Performance

Report

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| Name of service: | Performance report date: |
| Seabrae Manor | 7 July 2022 |
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| 5378 | Site Audit |
| Approved provider: | Activity date: |
| Tingari Group Pty Ltd | 13 June 2022 – 15 June 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 Seabrae Manor (**the service**) has been considered by Meritt Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 assessment, 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 July 2022.

# 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 | | Compliant |
| 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 and representatives said consumers are treated with dignity and respect at all times, and their identity, culture, and diversity is valued. Staff are familiar with, and deliver care that respects the consumer’s background, and spoke of consumers likes, dislikes, preferences and how these impact on their care. Care planning documents highlighted consumers personal preference for care and services and what is important to them.

Staff described how a consumer’s culture influences the delivery of care and services such as, respecting consumers who wish to communicate to staff in a language other than English. Consumers said staff and management make efforts to understand and support their culture. Care planning documents demonstrated the service sought and captured individualised information to support delivery of culturally safe care and services.

Consumers said they are supported to exercise choice and independence and maintain relationships in various ways. The service supports married consumers to maintain their relationship by sharing a room and spending time together. Staff described how they support consumers to make choices for themselves. Care planning documents highlighted what was important to consumers, including maintaining personal and social relationships, dietary requirements, lifestyle choices, goals and preferences.

Consumers said they are supported to take risks which enables them to live their best lives. Staff described the services risk assessment process and demonstrated knowledge of the consumers who wish to partake in risk activities, as reflected in care planning documents. The organisation has a dignity of risk policy, outlining that consumers have a right to take risk and the service supports them in taking that risk after due assessment and consideration.

Consumers said they have the information they need to make informed choices, including what they want to eat and activities they wish to attend. Staff described ways in which information is provided to consumers and their representatives and how they provide information to consumers who may have difficulty communicating or living with cognitive impairments.

Consumers reported that their privacy and confidentiality is respected, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. The Assessment Team observed staff greeting consumers first when approaching them to provide care, and knocking on consumer's doors before entering their room.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The service demonstrated assessment and care planning, including risks to consumers’ health and well-being, informs the delivery of safe and effective care and services. Assessments for consumers are completed on entry to the service and care and service plans are reviewed every three months or more frequently as consumer needs change. Staff described they use assessments to inform how they deliver safe and effective care.

Care planning documents reflected what is important to consumers in terms of how their care is delivered, and preferences of consumers including advance care planning information and end of life planning. Conversations regarding end of life planning are discussed with consumers and representatives when the consumer wishes and as the consumer’s care needs change. The service has policies and procedures in place to assist with decision making and support the end of life journey for consumers and their families.

Consumers and representatives said they are involved in the assessment and care planning process on an ongoing basis which was evidence in care planning documents. Staff were able to describe the ways in which consumers, their representatives, and other organisations are involved in assessment, planning and review of care and services for consumers. The service has policies and procedures to guide assessment and planning and identifies consumers and representatives as partners in care planning.

Consumers and representatives said staff explain information about consumers’ care and services and care plans are available to them. The Assessment Team reviewed care planning documents and found information pertaining to, pain management, skin integrity, behaviour support, restrictive practice, nutrition, hydration, and mobility. Management said staff are trained to record care planning discussions, and outcomes of these discussions are communicated by various methods to consumers and representatives.

Care planning documents sampled showed they are reviewed on a regular basis and updated when circumstances change, such as changes in condition or when an incident occurs. This was confirmed through feedback from consumers and representatives. Staff advised care planning documents are reviewed every three months or as required, and these reviews involve the consumer and/or their representative, clinical staff, allied health, and other medical professionals as needed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers said, and representatives agreed, they are receiving care that is safe and right for them and meets their individual needs and preferences. Care planning documents reflected individualised care that is safe, effective and tailored to the specific personal and clinical care needs. Care planning documents also demonstrated that authorisation and consent is in place for restraints and that alternatives strategies are trialled, reviewed and monitored. Staff demonstrated an understanding of consumers’ personal and clinical care needs in line with care planning documents.

