers who experience changed behaviours, specialist dementia services are engaged with behaviour support plans to guide staff to identify triggers as well as provide strategies for the management of changed behaviours. Consumers who require restrictive practices are managed in line with legislative requirements.

Overall consumers and representatives say they feel confident staff would provide end of life care in line with consumers’ preferences to maximise dignity and comfort. The service demonstrated consumers’ comfort is monitored by staff including their individual preferences for care and a palliative care pathway guides staff practice.

Care planning documentation reflects the identification of, and response to, deterioration or changes in a consumer’s condition. Reporting processes are engaged following the identification of changes to a consumer’s condition. Resources to escalate recognised deterioration are available to staff including referral to medical officers after hours.

Consumers and representatives say the consumer’s care needs and preferences are effectively communicated between staff and consumers receive the care they need. Care planning documentation contains information to support effective and safe sharing of the consumer’s information in providing care. Staff notify the consumer’s medical officer and representatives when the consumer experiences a change.

Care planning documents demonstrated referral to other health providers including allied health and specialist dementia services. Consumers have access to medical officers when they need it.

Overall consumers and representatives say they see staff practicing infection control and wearing personal protective equipment. Documented policies, procedures, and an outbreak management plan guides staff in relation to antimicrobial stewardship, infection control, and for the management of respiratory outbreaks. The service has influenza and COVID-19 vaccination programmes for staff and consumers and has appointed Infection prevention and control leads.

I have placed weight on the consumers’ experience at the service as well as the supporting evidence provided within the site audit report in making a decision of compliance for this Standard.

# 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

I find this Standard compliant.

Consumers and representatives say consumers are satisfied with the service’s amenities and with the support provided by care, lifestyle, and hospitality staff. The service demonstrated consumers’ needs and preferences are assessed, documented in their care and service plan, and regularly reviewed. Activities programs are developed in consultation with consumers and reviewed at consumer meetings. The service monitors consumer satisfaction with safe and effective services.

Consumers and representatives say consumers’ spiritual, emotional and psychological wellbeing is supported. Assessment processes identify consumers’ needs with support strategies being documented. Faith based services are available to support consumers’ spirituality and provide emotional support. Professional psychological services and mental health services are available for consumers. The service has a ‘Resident Support Officer’ who offers a wellness and mindfulness program to all consumers and provides a welcome program for all new consumers arriving at the service to support their transition into aged care.

Consumers’ daily living preferences are assessed and documented in their care and service plan to guide care and support staff. The service’s activity program is developed by lifestyle staff in collaboration with consumers. Staff know how to support consumers to do things of interest to them. Consumers say they are satisfied with the activity program.

The service uses the electronic care management system to capture, store and transfer information about consumers’ conditions, needs and preferences. Other mechanisms for sharing information include handover, meetings and messaging. Staff and others have access to the required information.

Consumers are referred to other providers of care and services when required including the Resident support Officer for emotional support, various local church and community groups, specialist dementia services and older persons mental health.

Consumers are satisfied with the variety, quality, and quantity of meals. Consumers are involved in designing the menu through food focus meetings with consumer satisfaction regularly evaluated. Consumers say they have alternative options for each meal service and that they can order their meals each week in advance to ensure they can receive what they like.

Consumers and representatives are satisfied with the provision of equipment. The service has an effective equipment maintenance program. Equipment was observed by the Assessment Team to be clean and fit for purpose.

I have placed weight on the consumers’ experience at the service as well as the supporting evidence provided within the site audit report in making a decision of compliance for this Standard.

# 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

I find this Standard compliant.

The service’s living environment is welcoming with wide corridors, easily identifiable amenities, dining areas and accessible outdoor areas for consumers to interact and relax. Consumers say they are supported to decorate their bedrooms as they choose, bring furnishings from their home and make the room their own.

The service was observed to be safe, clean and well maintained with consumers moving freely both indoors and outdoors. Garden and outdoor areas are monitored to ensure safety for consumers who mobilise in these areas. Preventative and reactive maintenance systems demonstrated processes to monitor the safety and comfort of the environment and building. The Assessment Team observed consumers moving freely both indoors and outdoors.

Consumers say the cleanliness of the environment and maintenance issues are attended to in a timely manner. The furniture, fittings and equipment assists consumers to be independent and are kept clean and well maintained. Furniture, fittings, and equipment is maintained through a cleaning and maintenance schedule by staff. Processes are in place to monitor maintenance issues or hazards.

I have placed weight on the consumers’ experience at the service as well as the supporting evidence provided within the site audit report in making a decision of compliance for this Standard.

# 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

I find this Standard compliant.

Consumers and representatives say they feel encouraged, safe and supported when providing feedback or making complaints. Methods available to provide feedback includes speaking directly to management or staff. Feedback or complaints are escalated by staff where required.

Consumers say they are aware of the process for making external complaints to advocacy services. Staff are knowledgeable about advocacy services, and information on these services is made available and accessible to consumers.

Appropriate action is taken in response to complaints raised. The service demonstrated an understanding of open disclosure and evidence of an open disclosure process has been applied in response to complaints and incidents. The service’s response to complaints are timely and appropriate.

