Performance

Report

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| Name of service: | Sinnamon Village - Nash Court |
| Service address: | 620 Seventeen Mile Rocks Road SINNAMON PARK QLD 4073 |
| Commission ID: | 5163 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 13 April 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 Sinnamon Village - Nash Court (**the service**) has been prepared by E Blance, 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 and representatives and others
* the provider’s response to the assessment team’s report received 05 April 2023.
* Any other information known to the Commission

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I find this Standard compliant.

Consumers and representatives are satisfied consumers are treated in a kind and dignified manner with consumers’ identity valued. Staff could describe practical ways they ensure consumers are treated with dignity and respect and understood consumers’ individual backgrounds, interests, and preferences.

Consumers and representatives said consumers’ individual identity, culture and diversity is recognised and valued. Staff could describe how the care and services they deliver are adapted for individual consumers to ensure the consumer feels valued and safe. Consumer documentation identifies consumers’ individual background and preferences are captured to guide staff and inform care and service delivery.

Consumers and representatives said consumers are supported to exercise choice and independence and maintain relationships. Staff demonstrated knowledge of consumers’ care preferences and described how they support them to maintain relationships with family and friends. Care documentation identifies information regarding consumers’ individual preferences, the people important to them, and who to involve in decisions about their care.

Consumers and representatives said consumers are supported to take risks and live the best life they can. Staff described how they support consumers who choose to take risks and the strategies implemented to ensure their safety. Care documentation demonstrates risk assessments and dignity of risk assessments have been completed.

Consumers and representatives said information is communicated to them in a way which allows them to make informed choices. Staff described methods used to communicate information to consumers and representatives. A range of information in different languages was observed displayed around the service and accessible to consumers and visitors. Staff described various ways in which they provide information to consumers about meal options, services available, leisure activities, outing venues, and visiting entertainers. These include staff visiting consumers and discussing options with them, contacting their representative if the consumer is unable or finds it difficult to choose, discussing activities with the consumers, provision of a service newsletter, menu and use of noticeboards. The service conducts monthly consumer meetings where staff provide information to consumers.

Consumers said their privacy is respected and confidentiality of their personal information is maintained. Staff described various ways they ensure a consumer’s privacy and confidentiality is upheld. Policies, procedures, and training sessions are available to guide staff on consumer privacy and confidentiality. Care staff said they respect consumers’ privacy when they are attending to the personal care of a consumer by knocking before entering the consumer’s room and closing the door behind them to ensure privacy is maintained.

In considering my decision I have placed weight on the information assessed within the site audit report.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

I find this Standard compliant.

Consumers and representatives said consumers’ care is planned to meet consumers’ care needs and preferences, with strategies to manage risk to consumers’ health and wellbeing. Consumer care documentation demonstrates staff assess risk to consumers’ health and well-being and plan consumer care to manage risk. The service has risk assessment tools and policies to guide staff in assessment and planning for consumers’ care and services.

Consumers and representatives said consumers’ current needs, goals, and preferences, are assessed and planned for, including end of life care if the consumer wished to discuss. Staff described consumers’ needs and said they can refer to the Registered nurse if they require more information. The service has end of life pathways and a voluntary assisted dying policy to guide staff practice.

Consumers said staff include them, and loved ones they wished to include, in the assessment, planning and review of their care and service needs. Consumer care documentation demonstrates consumers and representatives and other health care services such as medical officer and allied health professionals are involved in assessment, planning, and review of consumers’ care and service needs. Registered nurses described the process of partnering with consumers and representatives and other health care services to assess, plan and review consumer care and service needs.

Consumers said staff discuss with them their care needs and staff provide a copy of their care plan if they wish for one. Staff advised they have access to care plans for consumers they are providing care for, through the care management system and handover records. Consumer care documentation demonstrates the outcomes of assessment and planning are documented. Care planning documents and handover records were readily available to staff delivering care.

Consumers and representatives said clinical staff regularly discuss their care needs with them, and any changes requested are addressed in a timely manner. Consumer care documentation identified evidence of regular review and when circumstances changed such as consumer deterioration or incident. Staff said they are aware of incident reporting processes and how these incidents may trigger a reassessment or review.

In considering my decision I have placed weight on the information assessed within the site audit report.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I find this Standard compliant.

Consumers said they receive safe and effective clinical and personal care. Consumer care documentation demonstrates consumers’ receive care in accordance with their assessment and planning needs. Staff could describe consumers’ individual needs and preferences and how these are managed in line with their care and service plan. The service has policies and procedures, which guides care and clinical practice. For consumers subject to a restrictive practice an appropriate health professional had completed an authorisation, representatives had consented, and consumers had an individualised behaviour support plan.

Consumers and representatives said consumers’ care is safe and right for them. Management advised they have identified through clinical indicator data analysis the service’s current high-impact and high-prevalence risk associated with consumer care. Documentation demonstrated the service is effectively managing high impact and high prevalence risks. Care staff were able to describe individualised consumer care implemented to prevent consumers from falling and developing pressure injuries. The service has developed strategies whereby staff monitor consumers who are at risk of falling and reposition consumers who are at risk of developing of pressure injuries.

