Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Serene Residential Care Services |
| Commission ID: | 6820 |
| Address: | 1 Myzantha Street, LOCKLEYS, South Australia, 5032 |
| Activity type: | Site Audit |
| Activity date: | 30 September 2024 to 2 October 2024 |
| Performance report date: | 31 October 2024 |
| Service included in this assessment: | Provider: 3424 Blu Dawn Pty Ltd  Service: 4264 Serene Residential Care Services |

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 Serene Residential Care Services (**the service**) has been prepared by Katherine Richards, 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.

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider submitted an email dated 25 October 2024 stating they had no additional responses or comments regarding the report.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as compliant as 6 of the 6 requirements have been found compliant.

Consumers and representatives provided examples of how consumers were treated with dignity and respect. Staff demonstrated knowledge of the cultural backgrounds of consumers and explained how they promoted and valued diversity. Management emphasised the service’s commitment to provision of person-centred care, outlining the service’s engagement with cultural organisations to ensure consumer needs were met. Care planning documentation outlined consumer backgrounds, preferences, and cultural practices aligning with consumer and staff feedback.

Management explained training provided to staff on cultural and spiritual care to ensure the workforce effectively met consumer needs in a cross-cultural setting. Consumers and representatives explained how consumers’ cultural needs were identified and supported.

Consumers outlined how they were supported to make and communicate decisions regarding care, family involvement, and social connections. Care planning documentation reflected consumer choices. Staff demonstrated familiarity with consumer choices and relationships of importance.

Consumers described how they were supported to take risks to ensure they lived their best life. Care planning documentation outlined consumer risks of choice, capturing summary of consultation on potential risks and agreed mitigation strategies. Staff demonstrated awareness of risks taken by consumers and said they followed guidance materials, including policies and flowcharts, to ensure consumers were supported to take risks within their choices.

Staff outlined methods used to share information with consumers, explaining how communication was adapted to meet language or cognitive needs. Consumers said they received sufficient information to make informed choices on activities and meals. Displayed information was available in languages relevant to the consumer needs, and consumer meeting minutes included record of information provided to consumers on updates within the service environment.

Consumers and representatives described how staff respected consumer privacy. Policies and procedures informed staff of privacy and confidentiality requirements, and specific privacy needs or requests were reflected within care planning documentation. Staff actions were respectful of consumer privacy, seeking permission prior to entering rooms and ensuring documentation was accessed only by authorised personnel.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Care planning documentation evidenced use of validated assessment tools to identify risks and develop mitigating strategies. Staff demonstrated awareness of assessment and planning processes, undertaken by clinical management and supported by clinical staff. The service had documented processes outlining entry assessment requirements and timeframes. Consumers and representatives verified risks associated with consumer care were effectively identified with management plans developed.

Staff explained how assessment and planning processes identified current needs, goals, and preferences of consumers, with opportunity to discuss end of life wishes. Care planning documentation included personalised needs, goals, and preferences of consumers and captured advance care directives and personal wishes for end of life care.

Consumers and representatives described how staff involved them within assessment and planning processes. Care planning documentation evidenced involvement of other health care providers. Staff described how assessment and planning included processes to partner with consumers and capture input from other service providers.

Assessment and planning outcomes for each consumer were captured within their care and services plan, which were readily available to staff and providers. Consumers and representatives confirmed a copy of the care and services plan was provided following review and included essential details regarding consumer care.

Staff described how consumer care and services were reviewed routinely and in response to incidents, informed through ongoing discussions, reviews, monitoring, and observations. Care planning documentation for consumers with recent incidents demonstrated timely review was undertaken, with monitoring and evaluation of effectiveness of existing or newly developed care strategies. Consumers and representatives verified care and services were regularly reviewed to determine whether extra services were required.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as compliant as 7 of the 7 requirements have been found compliant.

Staff outlined how best practice guidelines were followed to ensure provision of safe and effective care. Care planning documentation demonstrated care was provided in line with tailored strategies and organisational policies, with monitoring for effectiveness. Consumers said their needs and preferences were known by staff and explained how personal and clinical care had improved their health and well-being.

Consumers and representatives reported consumer risks were understood and effectively managed. Staff demonstrated awareness of high impact or high prevalence risks for consumers, and mitigating strategies applied. Care planning documentation verified monitoring was undertaken and reviewed to identify effectiveness of provided care or identify and manage emerging risks.

