Performance

Report

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| Name of service: | Seabrook |
| Service address: | 15-29 Bonton Avenue Deception Bay QLD 4508 |
| Commission ID: | 5600 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 March 2023 to 31 March 2023 |
| Performance report date: | 02 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 Seabrook (**the service**) has been prepared by G-M.Cain, 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.
* 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

Consumers are treated well and feel valued and respected. Care documentation included individualised information about consumers' spiritual and cultural needs and personal preferences. Observations showed staff respectfully interacting with consumers.

Staff knew about consumers' backgrounds, what they enjoy doing and how these may influence care and services. Staff are provided training that supports them in delivering culturally safe care. The service had a 'Culture Care Kit' available to staff and contained information about individual consumers, countries of ethnicity, and other information to support providing care and services.

Consumers are supported to make choices about their care, including whom they wish to have involved, and maintain relationships of choice. Staff described how the service assists consumers in maintaining relationships with loved ones. Care documentation included preferences regarding how consumers wanted their care and services provided. The service had a 'Choice, Dignity and Diversity How to Guide' to guide staff, with the commitment that the service fosters and supports a culture of inclusion and respect for consumers, supporting them to exercise choice and independence in how they live their lives and to have their privacy respected.

Consumers felt that staff supported them to live the best life, even if their choices contained an element of risk. Management stated that consumers are supported to take risks as it is their choice, describing the processes the service undertakes if a consumer requests something that could pose a risk, including case conferences with the consumer and representatives, and risk assessments with the medical officer and other health professionals. The service had a 'Risk Management How to Guide', which guides staff in supporting consumers to make informed decisions concerning their activities by appropriately considering both risks and opportunities in supporting consumers to exercise their dignity of risk in decision making safely.

Consumers said they received information that allows them to make informed decisions. Staff described adapting their communication style when providing information to consumers with sensory impairment. A documentation review demonstrated that information is provided to consumers and representatives in a timely manner, such as through regular newsletters.

The service demonstrated that consumer privacy is respected and their personal information is kept confidential. Consumer and staff interviews confirmed this, and staff provided examples of the practical ways a consumer's privacy is respected and how consumer information is kept confidential. The service has a privacy policy that describes its commitment to protecting the privacy of personal information, rights about the personal information managed by the service and how they manage, collect, use, and disclose consumers' and staff's personal information.

# 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

Consumers and representatives were satisfied with the service's assessment and care planning process and said the care delivered meets the consumer's needs. Staff described the assessment and care planning processes, which included identifying risks to the consumer's safety, health, and well-being. Care documentation evidence that initial assessments and care planning is completed when the consumer enters the service to identify their needs, goals, and preferences. The service uses a clinical dashboard highlighting when consumer assessments and care plans are completed or due for review.

All consumers and representatives confirmed their involvement or have had discussions regarding advanced care planning and how care is to be provided. Staff described the consultation process undertaken with consumers and representatives to involve them in assessment and care planning, including documenting end-of-life wishes. Care documentation includes information about consumers' preferences, including advanced care plans and end-of-life wishes, where the consumers and representatives have chosen to do this.

Consumers and representatives confirmed they are involved ongoing in the assessment and care planning process. Staff described their role in partnering with consumers and representatives to assess, plan and review care and services. Care planning documents showed evidence of involvement from various providers and services, including medical officers and allied health professionals.

Consumers and representatives said they understood what is included in the care and services plan and confirmed they would be comfortable requesting a copy of the consumer's care planning documentation if they chose to. Staff described how they communicate the outcomes of assessment and planning to consumers and representatives via care plan reviews, phone calls and email correspondence. Observations showed that care documentation was available to staff delivering care and that visiting health professionals had access to consumers' documentation relevant to their role.

Consumers and representatives confirmed that consumers care and services are reviewed every 3 months or when the consumer's circumstances have changed, there is a deterioration of condition or when incidents impact the needs, goals, or preferences of the consumer. Staff were aware of their responsibilities regarding the incident reporting process, escalation of incidents and the requirement to report any change in the consumer's condition, needs or preferences that may prompt a re-assessment. The service has organisational policies and procedures that guide staff on initial assessments and 3-monthly reviews, which include consumers and their representatives in this process and monitoring of the effectiveness of strategies implemented following this assessment and planning.