Consumers and representatives expressed confidence in the service’s ability to use feedback and complaints to improve the quality of care and services and confirmed their involvement in the improvement process. Processes are in place to trend and analyse complaints, feedback, and concerns raised and uses this information to inform continuous improvement activities across the service which are documented in the plan for continuous improvement. The site audit report raised that staff do not always complete complaint or feedback documentation for issues raised verbally which does not align with the service’s feedback and complaints process. I have considered the feedback from consumers, and the responsiveness of the service to address and remediate identified gaps in relation to undocumented verbal feedback in making a decision of compliance.

I have placed weight on the consumers’ experience at the service as well as the supporting evidence provided within the site audit report in making a decision of compliance for this Standard.

# 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

I find this Standard compliant.

Overall, consumers and representatives say staff are available when needed and respond promptly to call bells. There is sufficient staff to provide care and services in accordance with consumers’ needs and preferences. The service demonstrated how the workforce is planned to avoid staff shortages as well as deployed to delivery care and services. Casual staff can be utilised from across the service as well as from other areas within the organisation to deliver care and services. Processes for responding to requests for assistance are monitored by the service. The site audit report raised a small number of consumers reported delays in pain management. I have considered the feedback from consumers and the responsiveness of the service to address and remediate identified gaps in relation to clinical attendance to consumers in making a decision of compliance.

Overall, consumers and representatives say staff are kind and caring and treat consumers well. Staff demonstrated an understanding of consumers, including their identity, culture, needs, and preferences. The service uses consumer satisfaction as well as feedback and incidents to monitor the satisfaction of consumers. Policies guide staff in relation to consumer dignity and respect and diversity and inclusion.

The service demonstrated staff perform their duties effectively, and that they are trained appropriately and skilled to meet consumers’ care needs. Processes to determine that staff are competent and capable in their role is determined through skills assessments and is monitored through performance assessments, feedback, audits, surveys, and reviews of clinical records and care delivery. The service maintains position descriptions which establish responsibilities, knowledge, skills, and required qualifications for each role, and monitors national criminal history checks, professional registration, and influenza and COVID-19 vaccination records.

Consumers and representatives expressed confidence in the ability of staff to deliver care and services, and said they believe staff are generally well trained and equipped to perform their roles. Orientation processes, mandatory training, competency assessments, role specific training and training on the Quality Standards is provided to staff. The service supports staff to undertake further training and professional development. A training register monitors training and attendance provided to staff.

Staff undergo self-performance appraisals, and the service is ensuring staff performance is being monitored. Work performance is audited by a direct supervisor and staff receive feedback on their performance and an opportunity to identify areas for further improvement and training.

I have placed weight on the consumers’ experience at the service as well as the supporting evidence provided within the site audit report in making a decision of compliance for this Standard.

# 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

I find this Standard compliant.

Overall, consumers and representatives consider the service to be well run and they can provide feedback and suggestions about care and service delivery. The service demonstrated various ways consumers are supported to be engaged in the development, delivery, and evaluation of care and services. The service actively seeks feedback and suggestions and discusses all aspects of service delivery with consumers with information captured within the service’s plan for continuous improvement.

The service provides culturally safe care in accordance with consumer preferences. A culture of safe, inclusive, and quality care is promoted and strategic direction for delivering care against the Quality Standards is monitored. Information is shared with consumers in relation to compliance with the Quality Standards and changes in legislation. A leadership team comprises of members experienced in clinical health care, governance, finance, quality and compliance, and risk management. The leadership team is kept abreast of the service’s operations via the management team who provides monthly reports.

A suite of documented policies form a governance framework, which are implemented effectively at the service. Information is readily accessible within the electronic care management system to support staff to undertake their role. Opportunities for improvement are identified through a range of sources including but not limited to, consumer/representative feedback, audit and survey results, clinical indicator trends, and critical incident data. The service can make routine purchases within financial limits and access additional funds to meet the needs of consumers. Systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care. Policies and procedures with clearly established roles, responsibilities, and accountability for the monitoring of staff conduct and performance were identified by the Assessment Team. Legislative changes are identified and disseminated across the organisation. The service has effective policies and procedures in relation to incident reporting which capture types of incidents to report under the serious incident management scheme (SIRS) and reporting timeframes. The service is guided by a feedback and complaints management policy which includes a classification scale, escalation process, and open disclosure. Compliments and complaints are trended.

Established governance frameworks, policies and procedures support the management of risk associated with the care of consumers, including responding to clinical incidents. Management and staff could provide examples of these risks and how they are managed within the service. Consumers and representatives say consumers are supported to take risks and live their best lives. High-prevalence risks in the service are identified through the quality indicator report and risk tracker. These are discussed at monthly meetings and escalated through clinical systems. All incidents are recorded within the service’s incident management system. The service has policies and procedures in relation to incident reporting which capture types of incidents to report under SIRS and reporting timeframes.

Consumers and representatives say consumers receive safe and effective care, they are consulted, and when things go wrong, they are provided with an explanation and an apology. Staff at the service are able to articulate their roles in the provision of antimicrobial stewardship, minimising restrictive practices and providing open disclosure. Minimisation of restrictive practices is conducted through consultation and seeking alternative strategies that are individualised for each consumer and reviewed as required.

I have placed weight on the consumers’ experience at the service as well as the supporting evidence provided within the site audit report in making a decision of compliance for this Standard.

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)