Performance

Report

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| Name: | Seasons Living Mango Hill Care Suites |
| Commission ID: | 5841 |
| Address: | 28 Akuna Way, MANGO HILL, Queensland, 4507 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 October 2024 |
| Performance report date: | 29 October 2024 |
| Service included in this assessment: | Provider: 3257 Seasons Living Australia Pty Ltd  Service: 28072 Seasons Living Mango Hill Care Suites |

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 Seasons Living Mango Hill Care Suites (**the service**) has been prepared by D Saunders, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not applicable** |

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)(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 |

Findings

At assessment contact, consumers/representatives stated they receive the necessary information to make decisions about care and services, tailored to needs and preferences. Staff use various communication methods to ensure this information is easily accessible. For instance, posters and flyers were observed throughout the service, enabling consumers to stay informed and make choices. Management also provided examples of email communication with representatives, keeping them updated on key events and developments within the service.

Representatives explained that the service consistently keeps them informed about matters concerning their family member's health and well-being. They are also updated on any situations related to the service, such as COVID status, screening procedures during outbreaks and key contact information, including the direct contact details of the RN on duty.

Consumers/representatives informed the Assessment Team they receive regular updates and invitations to participate in the service’s daily activities, including information on menus and meal choices. They also noted staff communicate any changes to schedules, activities or meal options directly through verbal updates. Consumers/representatives discussed receiving a monthly schedule of activities along with a newsletter, delivered to each consumer’s room every three months.

I find this requirement compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The Assessment Team reported that both consumers and representatives were interviewed in this area and that they said they had confidence the service promptly identifies and responds to changes in consumers' health and well-being.

Care planning documents and clinical notes confirm that staff recognise, report, and act on changes in consumers' conditions with actions such as assessments, discussions with consumers/representatives and referrals to medical professionals or hospital transfers as needed.

Staff were interviewed and described how they identify signs of deterioration, communicate these observations, and follow appropriate procedures. Care staff noted that registered staff respond promptly when changes are reported.

Policies, procedures and training records were reviewed and the Assessment Team concluded they support the workforce in managing changes, ensuring timely and effective responses to consumers' evolving care needs.

The Assessment Team reviewed training records and confirmed that staff had completed all mandatory training related to recognising consumer deterioration. This training included key areas such as identifying deterioration, along with specialist programs in wound care and dementia care. These programs ensure that staff are equipped with the necessary skills to meet the varied clinical care needs of consumers.

The clinical manager provided the Assessment Team with examples of two consumers at the service who had recently shown signs of clinical decline. The examples showed appropriate aspects of communication, escalation, monitoring and care.

I find this requirement compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Consumers/representatives said consumers are supported to have social engagements both within the service as well as in the greater community. They said visitors are always welcome by the service and there is a cafe set up for this purpose. The service provides a range of activities to support consumers’ diverse interests and to assist them to access the community. Consumers’ family and next of kin were documented in care plans enabling staff to know who is important to the consumers.

Staff stated when recognising a change in consumers’ health and condition, activities are adjusted to suit these changes. Providing examples such as balloon tennis and light tai chi as activities organised to cater to limited mobility while still providing light exercise. Staff said the service regularly engages with Dementia Support Australia to source additional support and activity ideas to assist consumers with cognitive decline.

Staff explained the referral pathway they follow should they identify a consumer requiring additional emotional, spiritual or psychological support, including referral to the chaplain who attends twice weekly, as well as escalation to clinical staff for possible allied health referrals. Consumers could describe how staff support them to engage with the chaplain.

Consumers said they are supported to engage in daily living activities, and social outings, allowing them to make choices that align with their preferences while receiving support from staff as needed. Consumers explained they can choose from activities available within their service area and can also join in with the activities offered to the wider ‘independent living’ consumers in the neighbouring community.

I find this requirement compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Consumers and representatives who have raised complaints said appropriate action is usually taken in response to their concern and that they receive an apology when things go wrong. The service has policies to guide staff and management in relation to complaints and the process of open disclosure. Staff and management understand their roles in relation to feedback and complaints and open disclosure and could describe timely actions taken in relation to complaints received.

Management described processes they follow in relation to complaints received, including engaging with the consumer or representative as soon as possible, exploring solutions to the issue, implementing actions or improvements and monitoring outcomes.

Management described complaints where open disclosure has been used to provide an apology, explain what had gone wrong and what action had been taken to resolve the issue.

I find this requirement compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)