# 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

Consumers and representatives are satisfied with how the service manages risks associated with consumers' care and services. One consumer stated, "I am very happy with the care and services; the staff know my daily routine and are always nice, happy, and smiling'. They confirmed that staff managed the compression stockings that needed to be worn according to instructions from the lymphoedema clinic.

Staff described various high-impact or high-prevalence risks at the service and strategies in place to manage these risks. Care planning documents identified information to guide staff in effectively managing risks specific to each consumer. The service had a documented Risk Management Framework to guide identifying, managing, and recording risk. Policies were available to staff on high-impact or high-prevalence risks associated with the care of consumers.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences. Consumers and representatives said they had discussed with the service the consumers' wishes about advanced care planning and end-of-life care. Care documentation included an advance care plan and the consumer's needs, goals, and preferences for receiving end-of-life care. Staff spoke of care delivery at end-of-life, including keeping family informed, reassurance, comfort observations, oral care, repositioning and pain management.

Consumers said the service is responsive to deterioration or changes in a consumer's condition. Staff described and care documentation reflects appropriate actions taken in response to changes in a consumer's health or condition. The service had a pathway available to guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives advised that consumers' care needs and preferences are effectively communicated between staff, and they receive the care they need. Staff described how information is shared and communicated between staff and others where the responsibility of care is shared. Care documentation and handover reports provided adequate information to support the effective and safe sharing of the consumer's information to support care. Observations showed staff communicating with each other and discussing changes to consumers' health and well-being during shift handover.

Consumers and representatives were satisfied with the referral process and confirmed they had access to the required healthcare providers and services to meet the consumer's changing needs. Staff and management described the referral process and advised that the service had access to various health professionals and providers. Care documentation demonstrated timely referrals to medical officers, allied health professionals, and other providers where required.

Consumers and representatives interviewed expressed satisfaction with the infection control measures that the service has in place to prevent and control any outbreak. The service had policies and procedures to guide staff regarding infection prevention and control, and antimicrobial stewardship. Staff demonstrated knowledge of infection control practices and antimicrobial stewardship relevant to their roles.

Observations showed a sufficient supply of personal protective equipment readily available to staff; handwashing stations were at service entry points to each area, and additional supplies were in staff workstations.

# 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

Consumers said the services provided were safe, supported their needs and preferences and optimised their independence. One consumer stated the service has 'great activities'. Staff described how they work with consumers to maintain their independence and how they tailor activities to consumers. Care documentation included consumers' needs and preferences. Activity calendars showed that a range of activities are offered to consumers.

Consumers said the service promotes their emotional, spiritual, and psychological well-being. Staff could describe ways they support consumers' emotional and psychological well-being, including by offering spiritual services, memorial events and one-to-one support. Care documentation reflects information to guide staff in supporting consumers' emotional and spiritual well-being needs.

Consumers described how staff support them to keep in touch with loved ones and do the things that interest them. Staff described how they support consumers to participate in activities and engage in the community. Care documentation identifies what is important to consumers and provides information to guide staff in supporting their needs. Observations showed consumers socialising amongst themselves, having meals together, and leaving the service for social leave.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff described various ways information about the consumer is communicated via verbal handover, shift handover notes, and care documentation under the electronic care management system. Hospitality staff explained how they are informed when there are changes to a consumer's dietary requirements.

Consumers said the service had referred them to appropriate providers, organisations, and individuals when required. Staff described the referral process and advised that they have access to various individuals and providers for consumer needs. Care planning documents identified engagement with various organisations and services.

Overall, consumers expressed satisfaction with the quality and quantity of meals. Consumers can provide feedback about the meals through the resident and representative meetings, feedback forms, coming to the kitchen door and when staff are serving the meals.

Consumers said they had access to safe and suitable equipment for their needs. Staff stated that medical and lifestyle equipment is available when needed. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

# 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

Consumers said they feel at home at the service, and the environment welcomes visitors. Consumers can access the cafe, library, and communal and private seating areas. The service environment was observed as easy to navigate, with wide corridors equipped with handrails and an open courtyard and cafe area for consumers. Management described various service features optimising consumers’ sense of belonging, interaction, and function.

Consumers and representatives confirmed that the service environment is clean, safe, well-maintained, and comfortable; the assessment team observed this. Consumers said they can move freely, both indoors and outdoors. Staff described the cleaning and maintenance practices in place at the service. A review of the preventative maintenance schedule showed that maintenance was current.