Consumers and representatives said they felt confident staff would provide end of life care in line with their preferences to maximise dignity and comfort. Consumers’ end of life care preferences were documented in a care and service plan. The service’s registered staff discuss with consumers and representatives end of life preferences during case conferences and as consumers move through palliative care phases. The service has end of life and pain management policies to guide staff practice.

Consumers said staff respond to their needs quickly and care documentation demonstrates staff recognise consumer clinical deterioration. Registered and care staff described how they discuss changes to consumers’ mental health, physical function, or cognitive wellbeing at handover. The service has policies and clinical guidelines, and assessment tools, to guide staff practice when monitoring for a consumer’s deterioration. Staff were able to describe a range of signs related to deterioration, including changes in mobility, appetite, and behaviour.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff and other health care services. Health professionals visiting the service had access to information to support effective and safe sharing of consumers’ condition, preferences and care needs. Clinical and care staff were able to describe how information is shared when consumer changes occur or outside appointments are made, through meetings, handover, and how changes are documented in consumers’ progress notes. Care documentation evidences the consumer’s condition, needs and preferences are communicated to other services and the consumer’s representative.

Consumers and representatives said they are referred to other health care services as they need them and are reviewed regularly by the medical officer and other health care providers. Care documentation demonstrates timely referrals to other health care services such as Allied Health, medical officers, pharmacy for medication supply and medication reviews, dentist and local hospital specialists.

Consumers said they were satisfied the service implements strategies to minimise infections to consumers. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment (PPE) and obtaining pathology results prior to commencing antibiotics. The service has documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and for the management of infectious outbreaks. The service has influenza and COVID-19 vaccination programmes for consumers and has appointed an Infection prevention and control (IPC) Lead.

In considering my decision I have placed weight on the information assessed within the site audit report.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I find this Standard compliant.

Consumers said they felt safe and were satisfied services and supports for daily living met their needs and preferences. The service has policies and procedures that guide staff in assessments, risk assessments, the preparation of care and service plans, care and service reviews and consumer satisfaction monitoring. Records evidenced initial and ongoing assessments of consumers’ needs and preferences in relation to daily living. The site audit report raised that while some consumer’s records were not specifically individualised, staff demonstrated strong knowledge of consumers’ needs and preferences. The service’s activity program is discussed at consumer meetings. Staff were observed providing services and supports that were consistent with consumers’ needs and preferences.

Consumers were satisfied their emotional and spiritual needs were met. The service has policies and procedures that guide staff. Consumers have access to Chaplains and a chapel that was always available. Consumer’s emotional, spiritual, and psychological needs were assessed with care strategies incorporated into their care and service plan. Staff were observed providing emotional support to consumers.

Leisure and lifestyle staff said they meet with consumers individually and as a group to discuss the services and supports they require or would like. Staff said they support consumers to participate in activities. The service’s records evidence that consumers’ needs, and preferences are reflective of the consumer assessed, and the planning of support services is based on these assessments. Consumers were observed having social relationships, attending appointments outside of the service and doing things of interest to them.

Consumers are satisfied with communication. The service uses the care management system, paper records and meetings to manage and communicate consumers’ information. The Leisure and Lifestyle Coordinator identifies consumers’ needs and preferences in relation to communication. Care and support staff demonstrated a sound knowledge of individual consumer’s needs and preferences.

Consumers are satisfied with the referral process. Policies and procedures guide the referral process; staff make appointments or support consumers to make the appointment. The service refers consumers to individuals, other organisations and providers of care and services for support with their daily living needs. Contracted allied health providers and a chaplain are available.

Consumers are satisfied they have enough to eat and drink. In relation to meal quality, consumers said the quality is generally good, but it can vary on occasions. When meal issues arise, meetings are held between catering management and consumers to implement improvements. Records evidence the menu was reviewed and approved by a dietician. Consumers’ care and service plans evidenced consumers’ dietary needs and preferences are assessed. Hospitality staff were able to show that the variety of meals offered was consistent with consumers’ preferences.

Consumers are satisfied that the equipment provided to support daily living is suitable, clean, and well-maintained. Staff said stocks of equipment are available if needed and they have the capacity to purchase new equipment if required. The service has an effective equipment maintenance program. Safety checks are conducted. Equipment was observed to be safe, suitable, clean and well maintained.

In considering my decision I have placed weight on the information assessed within the site audit report.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I find this Standard compliant.

Consumers and representatives found the service environment to be welcoming, and easy for consumers to find their way around. Consumers were observed spending time with family, friends and other consumers in community areas such as the coffee shop. The service environment contained accessible and comfortably furnished private and communal sitting spaces. Consumers requiring mobility assistance were observed moving independently through wide corridors fitted with handrails.

Consumers said they feel safe at the service and are satisfied with the cleanliness and maintenance of the service. There is a cleaning schedule with cleaning staff rostered daily. There is a preventative maintenance schedule and external contractors were arranged for managing any repairs to the building and equipment. Consumers were observed within the service and sitting outside the service, and staff assisting consumers to move between the floors of the service and to the outside areas, when requested by consumers.

