Performance

Report

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| Name of service: | St Mary’s Coolum Beach |
| Service address: | 17 Magenta Drive COOLUM BEACH QLD 4573 |
| Commission ID: | 5500 |
| Approved provider: | Tilburg Proprietary Limited |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 10 February 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 St Mary’s Coolum Beach (**the service**) has been prepared by G. Hope-Simpson, 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, dated 17 January 2023 to 19 January 2023; 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 | |  |
| 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 respect consumers’ cultures and backgrounds. Staff demonstrated an awareness of consumers’ cultural backgrounds and individual care and services. The service has a privacy and dignity policy which guides staff practice. The Assessment Team observed staff treating consumers with dignity and respect.

Consumers and representatives said their cultural identities and religious needs are valued by the service. Staff demonstrated an awareness of consumers’ diverse cultural, religious, and individual needs. Care planning documents included information about consumers’ cultural needs and preferences.

Consumers and representatives said they are given choice about their care and services and are supported to maintain relationships. Staff confirmed the service supports consumer choice and independence. The service has processes and policies in place support consumer decision making and choice.

Consumers described ways they are supported to live the life they choose. Staff said the service supports consumers to make choices and take risks to enable them to live the way they choose. Care planning documents demonstrated the service is supporting consumers to take risks by undertaking risks assessments and having informed discussions with consumers and representatives.

Consumers said they were satisfied with the information provided by the service. Consumers confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. Staff described different ways information is communicated by the service. The Assessment Team observed information being provided in a clear way that supports informed decision making.

Consumers said staff respect their privacy when providing care and services. Staff could describe the practical ways they respect the personal privacy of consumers at the service. The Assessment Team observed the service has processes in place to protect consumer privacy.

# 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

Consumers and representatives said they are involved in the care planning process. Staff and management described the assessment and care planning process, and how it informs the delivery of care and services. Care planning documents detailed individual consumer risks and strategies to reduce or eliminate those risks.

Consumers and representatives said assessment and planning identifies and addresses the consumer’s current preferences and end of life (EOL) wishes. Staff described how they approach conversations with consumers and their representatives about EOL and advance care planning. The service has advance care planning and EOL guidelines and sampled consumers had this information documented in care planning documents.

Consumers and their representatives said they participate in the planning of care and services. Staff explained how they collaborate with consumers, representatives, and other providers of care to ensure quality care is provided. Care planning documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers said the service regularly communicates with them about their care and advised they would be comfortable requesting a copy of the consumer’s care plan. Staff were observed to have ready access to care planning documentation at the point of service delivery. Care planning documentation were observed to be up to date and included outcomes of assessment and planning.

Consumers and representatives confirmed consumers’ care and services are regularly reviewed. Staff were aware of care plan reviews and the service’s incident reporting processes. Care planning documents identified evidence of review on both a regular basis and when circumstances change in line with the service’s policies and procedures.

# 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

Most consumers and representatives confirmed consumers receive the care they need and stated they were satisfied with management of individual risks. Staff demonstrated they were familiar with the personal and clinical needs of consumers. Care planning documents evidenced care that is safe, effective, and tailored to each consumer.

Consumers and representatives were satisfied that risks to health are effectively managed by the service. Staff were aware of the types of risks for consumers at the service and could explain associated risk mitigation strategies. Care planning documents identified effective strategies were in place to manage identified risks.

Consumers and representatives expressed satisfaction about how the service provides care to consumers' nearing EOL. Clinical staff described the way care delivery changes during palliation. Care and service plans contained information about consumers’ EOL care in line with their needs, goals, and preferences.

Consumers and representatives said the service is responsive to changes in a consumer’s condition. Staff could describe how they identify signs of deterioration and communicate this information with family and representatives. Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ conditions.

Consumers said their care needs and preferences are effectively communicated between staff. Information about the consumer’s condition, needs and preferences are documented and effectively communicated with those involved in the care of the consumer through the service’s ECMS. Care planning documents included input from MO and allied health professionals.