Staff described how they adapted provision of care for consumers nearing end of life, ensuring comfort, managing pain, and optimising dignity. Care planning documentation for a late consumer demonstrated timely commencement of end of life care, with development of a palliative care plan focused on ensuring comfort, and monitoring for effectiveness of pain management strategies.

Consumers and representatives explained staff recognised change in consumer condition, including deterioration, and appropriately monitored and escalated concerns. Staff explained familiarity with consumers aided in identifying change in condition, and would escalate signs of clinical deterioration. Care planning documentation demonstrated deterioration was identified in a timely manner, with assessment, management, and escalation undertaken.

Staff described methods of communicating changes to consumers’ care and services, including through verbal handover, meetings, care planning documentation, progress notes, and alerts within the electronic care management system. Management explained visiting healthcare providers were provided access to the electronic care management system to review essential information and document outcomes of reviews. Care planning documentation included directives and outcomes of discussions to inform care delivery. A handover folder contained information from the past 7 days to communicate tasks, changes, or required follow-up.

Consumers and representatives described referrals made to a range of providers for consumers. Clinical staff demonstrated familiarity with referral pathways and responsibilities. Care planning documentation evidenced timely responses and implementation of recommended strategies.

Consumers said staff consistently followed infection control practices, such as practicing hand hygiene and using personal protective equipment. Staff confirmed receipt of training in infection control principles and antimicrobial stewardship and described practices to prevent infection and ensure appropriate antibiotic prescribing. Management explained other actions, such as promoting vaccination programs, and infection incidents were monitored within monthly reporting.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as compliant as 7 of the 7 requirements have been found compliant.

Staff gave examples of tailored supports to support consumer independence and well-being. Consumers said services and supports enabled them to do what they wanted and enhanced their quality of life.

Consumers said their emotional, spiritual, and religious needs were well supported. Care planning documentation outlined processes to meet consumers’ emotional, spiritual, and psychological needs and demonstrated supports were increased in response to incidents and changes. Staff described how they provided emotional, spiritual, and psychological support when interacting with consumers and within scheduled activities.

Consumers and representatives gave examples of how they were supported to do things of interest, within the service and community, and to maintain important relationships. Staff explained how consumer input was used to schedule activities of interest. Consumers were observed socialising with other consumers and visitors and participating in group activities.

Service and support staff described communication methods for sharing information about consumers, including handover, verbal discussions, and within care planning documentation. Consumers said staff were familiar with their needs and preferences without need to repeat information. Care planning documentation included sufficient information to inform service and support needs and preferences.

Care planning documentation evidenced referrals to a range of services and supports to meet consumer interests and emotional needs. Staff explained how consumer needs were recognised, and referrals were made in consultation with consumers and representatives.

Consumers provided positive feedback on provided meals, with input into menu options and opportunities for feedback. Management described engagement of a consultancy service to improve consumer dining experience, and changes being implemented, including introduction of bain-marie service. Staff explained the rotating seasonal menu was developed with dietitian input, offering a variety of meals and options, with efforts made to accommodate consumer preferences and requests.

Consumers reported mobility and lifestyle equipment was safe, clean, well-maintained, and effectively met their needs. Staff explained processes to ensure equipment was kept clean and ready for use. Observed lifestyle equipment and personal items were clean, safe, and fit for purpose.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as compliant as 3 of the 3 requirements have been found compliant.

Consumers described the service environment as welcoming and easy to understand and independently navigate. Management described recent and potential future changes to the service environment to create spaces for consumers to spend time with others or on their own. The environment was observed to be welcoming and homely, personalised with furnishings and displayed artworks and ornaments.

Consumers and representatives verified the service environment was safe, clean, and well-maintained and they could move freely through the internal and external areas. Staff described cleaning, maintenance, and monitoring processes to ensure the environment was safe and clean with hazards promptly addressed. Secured areas were accessible through keypad, with management explaining codes were provided to consumers unless assessed as subject to environmental restraint, although management acknowledged improvements could be made with actions commenced to enable access during daylight hours.

Furniture, fittings, and equipment were observed to be safe, clean, and maintained in line with scheduled actions. Consumers expressed confidence in the safety and suitability of furniture and equipment. Staff described how to identify and report hazards and maintenance requirements.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as compliant as 4 of the 4 requirements have been found compliant.