Care planning documents identified that high impact and high prevalence risks are effectively managed by the service, and strategies are implemented to minimise risks. Staff were aware of their responsibilities in managing risks and could describe minimisation strategies used for consumers. Consumers and representatives expressed satisfaction in the way he service was managing high impact and high prevalent risks.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. Consumers and representatives expressed confidence that the service will support consumers to be as free as possible from pain and have those important to them with them when end of life care is required. Staff described the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and/or health status. Staff said they are able to recognise and respond to deterioration or changes in consumers’ conditions and report these to clinical staff.

The service demonstrated adequate information about consumers’ condition, needs and preferences are documented and communicated where the responsibility of care is shared, as reflected in care planning documents and feedback from consumers and representatives. Staff described how information is shared and documented when changes occur. The Assessment Team observed a handover process, where information about changes in a consumer’s condition, needs and preferences were effectively communicated.

Care planning documents demonstrated the service makes appropriate referrals to other providers or organisations in a timely manner and this is also reflected in feedback from consumers and representatives. Staff were able to explain the referral process and who is involved.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. The service was able to demonstrate preparedness in the event of an infectious outbreak. Staff could describe how infection related risks are minimised, and have been trained on antimicrobial stewardship and infection control.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 receive safe and effective services and supports for daily living that meet their needs, goals and preferences and feel supported to do the things they want to do. Staff provided examples of what is important to consumers and what they like to do which aligned with information in care planning documents. The Assessment Team observed consumers engaged in group and individual activities.

Staff explained how they know what is normal for consumers and when they identify a change in mood or emotional need, they report it to the clinical staff and provide additional support, such as if a consumer is feeling sad or ‘down’ they sit and talk to them and offer support. Consumers stated their emotional, spiritual and psychological needs were supported and care planning documents included strategies to meet these needs. The Assessment Team observed staff reassuring and supporting consumers in a caring and respectful way.

Consumers and representatives said consumers are supported to stay connected with the people who are important to them, participate in the community within and outside the service, have social and personal relationships and do the things of interest to them. Staff have an understanding of consumers community connections and explained that during COVID-19 restrictions, the service maintained a schedule to keep consumers connected to their family and loved ones, and evidence was provided to the Assessment Team reflecting this.

The service demonstrated that information about consumers’ condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives said they feel information is adequately communicated and were confident staff work well together to meet consumers’ care needs and preferences.

The service demonstrated that regular, timely and appropriate referrals are made to other individuals, organisations, and providers of care to maximise consumers’ health and well-being. The organisation has policies and systems in place for making referrals to individuals and providers outside the service. The Assessment Team observed a variety of brochures and resources available to support referral to external organisations as required.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of meals provided by the service and said they can provide feedback to staff about meals they do and do not like. Care planning documents included information on dietary needs or preferences and staff described how they are kept informed of these.

The Assessment Team observed equipment which supported consumers to engage in lifestyle activities to be suitable, clean and well maintained. Consumers confirmed this to be the case and staff were able to describe the process for reporting faulty equipment.

# Standard 5

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

## Findings

Consumers considered they feel at home at the service and find it an enjoyable place to live. The Assessment Team observed the service environment to be welcoming, with environments that reflect dementia enabling principles of design and safe freedom of movement both indoors and outdoors.

Consumers and representatives said the service environment is safe, clean, well maintained, and comfortable, and enables consumers’ free movement within and outside of the service. During the site audit, the Assessment Team observed and flagged with management, documentation that indicated external contractors had not serviced the emergency lighting nor tagged a fire extinguisher. Upon receiving this feedback from the Assessment Team, management contacted the external contractors immediately and they attended the following day to complete the work. Review of the maintenance logbook demonstrated that most maintenance issues reported by staff and consumers are resolved in a prompt manner.