Consumers and representatives said referrals are timely, appropriate and occur when needed. Staff demonstrated an awareness of referral processes and confirmed referrals are made in consultation with the consumer and representative. Care documents included referrals to various health professionals.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use of antibiotics in line with the organisation’s policy. The Assessment Team observed the staff was following appropriate infection minimisation practices.

# 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

Consumers said services and supports for daily living have improved their independence and quality of life. Staff were able to provide evidence that consumer preferences and needs are considered when providing supports for daily living. Care planning documents included information about consumers’ preferences and needs.

Consumers could describe how the service promotes their emotional, spiritual, and psychological well-being. Staff described how they support consumers emotional and spiritual needs. Care planning documents included information about consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers said they are supported to participate in activities and maintain personal relationships. Staff described how they support consumers to participate in activities of interest to them and maintain personal relationships. The Assessment Team observed consumers engaging in activities and family and friends being welcomed into the service.

Consumers said that information about their condition, needs and preferences are effectively communicated between staff. Staff were able to describe the ways they are kept informed of the changing condition, needs and preferences for each consumer. The Assessment Team observed a handover whereby information about consumers was communicated amongst staff.

Consumers said they are supported by other organisations, support services, and providers of other care and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Care planning documents identified referrals to other organisations and services.

Consumers expressed satisfaction with the variety, quality and quantity of food being provided at the service. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen.

Consumers said they equipment at the service is suitable, safe, clean, and well maintained. Staff were able to explain the processes for maintaining equipment. The Assessment Team observed the service had ample equipment that was clean, in good working condition, and suitable for consumers.

# 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

Consumers said the service environment is easy to navigate and they feel a sense of inclusion and belonging. Staff could describe aspects of the service environment that made consumers feel welcome and optimised their independence, interaction, and function. The Assessment Team observed consumers’ rooms were personalised and communal areas were being utilised.

Consumers said the service was clean, well maintained, and they could move freely, both indoors and outdoors. The service follows a cleaning schedule to ensure all consumer rooms and communal areas are safe, clean, and well maintained. The Assessment Team observed the service environment to be clean.

Consumers said furniture and equipment is suitable and well maintained. Staff described how shared equipment is cleaned and maintained. The service has preventative and reactive maintenance schedules which demonstrated the service is actively reviewing and working to resolve issues to support comfort within the service environment.

# 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

Consumers said they are encouraged and supported to make complaints and provide feedback. Staff could describe the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service has various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers said they were aware of making a complaint through various avenues, such as advocacy services and external complaints mechanisms. Staff were aware of how to access advocacy and interpreter services for consumers. The Assessment Team observed various written materials around the service which had information about contacting the Aged Care Quality and Safety Commission, and advocacy and translation services.

Consumers said the service responds to their complaints appropriately and communicates with them to discuss their concerns. Staff demonstrated an understanding of open disclosure processes and complaint management processes. Review of the feedback register confirmed the service takes appropriate and timely action in response to complaints.

Most consumers reported that their feedback is valued and is used to improve services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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

Consumers said there are enough staff at the service and call bells are responded to promptly. Management described the rostering system and explained how they ensure there is enough staff to provide safe and quality care. A review of a recent roster demonstrated the service has sufficient staff to fill shifts to deliver safe and quality care and services.

Consumers said staff are kind, caring, and respectful. Staff could provide practical examples of how they treat consumers in a kind and respectful way. The Assessment Team observed caring and respectful interactions between staff and consumers. The service has a diversity policy which guides staff practice.

Consumers felt staff are competent in their roles and know what they are doing. Management described the processes in place to ensure staff are suitable for their role. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers were satisfied that staff are adequately trained and equipped to do their jobs. Staff said they had adequate training to perform their jobs. The Assessment Team reviewed staff training records which demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

The service has a staff performance framework which identifies appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills.

# 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

Consumers said they are engaged in the development, delivery and evaluation of care and services. Staff confirmed the service keeps consumers and representatives informed and engaged in the delivery of care and services. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through regular meetings with the governing body. The governing body relies on internal audits and other data to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints

Staff could describe the processes of identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. The service uses an electronic system to capture incidents and has a system to support the reporting, recording, and reviewing of incidents.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)