Performance

Report

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| Name of service: | Seasons Living Mango Hill Care Suites |
| Service address: | 28 Akuna Way MANGO HILL QLD 4507 |
| Commission ID: | 5841 |
| Approved provider: | Seasons Living Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 11 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 Seasons Living Mango Hill Care Suites (**the service**) has been prepared by J. Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Approved Provider’s response to the site audit report, received on 30 March 2023.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | 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 felt staff treated them with dignity and respect and felt valued as individuals. Staff described how they treated consumers with respect by acknowledging their choices, building rapport by investing the time to understand their backgrounds, life histories and needs.

Consumers confirmed the service recognised and respected their cultural background and provided care that was consistent with their cultural preferences. Care planning documentation captured information regarding consumers’ cultural needs and preferences.

Management and staff described how they supported consumers to make choices, maintain independence and relationships of choice. Care planning documentation identified consumers’ individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships.

The service demonstrated consumers were supported to take risks that enabled them to live their best lives. Management and staff demonstrated they were aware of the risks taken by consumers, and stated they supported the consumer’s wishes to take risks to live the way they chose, and were committed to ensuring that risk mitigation strategies were in place.

Consumers and representatives described the information they received which assisted them to make decisions about the activities they wished to engage in. The Assessment Team observed lifestyle calendars and newsletters in the rooms of consumers.

Staff described the practical ways they respected the personal privacy of consumers at the service, including knocking on consumers’ bedroom doors and awaiting a response prior to entering. The Assessment Team observed the service had protocols in place to protect consumer privacy.

# 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 that assessment and care planning, including risks to the consumer's health and well-being, informed the delivery of safe and effective care and services. Consumers and representatives confirmed they received the care and services they required, and felt involved in the care planning process.

Care planning documentation identified and addressed consumers’ current needs, goals and preferences, including advance care planning and end-of-life planning. Staff described the current needs, goals and preferences of consumers and outlined how they approached advance care planning discussions.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Consumers and representatives confirmed they actively participated in the care planning process.

Management advised consumers and representatives were offered, and could a request a copy of their care plan at any time. The Assessment Team observed the outcomes of assessment and planning were documented in care plans and care planning information was accessible to staff and visiting health professionals.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Consumers and representatives indicated staff regularly discussed their care needs with them and any requested changes were addressed in a timely manner.

# 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 advised they received safe and effective care that was best practice, tailored to their needs and which optimised their health and well-being. The service had policies, procedures and work instructions for key areas of care including restrictive practices and pain management, which were in line with best practice.

The service demonstrated high impact or high prevalence risks was effectively managed through regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies for consumers. Management and staff described the high impact and high prevalence risks associated with the care of consumers at the service.

Care planning documentation identified consumers' end of life needs, goals and preferences were documented and an advance care plan was in place. Staff outlined how the delivery of care changes for consumers nearing end of life to ensure consumers’ comfort was maximised.

Care planning documentation showed deterioration or changes in consumers’ health were recognised and responded to in a timely manner. Clinical staff explained how deterioration was recognised, responded to, documented, and monitored by staff at the service.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers’ condition. Care planning documentation provided adequate information to support effective and safe sharing of consumers’ information to support their care needs.

Staff described the referral process used when referring consumers for consultation within and outside of the organisation. Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services.

The service had 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. Consumers and representatives stated the service was kept clean and noted staff utilised personal protective equipment and practicing hand hygiene techniques.

# 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 and representatives indicated they were supported to engage in activities of their choice and explained they were provided with the appropriate supports to optimise their independence and quality of life. Staff outlined the services and supports of importance to consumers and the assistance they required to engage in these activities.

Consumers considered the service supported their spiritual, emotional, and psychological wellbeing. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff described how they supported consumers to participate in the community or engage in activities of interest to them and could describe consumers who undertook individual activities outside the service.

Staff described the ways in which they shared information and were kept informed of the changing condition, needs and preferences for each consumer. Care planning documentation provided adequate information to support the delivery of effective services and safe care.

Staff discussed the other individuals, organisations and providers of other care and services that were available to consumers, as well as the services utilised by specific consumers. Care planning documentation identified the involvement of other organisations and providers of care and services.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Care planning documentation demonstrated accurate recording of consumers’ dietary preferences including allergies and medical recommendations.

The service demonstrated that, where equipment was provided to consumers, it was safe, clean and well maintained. Staff advised they had access to equipment when required and could describe how equipment was kept safe, clean and well maintained.

# 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

The Assessment Team observed, and consumers and representatives confirmed, the service was welcoming and created a sense of belonging. Management and staff described the various aspects of the service environment that made consumers feel welcome and optimised their sense of independence, interaction and function.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. Maintenance staff reported they were required to carry out routine maintenance checks and staff were encouraged to identify and report safety and hazard issues, such as lighting issues, fire hazards and barriers to access.

