Performance

Report

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| Name of service: | Performance report date: |
| Seaton Place Aged Care | 23 June 2022 |
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| Approved provider: | Activity date: |
| McKenzie Aged Care Group Pty Ltd | 9 May 2022 to 11 May 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 Seaton Place Aged Care (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner).

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 | | 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 staff treat consumers with respect. Staff demonstrated familiarity with consumers’ backgrounds and spoke about consumers in a respectful manner. Care planning documentation included information about consumers’ background, identity and cultural practices.

Staff described consumers’ cultural, spiritual and personal preference and how these preferences are supported. Consumers considered staff valued their culture, backgrounds and diversity and provide care and services that are physically, socially, and emotionally safe.

Consumers said they are supported to make decisions about how they choose to live at the service, which included elements of risk. Staff described how they assist consumers to exercise choice about care provided, lifestyle activities, meals, and personal relationships. Minutes of consumer meetings demonstrated that consumers participate in decision making and exercise choice and independence.

The service demonstrated that information was effectively shared to support consumers to make choices regarding their care, service needs and lifestyle activities. Staff described how information is provided to consumers according to consumers’ preferences and needs. Care documentation recorded communication barriers and strategies to support consumers’ communication needs.

Staff stated they respect consumers’ privacy by knocking on doors before entering and closing doors when providing care. The Assessment Team observed appropriate storage of care records and documents.

# 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

Initial and ongoing assessment informs care plans, which document consumers’ current needs, goals and preferences. The service demonstrated how risks for consumers are considered during assessments. Outcomes of assessments are discussed with consumers and their representatives. Consumers expressed satisfaction with their involvement in the assessment and care planning process.

Care planning documentation identified consumer’s needs, goals and preferences, including those relating to end of life. Advance care planning and end of life wishes are discussed with consumers within three months of admission to the service. Health professionals and external organisations are also involved in assessment and planning.

Care documentation reviews occur every 3 months or when consumer’s circumstances change, or incidents occur. Staff had a shared understanding of the incident reporting process, including how incidents can trigger reassessment and care plan reviews.

# 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 considered they receive personal care and clinical care that is safe and right for them. Care documentation showed consumers receive care that is tailored to their individual needs and preferences. Staff are guided by policies and procedures to direct personal and clinical care that is best practice.

The service demonstrated risks for each consumer including falls, skin integrity and pain are effectively managed, through various assessment tools, charting and review of care planning documentation.

Staff, representatives and care documentation described how consumers who were nearing the end of their life had their comfort maximised and dignity preserved. Care documents demonstrated that care was provided in accordance with consumers’ needs and preferences.

Changes in consumer’s care needs are recognised and responded to in a timely manner. Representatives were satisfied with the delivery of care including the recognition of deterioration or changes in consumer’s condition. Staff described strategies used to respond to changes such as behaviour escalation.

Information about consumers’ condition, needs and preferences was documented through care plans, progress notes and handover documents. The Assessment Team observed electronic alerts in the care documentation system that communicated changes to consumers’ condition.

Care planning documents evidenced the referral process to other health professionals such as geriatricians and dieticians. Representatives said they had access to a medical officer when needed and are consulted when referrals are made to other health professionals.

The service had policies, procedures and other resources to prevent and manage infections and infection-related risks. Staff described how the service promotes antimicrobial stewardship.

# 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 felt supported to pursue activities of interest to them inside and outside the service. Staff described consumers’ interests and preferences, which were consistent with care plan records. The Assessment Team observed consumers engaged in group and individual activities.

Consumers considered their emotional, spiritual and psychological well-being are supported. Staff described how changes in consumers’ mood is monitored, and how support is provided. Care planning documentation included information about consumer’s spiritual beliefs and strategies to support their emotional well-being.

Consumers described how the service supports them to maintain relationships and participate in the community. Staff explained how they support consumers to maintain community connections and undertake their chosen activities, including through arranging bus trips, concerts and connections with volunteers.

