Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Sarina Aged Care Ltd |
| Service address: | 18 - 32 Hoey Street SARINA QLD 4737 |
| Commission ID: | 5241 |
| Approved provider: | Sarina Aged Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 21 October 2022 |

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 Sarina Aged Care Ltd (**the service**) has been prepared by Ms D. McDonald 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

# 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

Consumers said they were treated with dignity; and their culture or background were respected. Care planning documentation included details of consumers background. Staff demonstrated familiarity with consumers personal circumstances, preferences and called them by their preferred name. The service had guidelines, and provided staff with training, about dignity, respect and diversity.

Consumers said their spiritual and cultural needs were recognised and valued at the service. Care planning documentation identified consumers cultural heritage and reflected consumer choice about how much or how little involvement they wanted in cultural activities. The service displayed information on the various cultural activities on offer at the service.

Consumers and representatives stated the consumer’s choices and preferences for care and services were encouraged and relationships, including intimate relationships, were supported by the service. Staff described how they support consumers to maintain relationships including for married couples who share a room. The service had policies which demonstrated its commitment to supporting and managing consumer’s choices, upholding their dignity, independence, and safety.

Care plans demonstrated consumers were able to take risks and live life as they wish, including the use of bed poles. Consumer advised they were aware of the risk and described how the use of the pole, assisted with their independence. Staff had a shared awareness of consumers’ choices which included an element of risk. Assessment of risk-taking activities occurred in consultation with consumers, representative and health professionals, and supported the consumers understanding of benefits and possible harm involved with their choices.

Consumers and their representatives said they received enough information to support decision making. Staff described providing consumers with information to support decision making. Information such as menus, activity planners, and information about raising complaints, both internal and external, were observed throughout the facility.

Consumers said their privacy and confidentiality were respected. Staff were observed knocking on consumers’ doors prior to entry and closing the door during provision of personal care. Consumers’ information was stored securely and handovers were conducted behind closed doors. The service’s Personal Privacy and Dignity Policy was reviewed, and it ensured consumer’s personal privacy was respected to maintain their dignity and ability to make decisions about their health and well-being.

# 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

Consumers and representatives stated the assessment and planning processes at the service reflected their personal preferences and identified risks associated with their individual health and welfare. Staff demonstrated knowledge of consumers’ needs, goals and preferences and described how they supported consumers to remain as independent as possible. Care planning documents were individualised, and included identified strategies to mitigate risks to consumers’ health and well-being.

Consumers and representatives advised the care planning process identified what was important to them, including maintaining their independence. Care documentation included advance care and end of life planning. Where the consumer did not wish to have formal conversation about their end of life planning, staff documented any wishes consumers verbalised. Staff described consumers’ individual preferences which were consistent with care plans.

Consumers and representatives said staff involved them in care planning and assessment, and they felt there was an ongoing partnership with the service. Care planning documentation evidenced regular consultation with consumers and representatives through care conferences. Staff described how other providers, such as allied health professionals, medical officers, and specialist services, participated in assessment and planning.

Consumers and representatives said they had a copy of their care plan. Care planning documentation were observed to be readily available to those involved in the care of the consumer including staff and visiting health professionals. Staff described the consultation process with consumers including how their care needs, goals and preferences are established through assessment and care planning processes on entry to the service and when the care plan is reviewed.

Consumer care plans evidenced regular three monthly reviews for effectiveness, or sooner following an incident, decline, or a change in health occurred. Staff demonstrated an awareness of incident or decline reporting processes and how these may trigger a reassessment or review of the consumer's care plan. Consumers and representatives confirmed the consumers care is regularly reviewed.

# 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

Care planning documentations reflected individualised care which was safe, effective and tailored to the specific needs and preferences of consumers. The service had best practice processes in place to support consumers such as those who may have a restrictive practices applied, required skin integrity care or pain management. Staff demonstrated an understanding of consumers’ personal and clinical care needs in line with care planning documents and this aligned with feedback from representatives.

Staff described strategies used to minimise high impact or high prevalence risks for consumers, consistent with care planning information. For consumers under restrictive practices, staff implemented strategies reflective of consumer’s behaviour support plan, which identified risks, triggers, monitoring frequency and alternative interventions to be trialed before the use of the restrictive practice. Care planning documentation included evidence of informed consent.