Consumers and representatives said they felt supported to make complaints and were aware of available written and verbal feedback avenues. Staff outlined methods to assist consumers submit feedback or complaints and were aware of processes to follow. Management explained they encouraged consumer and representative input through feedback forms, discussions, and within meetings, and conducted a daily walkaround of the service to greet consumers and create opportunities for discussion. Documentation evidenced feedback and complaints were collected through a range of methods.

Consumers reported awareness of available advocacy and language services as well as external complaint avenues. Staff advised they could assist consumers access language, advocacy, and complaint services if required, and advocates were invited to attend consumer meetings. Printed information on language, advocacy, and complaint services was available in a range of languages, and reminders included within newsletters.

Staff outlined actions they would take to address and escalate concerns and could describe how they followed the open disclosure process, with prompts available within the electronic system. Consumers and representatives said management investigated and resolved any concerns, with documentation including positive outcomes within evaluations. Documentation demonstrated complaints were identified, actioned, and closed within the expected organisational timeframes.

Consumers provided positive feedback on improvements made in response to suggestions or complaints. Management described how they reviewed feedback and data for trends, which were then used to develop actions for the plan for continuous improvement.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Consumers, representatives, and staff reported there were enough staff with appropriate skills to meet consumer needs in a timely manner. Management described workforce planning and evaluation processes to ensure the number and mix of staff was sufficient to meet consumer needs, including monitoring feedback, incidents, call bell response time, and clinical and care minutes. Staff said, and documentation verified, vacant shifts were filled, and rostering considered the skill mix of staff and needs of consumers.

Consumers and representatives described staff interactions with consumers as kind, caring, and respectful of the individual. Staff advised they received training on appropriate interactions and cultural customs. Management explained staff were expected to work within the Code of Conduct principles, reinforced within orientation and training, and interactions monitored for positive outcomes.

Staff were knowledgeable of tailored and best practice strategies for management of clinical and personal care. Management explained ongoing monitoring of staff competence through observations, reviewing documentation, and ensuring compliance with training and registration expectations. An annual competency schedule is in place for clinical and care staff to evaluate understanding of key requirements.

Management outlined recruitment and onboarding programs to ensure staff have adequate knowledge to perform their roles and meet requirements within the Aged Care Quality Standards. Monitoring of staff performance was used to identify potential for improvements in staff knowledge and develop targeted education programs. Training records confirmed staff compliance with mandatory training on topics relevant to the Aged Care Quality Standards.

Staff verified ongoing monitoring of their work practices and regular performance reviews were undertaken. Management explained formal and informal practices used to monitor staff performance and actions were taken where potential improvement was required. Personnel files included record of performance appraisal undertaken within the past 12 months.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Consumers and representatives gave examples of how they were engaged within service development, delivery, and evaluation, including through feedback and consultation processes. Management outlined systems and processes to seek input from consumers and representatives, including informal discussions, meetings, surveys, and feedback pathways, with the consumer advisory body meeting twice a year. Meeting minutes demonstrate input from consumers and representatives on a range of care and service topics.

The governing body demonstrated regular engagement and monitoring of care and service delivery through weekly visits, consumer consultation, and scheduled meetings with service management with matters of high risk or importance escalated by management. Clinical information was collected, analysed, trended, and reviewed at service management and Board meetings. An audit program was used to self-identify issues within provision of care and services, with learning shared within relevant committees and reported to the Board. Meeting minutes demonstrated analysis and discussion of clinical indicators and incidents, with actions delegated to key service level personnel to resolve any identified issues.

Governance systems for key areas were outlined within the framework, describing key elements, systems, components, tools, and authorisations. Financial governance was overseen by the Board to monitor and review financial, performance, income, and expenditure and delegate purchasing authority levels with external financial auditing to reduce risk and ensure ongoing financial viability. Workforce governance practices were managed through a framework of policies, procedures, skills assessment, training and included parameters for performance management.

Risk management systems and practices enabled identification, management, and oversight of high impact and high prevalence risks, with weekly risk management meetings and monthly reporting and analysis. Documentation evidenced staff adhered with incident reporting requirements outlined within policies, procedures, and legislation, with record of investigation and actions to prevent recurrence where possible. Consumers were supported to live their best lives, with processes used to identify and mitigate risks within choices and preferences.

The clinical governance framework included policies, procedures, training, and reporting relating to the provision of clinical care. Tracking, analysis, and trending were reported to the clinical governance committee to ensure clear oversight and monitoring of key areas, including antimicrobial stewardship and application of restrictive practices. Consistent practices for use of the open disclosure process was evident within incident and complaint process.

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)