Care documentation evidenced how consumers’ information is shared within the service and with external organisations and health professionals such as psychologists and speech pathologists. Consumers and their representatives said they are supported by other organisations, support services and providers of other care and services. Staff described that they are updated on the changing condition, needs and preferences of consumers through documentation, verbal communication and meetings.

The service demonstrated that meals provided to consumers are varied and of suitable quality and quantity. Most consumers reported they enjoyed the meals and meal service, the Assessment Team observed processes such as consumer engagement surveys, utilised by the Service to ensure meal offerings met consumer expectations. Equipment was observed to be clean, well maintained and functioning appropriately.

# 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 and representatives felt at home at the service. Consumers were observed mobilising around the service, accessing outdoor areas and gardens and using communal areas for functions, activities, and meals. Staff described how they encourage consumers to make their room feel like home and the Assessment Team observed rooms were personalised with artwork, photographs and other decorations. Management advised the service has features designed to support the functioning of people with a cognitive impairment, including the layout, signage and location of the nurses’ station.

The service environment enabled consumers to navigate freely indoors and outdoors and was observed to be clean and free of hazards. Staff described how potential hazards are addressed. The service has a preventative maintenance program and processes to log maintenance requests. The Assessment Team observed that corrective maintenance actions are completed in a timely manner. Consumers were observed using furniture that appeared safe, well maintained and comfortable.

# 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 felt encouraged and supported to give feedback and make complaints and described the different methods available to do so. Consumers and representatives provided examples of improvements that had occurred following their feedback and said management and relevant staff had apologised in response to complaints they raised. Staff confirmed they had received training on feedback and complaints management and open disclosure practices. Consumer and staff meeting minutes included complaints and feedback as a standing agenda item.

The service demonstrated that feedback and complaints are trended, analysed and used to improve care and service delivery, which was consistent with the plan for continuous improvement.

Staff understood how to access interpreter and advocacy services where required. The Assessment Team observed information on display to guide consumers on how to access translation and advocacy services.

# 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 considered most staff were respectful, kind and caring, and are gentle when providing care. Staff were observed engaging with consumers in a respectful manner.

Consumers considered their care needs were met. Some consumers raised concerns in relation to the sufficiency of staffing that resulted in their care preferences not being met consistently, however management provided reasons for the staff shortage and described actions taken to address the issue, including rostering additional staff, and introducing short shifts to provide additional care hours.

The service has processes to recruit suitably qualified and competent staff, and relevant registrations and qualifications are verified and recorded. All roles have position descriptions and staff complete mandatory induction training within six weeks of commencing at the service. Management described the initial and ongoing training and support provided to staff and stated that additional training can be accessed as required.

Staff performance is assessed, monitored and reviewed through peer supervision, self-reflection, annual performance appraisals, feedback from consumers and representatives and analysis of audit results and clinical data.

# 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

Consumers felt organisation was well run and reported they can partner in improving care and service delivery. Management outlined the ways the service engages with consumers, such as through resident meetings, consumer experience surveys and case conferences.

The organisation’s governing body is accountable for the delivery of safe and quality care and services through receiving monthly reports on key information, disseminating relevant information and implementing change based on consumer feedback and experience. The governing body has established a clinical project position to ensure best practice approaches are implemented.

The organisation has effective governance systems to maintain regulatory compliance, support access to information and administer feedback and complaints. Opportunities for continuous improvement are regularly recorded in a continuous improvement plan and actioned. Financial governance systems such as budgets and expenditure are suitably addressed. Despite some deficits being identified in workforce planning, the Site Audit report reflected that governance processes were identifying opportunities for improvement and the deficits did not impact the delivery of clinical care.

The organisation has a documented risk management framework, which includes policies on high impact or high prevalence risks, identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Staff demonstrated an understanding of the policies and provided examples relevant to their work, including for reporting incidents and managing risks.

The organisation has a clinical governance framework that includes policies relating to the minimisation of restrictive practices, antimicrobial stewardship and open disclosure. Staff have received training on the policies and provided examples of how they are applied.