Consumers and representatives confirmed they had discussions with staff regarding end-of-life care. Care planning documents for consumers receiving palliative care reflected how the consumers’ comfort was maximised, their wishes and needs supported, including having family close by. Staff described how they delivered end of life care to consumers in line with the needs, goals and preferences of consumers.

Staff described having access to guidance materials to support them identify and respond to deterioration or change in consumers’ condition, including conducting assessments, documenting results, and escalating concerns to clinical staff. Documentation reviewed evidenced staffs prompt identification and response to deterioration or change in consumers conditions. Consumers and representatives said they felt confident the service would respond quickly to any change or deterioration in condition, health, or ability.

Consumers and representatives advised consumers' needs and preferences were accurately communicated between staff resulting in them receiving the care and services they required. Staff described, and care planning documentation confirmed, adequate information about the consumers' needs and preferences was shared to support effective provision of care. Information documented included assessment results, observations, care plans, and progress notes.

Consumers and representatives said referrals were timely, appropriate, and occurred when needed and the consumer had access to a range of health professionals, including allied health and medical specialists. Staff described the process to refer clinical matters to other providers. Documentation identified timely and appropriate referrals to medical officers, other health professionals, and specialist support services.

The service has implemented policies and procedures related to antimicrobial stewardship, infection control management, and the management of a Covid-19 outbreak. Staff described how infection related risks were minimised and explained strategies to minimise antimicrobial usage. Staff were observed to conduct appropriate hand hygiene practices and all visitors to the service performed rapid antigen testing before entry.

# 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

Consumers said they felt supported to do the things they want to do and the service encouraged them to be as independent as possible. Care planning documents include information about what was important to consumers, and guided staff to help consumers to do the things they wish to do. Staff explained what was important to consumers and what they enjoyed and this aligned with consumer feedback and documentation.

Consumers and representatives said consumers were supported when they were feeling low; support included one-to-one conversations with staff or with the consumer’s family and friends. Care planning documents included information about consumers' emotional, spiritual or psychological well-being. Staff explained how they know what was normal for consumers and when they identified a change in mood or emotional need, they provided additional support and reported it to clinical staff.

Consumers were supported to participate in the community inside and outside the service and maintain relationships which were important to them. Lifestyle plans reflected consumers’ preferred activities, outings, and the relationships they wished to maintain. Staff supported consumers to stay in touch with loved ones through phone calls and the use of video calls on electronic devices, especially during visitor restrictions. The service newsletter included photographs of consumers enjoying activities at the service.

Consumers and representatives said information was communicated with them and they were confident staff shared information about their care needs and preferences as needed. Staff described a variety of ways in which they shared information and were kept informed of the changing condition, needs, and preferences of each consumer. Care planning alerts in the electronic care management system and handovers supported effective staff communication.

Care planning documentation reflected how regular, timely, and appropriate referrals were made to other organisations and providers to optimise consumers’ well-being. The service was observed to use external providers, such as volunteers to supplement lifestyle activities. Staff demonstrated a shared understanding of the systems and processes for referrals to support consumers in their activities of daily living.

Consumers said they were happy with the quality and quantity of the food, how the service accommodated their preferences, and how they could access additional food if they wished. Care planning documents reflected the outcomes of nutritional assessments and dietary requirements recommendations as well as consumer preferences, allergies, likes, and dislikes. The kitchen was observed to be clean and tidy, and staff followed general food safety and workplace health and safety protocols.

Equipment for daily living and lifestyle support was observed to be clean and well maintained. Consumers said they had access to equipment, including mobility aids, which were well maintained and they felt safe when using it. Staff said they had access to the equipment they needed, and when issues were identified with equipment, it was reported to maintenance and rectified promptly.

# 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

The service environment was designed to support functioning of people with a cognitive impairment, such as handrails, wing names provided in words and pictures, as well as communal areas to watch television and participate in activities. Consumers described feeling at home at the service and found it comfortable, and clean, and gave examples of how they were supported to personalise their rooms with decorations and furniture. Staff described the wide, light-filled corridors which supported consumer's ease of movement throughout the service.