Consumers and representatives advised the furniture was suitable for consumers. Maintenance staff provided documented evidence of daily, weekly and monthly preventative maintenance schedules, including the servicing and maintenance of equipment. Staff advised how they notify maintenance of reactive repairs required and the maintenance team said reactive maintenance is prioritised throughout the day and is usually completed within 24 hours.

In considering my decision I have placed weight on the information assessed within the site audit report.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I find this Standard compliant.

The service encourages and supports consumers, their representatives and others to provide feedback or make a complaint. Consumers are satisfied that they are encouraged and supported to provide feedback and make complaints. The service has policies and procedures that guide staff about consumer feedback and complaints management. Advice about how to access feedback and complaints’ mechanisms and advocacy services is provided to consumers and others. Consumer meetings are held with consumers to facilitate feedback and complaints.

Information about advocacy services is on display and accessible. Brochures explaining how to provide feedback or make a complaint are available in numerous languages. Multi-lingual staff are available to assist as required. Formal complaints processes do not have to be used to provide feedback. Consumers are aware of the various methods available to them to make a complaint. Consumer meetings provide an opportunity for consumers to raise concerns.

Consumers are satisfied appropriate action is taken in response to complaints. The service has policies and procedures that guide staff about complaint management and open disclosure. The details of each complaint and actions taken are recorded. Management and staff understood the open disclosure process. The service monitors its effectiveness in complaint management.

Consumers are satisfied their feedback is used to improve the quality and care and services they receive. All complaints are investigated by the Facility Manager and where appropriate the service’s processes are reviewed and improved.

In considering my decision I have placed weight on the information assessed within the site audit report.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I find this Standard compliant.

Consumers are satisfied with the availability of care and support staff and with the quality of care and services delivered. Registered nurses are rostered at all times. The service’s roster has flexibility to replace staff on leave. The response of care staff to call bells is monitored. The service has a range of policies and procedures to guide workforce planning and rostering.

Consumers are satisfied that staff are kind, caring and respectful. The service’s expectations in relation to staffs’ interactions with consumers is covered in the orientation and training program. Workforce interactions are monitored through consumer satisfaction surveys.

Consumers are satisfied staff are competent and have the appropriate qualifications for their role. Clinical staff are competent and have the knowledge required to ensure consumers’ care and service meet needs and assessed and delivered. Staff demonstrated strong knowledge of the requirements of their role and consumers’ clinical, care and support needs and preferences.

Consumers are satisfied staff have the skills required to deliver care and services that meet their preferences and needs. New staff undertake induction/orientation. The service has an annual training program that includes mandatory training for all staff. For some roles and topics, a skills validation process is used to ensure skills uptake. Staff demonstrated a sound understanding of consumers’ needs, preferences and requirements.

Consumers are satisfied with the performance of staff. Management monitors and reviews the performance of staff. Performance is reviewed initially after induction and then at regular intervals. Senior, experienced staff supervise new staff until they are competent.

In considering my decision I have placed weight on the information assessed within the site audit report.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

I find this Standard compliant.

Consumers are satisfied they can provide feedback to the organisation about care and services and their feedback is recognised and responded to. Consumers are encouraged to join focus groups and committees or use the service’s formal and informal complaint mechanisms to provide feedback. Audits are conducted to monitor quality. The organisation has established governance committees to monitor and action consumer feedback, clinical indicators and audit reports.

Consumers are satisfied with safety and with the quality of care and services delivered. The governing body promotes a culture of safe, inclusive and quality care and services through its philosophy, policies, procedures, management and staff training and monitoring processes. The governing body is accountable through its reporting, review, monitoring and evaluation processes.

The organisation has developed procedures to guide management and staff in information management. Care, clinical and support staff said they had access to the information they require to perform their roles. The organisation has developed a continuous quality improvement procedure to guide management and staff. Feedback from consumers, observations and suggestions by staff, audit reports and quality indicators are reviewed to identify improvement initiatives. The service’s Facility Manager has a budget allocation that is designed to meet the financial needs of the service and ensure the delivery of quality care and services. The organisation has established memberships of professional organisations that monitor aged care legislation and regulations. When changes occur, the organisation’s policies, procedures and processes are reviewed and amended as required and staff are informed and trained. The service has effective governance processes and the requirements for the use of restrictive practices and the Serious Incident Reporting Scheme are met. Effective risk management systems and practices are used by the service. Assessment and care planning processes identify high impact and high prevalence risks. There are processes to manage consumer choice with respect to risk taking. The service’s incident management system records the details of incidents and communicates this information within the service and with the key committees that manage governance.

The organisation has developed and implemented a Clinical governance framework. The framework covers but is not limited to clinical risk taking, antimicrobial stewardship, minimising the use of restraint and open disclosure. Clinical staff understood the application of the components of the framework.

In considering my decision I have placed weight on the information assessed within the site audit report.

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)