The Assessment Team observed the furniture, fittings, and equipment at the service to be safe, clean, well-maintained, and suitable for the use and needs of the consumers. Consumer and staff feedback reflected that there is enough shared equipment to meet consumers’ needs, and the service supports cognitive impaired consumers with alternative equipment such as pendant call bells. Management advised the environment is monitored through maintenance forms, feedback, and daily visual inspections.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 feel safe and supported to provide feedback or raise concerns with staff and management, and were aware of the methods by which complaints and feedback could be made and submitted. Staff described how they encourage and support consumers to provide feedback and make complaints and were aware of the service's complaint handling system. Management said, consumers and/or their representatives can provide feedback via the service's feedback form, verbally, through social media platforms, emails, at consumer meetings or via the organisation’s complaint system. The Assessment Team observed brochures and other written information in relation to how to make complaints available at the service’s reception.

Consumers and representatives said they are aware of and have access to advocates, language services and other methods for raising and resolving complaints. Other consumers who were not aware of external complaint mechanisms, said they were comfortable raising concerns with management and staff. Staff described how they use visual aids to assist communicating feedback with consumers who may have difficulty speaking or hearing. The Assessment Team observed the consumer handbook which provides information on how to make external complaints. The Assessment Team observed brochures and other written information in relation to advocacy and language services at the service’s reception.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff were aware of the underlying principles of open disclosure and knew that part of the principal includes acknowledging when things go wrong, to apologise and to use all complaints as opportunities for improvement. Consumers and representatives said management addresses their concerns after they make a complaint, or when an incident occurs. Management said all feedback, complaints and compliments are documented on the incident management system, and if applicable, inform a continuous improvement plan.

**Standard 7**

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| Human resources | | Compliant |
| 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

Whilst some consumers, representatives and staff said the service can at times be short on staff, there were no reported impacts on cares or services provided. Management described how the service ensures the number and mix of members of the workforce enables quality of care and services, including the use of the same agency staff to fill in for staff leave where permanent staff are unable to do so. Management described how they review call bell response times and review of call bell response times demonstrated that all call bells responded to over the service’s benchmark are investigated in line with management interview and the service’s policy.

Consumers and representatives said that staff engage with consumers in a respectful, kind and caring manner. The Assessment Team observed several kind and respectful interactions between staff and consumers, including use of terms of endearments when addressing consumers. The service has policies and procedures to guide staff practice, which outlines care and services are to be delivered in a person-centred approach.

Consumers and representatives indicated that staff are suitably skilled to provide care needs of consumers. Staff described the qualifications required for their role and the service has clear position descriptions that outline competencies and registrations required for each role. Management said competency of staff is monitored through consumer and representative feedback, completion of mandatory training and observation of staff in practice.

Education records reviewed identified staff participate in mandatory training and other training identified as required. Staff report that in addition to mandatory sessions the service provides toolbox group training sessions, and refresher courses on relevant topics.

Management outlined how the performance of staff is monitored through formal performance appraisals and informal monitoring and review. Staff were able to describe the performance appraisal process and confirmed they occur annually. Document review confirmed that annual performance review were occurring on an annual basis.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Management described the various ways consumers are engaged in the development, delivery and evaluation of care and services, including through monthly consumer feedback, complaints and feedback, survey results and family conferences. Consumers stated they felt engaged in the development and delivery of services.

The Board engage with service management to promote a culture of safe, inclusive, and quality care and services and are accountable for their delivery. For example, the organisation monitors the services performance against the quality standards through regular monthly reporting and internal site audits and report this to the Board. Management was able to provide examples of changes driven by the Board as a result of consumer feedback. Management was also able to describe how changes in aged care law is tracked and communicated to staff.

The service demonstrated it has effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff said they have access to information they need to perform their roles, and are supported by senior clinicians on site.

The service demonstrated it has effective risk management systems and practices that includes high impact and high prevalent risks, abuse or neglect of consumers, supporting consumers to live the best life they can and incident management. Risk assessments are conducted to identify high impact and high prevalence risks and care planning processes help to develop risk minimisation strategies. Staff demonstrated awareness of the service’s risk management systems and practices by providing examples of how it applied to their day to day work.

The service demonstrated a clinical governance framework that included antimicrobial stewardship, minimising use of restraint and open disclosure. Staff said they had been educated in these areas and were able to provide examples of how it applied to their day to day work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)