The Assessment Team observed furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Maintenance staff described the preventative maintenance schedule, which demonstrated routine maintenance related to a variety of areas and systems.

# 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 stated they felt comfortable providing feedback or making a complaint and understood how to do so. Management and staff described the avenues available to consumers and representatives if they wanted to provide feedback or make a complaint.

Management advised information and brochures regarding language and advocacy services were available throughout the service, in multiple languages. Consumers and representatives were mostly aware of other avenues for raising a complaint; however, they felt comfortable raising concerns directly with staff and management.

Staff demonstrated an understanding of the open disclosure principles, and outlined how they would contact consumers and representatives to keep them informed and to apologise in the event something went wrong. Management reported staff were guided by documented policies and procedures regarding open disclosure and complaints handling.

Consumers and representatives reported their feedback was used to improve care and services. Management provided examples of complaints and the actions taken in response, as well as how feedback and complaints were used to inform continuous improvement across the service.

# 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

Consumers and representatives advised the service had a sufficient number and mix of staff to provide quality and timely care to consumers. Management outlined how they ensured there were sufficient staff to provide safe and quality care by having a master roster which was generated every fortnight and provided allocations for every staff member based on occupancy levels at the service.

The Assessment Team observed staff greeted consumers by their preferred names and demonstrated familiarity with their individual needs and identities. The service had a range of documented policies and procedures to guide staff practice which stated care and services were to be delivered in a respectful, kind and person-centred manner.

Consumers and representatives advised staff effectively performed their duties and were confident staff were skilled to meet their care needs. The Assessment Team noted position descriptions included key competencies and qualifications that were either desired or essential for each role.

Staff felt they were recruited, trained, equipped and supported to deliver safe and effective care. Management discussed how they supported staff to ensure they were receiving the training they required to perform their roles and deliver the outcomes required by the Quality Standards.

Staff demonstrated an understanding of the annual performance review process and described how their performance was monitored. Management advised that staff performance was also monitored through regular observations, attendance at staff meetings and handovers and reviewing care files to see if documentation was entered correctly.

# 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

*Requirement 8(3)(c):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate effective, organisation-wide governance systems regarding information management and regulatory compliance.

The site audit report noted:

* A review of the service’s information management systems identified technical limitations which resulted in some staff having incorrectly entering their training certificates and police checks. The Assessment Team noted 4 police checks were outstanding. As advised by management, of these 4 staff members that did not have documented police checks on file, 2 of these staff members had valid police checks, although they were improperly documented, the remaining 2 staff members did not have valid police checks and were temporarily stood down, pending the service’s investigation.
* When the Assessment Team asked management for copies of mandatory training reports, management had to undertake manual cross-checking and follow up with individual staff members. The Assessment Team noted user errors within the training reports, such as staff members uploading completed certifications in the incorrect field and staff entering the incorrect date of completion. The information management system did not automatically flag these errors and required human intervention to identify and follow up on the errors.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the outstanding police checks – the service acknowledged 2 staff members did not have police checks at the time of the site audit and advised these staff members, as well as all other staff, are now fully compliant as per the regulatory requirements regarding worker screening clearances. The service advised it implemented the following improvement actions to minimise the risk of recurrent issues:
  + Updating the New Employee Onboarding Checklist to prompt management to check the staff member’s certifications prior to staff commencing any shifts.
  + The service is currently reviewing alternate Employment Management Systems (EMS) and intends to replace the current EMS by the second quarter of 2023.
  + The review of all EMS data is ongoing and is expected to be completed in the following months.
* Concerning the mandatory training reports – the service indicated an audit of the EMS identified some staff were uploading certificates and documents under the incorrect field and/or incorrectly entering the issuance and expiration dates, and subsequently the generated reports incorrectly identified staff were out of date for training or had missing documents. The service acknowledged their EMS is not user friendly in some regards; however, it contended when used correctly it had adequate functions and reporting abilities to manage information.

I have considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge the service had demonstrated discrepancies with organisation-wide governance systems relating to information management and regulatory compliance, on the balance of the evidence brought forward by the Assessment Team, these examples were insufficient to indicate systemic issues with the service’s governance systems. Therefore, I decided the service was Compliant with this requirement.

*The other Requirements:*

Consumers and representatives confirmed they were engaged in the development, delivery and evaluation of care and services via a variety of mechanisms, such as care planning consultations, committees, feedback forms and surveys. Staff advised that feedback received by consumers was used to drive improvement and design services that were fit for consumers.

The service demonstrated the organisation was governed by a Board that promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management described the role of the Board and operational committees in ensuring the service’s ability to deliver safe and quality care.

The service had risk management systems and practices in place, which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Staff demonstrated an understanding of consumers with high impact or high prevalence risks and explained how they implemented the service’s policies in line with best practice.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and the application of these policies in a practical setting.

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)