Consumers reported feeling safe when staff used equipment. Staff explained that shared equipment is cleaned and that they know that the equipment used for handling consumers is safe. Review of documentation and observations of how the service ensures equipment is safe, well-maintained, and suitable for the consumer.

# 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

Consumers' said that one of the things they enjoyed about the service is the openness to feedback and encouragement to discuss and raise areas where they have questions or concerns. They are encouraged and supported to provide feedback and complain through various avenues such as feedback forms, meeting discussions, satisfaction surveys, and case conferencing.

Consumers felt they were supported to provide feedback or complaints that supported their needs and communication preferences. The service had a 'Culture Care Kit' available to staff and contained information about advocacy and interpreter services. Management described the resources available to assist consumers that have difficulty communicating or need interpreter services. Consumer advocacy is included in staff training and staff and consumer handbooks.

All consumers and representatives provided positive feedback about how the service responded to complaints. Staff are trained in complaints management and open disclosure processes. Management describes how the service records consumer feedback and complaints, including actions to address concerns, open disclosure where relevant, and reports that analyse trends.

Consumers felt confident that feedback and complaints contributed to improvements in the service. Management described a range of methods used to review and analyse feedback and complaints, and the' Continuous Improvement Plan' showed examples of improvements made as a result of consumer feedback.

# 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

Consumers and representatives felt there was enough staff to provide care and assistance when required, and overall response times were slightly longer than other times of the day. The service recognised that workforce availability was challenging during the COVID-19 pandemic; however, management described the range of strategies to plan the workforce. These included rostering systems, upskilling, nursing graduate programs and agency partnerships to support resources in the event of need. Staff rosters and call bell response times demonstrated that the service had sufficient staff on rosters to provide consistent quality care to the consumers.

All consumers and representatives confirmed that staff understood what was important to consumers and that staff were kind and caring in their interactions. Staff understood consumers' needs and preferences and provided examples of how they supported these. Observations showed that staff interacted with consumers caring and respectfully, using preferred names and taking time to listen to consumers. Documentation demonstrates that the service informs consumers about their rights.

Consumers felt that staff knew how to do their jobs, including what to do when something happens, and described feeling confident that staff knew how to manage their clinical care. Staff described the service's processes to ensure they are qualified and competent, including training and upskilling. Service documentation demonstrates that the service verifies staff qualifications through reference checks and certificates of qualifications. The service's orientation and induction records included mandatory training and competency assessments where relevant, such as infection control and manual handling.

Management described how staff are recruited following position descriptions and selection criteria, and the service had onboarding processes and mandatory training requirements for staff. Staff confirmed they were provided training and guidance during the year, for example, following process updates, improvement initiatives, or an event. Documentation in the service's training database demonstrated that staff are current with training requirements.

The service demonstrated regular assessment, monitoring and review of the performance of each staff member. Performance appraisals are completed at 3, 6 and 12 months, then annually for staff, and staff interviewed confirmed this occurs. Completing mandatory training and reviewing position descriptions forms part of the staff's formal performance reviews. Staff spoke of a strong team culture and being provided learning opportunities, understanding consumer needs and updates about consumers or other requirements.

# 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

Consumers spoke of being engaged to provide input into delivering care and services. The service engages consumers through case conferences, consumer meetings, feedback and complaint mechanisms, or talking directly with staff or management. The service had policies and guides that support and drive consumer engagement, including the consumer 'Welcome Book', Diversity and Inclusivity Policy, Clinical Governance Framework, Clinical Care Process, Incident Management and Open Disclosure, Feedback and Complaints.

The Board includes a range of executive and non-executive members. Policies and procedures outline how the Board and key roles within the organisation promote the culture of safe, inclusive and quality care and ensure the service is accountable. The Board is informed about incidents and safety issues via survey results, performance reporting, and attending meetings. The organisation had established an Integration Committee to provide continuous guidance and ongoing communications.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had an effective electronic care management system, a plan for continuous improvement, established financial arrangements, processes to inform and implement changes resulting from regulation or legislation, and processes for workforce governance.

The organisation had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers are identified and responded to, consumers are supported to live the best life they can, and incidents are managed and prevented. Staff described minimisation strategies and monitoring for identified high-impact or high-prevalence risks, how these strategies were measured for effectiveness, and what to do if an incident or escalation of the risk should occur.

The service demonstrated a clinical governance framework and supporting policies that address antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated a shared understanding of these policies and could describe how they apply these as relevant to their roles.

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