The service environment was observed to be clean, safe, and well-maintained. All indoor and outdoor spaces were tidy and free of hazards. Staff were able to describe the process followed when they identified a potential safety hazard, including ensuring consumers were safe, managing the issue, and reporting it if appropriate. Maintenance logs were seen to be up-to-date and cleaning staff were following cleaning schedules.

Consumers and representatives described equipment and furniture at the service as safe, well-maintained, and suitable for their needs. Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Call bells and mobility aids were observed to be placed within the reach of consumers. Staff confirmed sufficient equipment was available and described how shared equipment was cleaned between uses.

# 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

Consumers and representatives said they were comfortable providing feedback or complaints. Staff and consumers described the various avenues to provide feedback, including verbally or by completing feedback forms. Feedback forms and suggestion boxes were observed at the main reception and dining area of each wing of the service.

Consumers reported they were informed about how to access advocacy, interpreter, legal services, as well as external complaints. The service’s policies and procedures demonstrated the service ‘s process to make consumers aware of how to access advocates, language services, and other methods for raising a complaint. Information about advocacy, interpreter, legal, and external complaints services were displayed at reception and on noticeboards throughout the service.

Consumers felt the service responded to their complaints appropriately and engaged with them to discuss their concerns. Staff understood the complaints management process, such as documenting and resolving complaints and using open disclosure including the use of open communication and providing an apology when things went wrong. The service’s Feedback Policy and Procedures offered guidance to staff to effectively manage complaints and the Open Disclosure Policy ensured honest and timely disclosure was adhered to when things went wrong.

Consumers stated feedback and complaints were reviewed and used to improve the quality of care and services, such as providing additional seating in the hallways for consumers to rest while walking. Staff described how service improvements were made in response to feedback, and the service’s complaints management process stated feedback, including comments, compliments, and complaints data, would be recorded and used for continuous improvement. A plan for a continuous improvement register detailed improvements and changes made in response to 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

Consumers reported the service was adequately staffed, and staff responded to calls for assistance promptly. Staff reported any shift vacancies were usually filled with existing staff. A review of documentation and observations showed the service had sufficient staff to fill shifts and to deliver safe and quality care and services.

Consumers said the workforce interacted with them in a kind, caring, and respectful way regardless of their cultural background. Staff were observed addressing consumers by their preferred names and using respectful language when assisting consumers.

Consumers said staff knew what they were doing, were skilled, and knowledgeable. Documentation demonstrated each role had a position description, minimum qualifications, and credential requirements. Management advised staff competency was monitored through a competency assessment process and required qualifications were checked.

Consumers stated staff were trained and equipped to do their jobs. Management said the workforce were trained and equipped through e-learning and face-to-face training. Staff felt they received adequate training to perform the assigned duties. Documentation evidenced the workforce was satisfactorily recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

Staff described how regular performance assessments were completed, and they were supported to identify additional training needs or skill development areas. Performance appraisals were scheduled every 6 months. Completed assessments demonstrated the service’s process in assessing, monitoring, and reviewing the performance of its workforce, and performance assessments for staff were up to date.

# 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

Consumers reported they were engaged by the service to partner in improving the delivery of care and services, through providing feedback and attending consumer meetings. The service’s policies and procedures demonstrated the service’s commitment to actively encourage and seek feedback from residents, their families, representative and carers, staff, contractors, volunteers, visiting health professionals, and visitors. The service described how the the service’s bowel management policy to reflect best practice and corresponding training provided to staff was undertaken following representative feedback to ensure constipation was identified and managed.

Consumers at the service advised they felt safe and received the care they needed. A review of corporate and clinical governance frameworks evidence the organisation’s governing body played a role in promoting a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The service’s Board met with management regularly, maintained awareness of the service’s performance, and supported the identification and mitigation of risks, such as COVID-19 outbreaks.

The service had effective governance systems relating to information management, and financial and workforce governance. Continuous improvement occurred, incorporating data gathered from feedback and complaints or incidents. Regulatory compliance was maintained through communication and staff training.

The service had a risk management system, with supporting policies and procedures. Staff received training regarding elder abuse and risk, including managing and reporting incidents. Staff described the processes of identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management.

The service had a clinical governance framework which included antimicrobial stewardship, minimising the use of restrictive practice, and open disclosure. Staff demonstrated knowledge of these areas and provided examples of how they applied it to their day-to-day work.

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)