Performance

Report

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| Name: | Strathpine Aged Care |
| Commission ID: | 8252 |
| Address: | 5 Bland Street, STRATHPINE, Queensland, 4500 |
| Activity type: | Site Audit |
| Activity date: | 8 July 2024 to 10 July 2024 |
| Performance report date: | 15 August 2024 |
| Service included in this assessment: | Provider: 7079 Strathpine Aged Care Pty Ltd  Service: 23597 Strathpine Aged Care |

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 Strathpine Aged Care (**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.

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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 5 August 2024.

# 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

This Quality Standard is Compliant, as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives described how consumers were treated with dignity and respect with identity, culture, and diversity valued. Staff spoke respectfully about consumers and gave examples of how they ensured consumer care was delivered in a dignified and respectful manner and understood individuality of consumers. Diversity inclusion policies and procedures were available to guide staff actions.

Staff gave examples of how they ensured consumers were provided culturally safe care. Consumers and representatives said consumer’s cultural traditions and preferences were recognised and considered within care.

Consumers outlined how they were supported to make and communicate decisions about their care and services and maintain relationships. Staff explained how they involved consumers in decision making and engage in relationships of choice. Care planning documentation included information on consumer choices about how and when care was delivered, who was involved, and how they were supported to maintain relationships.

Consumers and representatives described how they were supported to take informed risks. Staff demonstrated awareness of risks taken by consumers, and processes to support through identifying and implementing mitigating strategies. A dignity of risk assessment was undertaken for consumers wanting to undertake activity with known risks, demonstrating consultation with the consumer and/or representative on the benefits and associated risks, along with strategies.

Consumers explained they received sufficient written and verbal information to make decisions, and information was tailored to their needs, such as through large print documents. Staff said they provided information to consumer in line with their needs and preferences, with written information including lifestyle calendars, menus, and newsletters.

Staff explained how they respected consumer privacy, seeking permission to enter consumer rooms, closing doors during cares, and using do not disturb signs. Consumers verified their privacy was respected. Management said permission was obtained to use consumer details in newsletters or putting details on their doors. Privacy and confidentiality policies and procedures outlined expectations and actions for staff.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Staff detailed the assessment and planning process, including how they identified consumer risks and used the process to inform the delivery of safe and effective care. Care planning documentation identified risks and management strategies used to inform care. An entry checklist was used to track completion of assessment and planning tasks against recommended timeframes.

Consumers and representatives said they were consulted on their goals, needs, and preferences, including relating to end of life care. Care planning documentation reflected current needs and preferences of consumers, and end of life planning. Staff explained their approach to discussing end of life assessments during entry and ongoing reviews.

Staff outlined how they ensured assessment and planning was done in partnership with the consumer and others they wished to involve. Consumers and representatives described engagement in assessment and planning of consumer care and were aware of input of other providers. Care planning documentation reflected input of a range of providers, including medical officers and allied health staff.

Overall, consumers and representatives verified they received regular communication about assessment and planning outcomes or changes to care and services, although one representative raised concern about the comprehensiveness of the information. This was addressed by management during the Site Audit, and the provider’s response also verifies the representative was contacted. Staff described their responsibility to communicate outcomes of care planning and provide a copy of the care and services plan following routine reviews. Summary care plans were readily accessible through the electronic care management system.

Consumers and representatives said care and services were reviewed regularly and when changes occurred. Care planning documentation evidenced regular reviews for continued effectiveness, and evaluation following incident or change. Staff explained the scheduled review process for routine review of care and service plans.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives reported provision of safe and effective care for consumers. Staff demonstrated knowledge of care delivery aligning with best practice principles and personalised strategies developed for consumers. Care planning documentation included comprehensive planning and assessment with tailored strategies for consumer safety and well-being and monitoring in line with policies and procedures.

Care planning documentation evidenced consideration of risks to each individual and strategies to manage and minimise these risks. Staff explained how risks were managed and measures that had been implemented for consumers.

Staff outlined how they recognised consumers nearing end of life and provided care to maximise comfort and dignity and manage symptoms. Care planning documentation for a late consumer evidenced communication of consumer status and needs, and delivery of care in a manner to support their wishes, spiritual needs, and optimise comfort. Policies and procedures for delivery of end of life care outlined supports for consumers and responsibilities of staff.

Staff explained how they identified changes in consumer health and described actions undertaken, including escalation to other providers for management. Care planning documentation demonstrated monitoring of consumer status and changes triggered escalation and response. The clinical deterioration policy outlined potential deterioration and response pathways.

Consumers and representatives said staff effectively shared details about consumer preferences and care needs without need to repeat information. Staff explained information was shared through huddles, handover, emails, and documentation within consumer care files. Care planning documentation included sufficient information to inform consumer needs and changes to care requirements.

Staff demonstrated awareness of referral processes for a range of services and providers. Consumers and representatives acknowledged referrals were timely and appropriate to consumer needs. Care planning documentation evidenced referrals were made promptly following identification of need.

Consumers and representatives said they observed staff taking action to prevent infection, including washing their hands or wearing personal protective equipment. Staff were aware of required precautions to prevent and control infection and minimise need for antibiotics. Policies and procedures, including outbreak management planning, offered guidance to staff who were also supported by the Infection prevention and control lead.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives described how services and supports enabled them to meet needs, goals, and preference to optimise their quality of life. Staff outlined how they used assessment and planning processes to understand consumer preferences and values and inform services and supports.

Staff described how the emotional and spiritual wellbeing of consumers was supported through available religious services, pastoral care visits, or spending one on one time with consumers who were feeling low. Consumers said staff recognised and responded to low mood. Care planning documentation outlined consumer spiritual and emotional needs and supports.

Consumers outlined how they were supported to pursue interests within the service and community and maintain personal relationships. Staff explained how consumer interests were used to develop a lifestyle program. Care planning documentation information aligned with consumer and staff feedback in relation to interests and strategies to maintain important relationships.

Consumers said information about them was shared with service and support staff, who were familiar with preferences and needs. Staff explained the alert systems used to inform changes in consumer needs and preferences.

Staff and representatives gave examples of referrals made to support consumer well-being, and the timeliness was evident within care planning documentation. Policies and procedures were available to guide staff in various referral processes.

Overall, consumers and representatives gave positive feedback about the quality, quantity, and variety of provided meals. One consumer said they were serviced food they disliked, however, confirmed they had available alternates, such as sandwiches. The provider has responded to the feedback from the consumer, outlining actions to work with the consumer, their representative, and the chef to ensure clear understanding of preferences. Staff described how the rotating menu was adapted to consumer feedback, which was actively sought through feedback forms, focus meetings, and verbal feedback during meal service. The monthly menu included a variety of options and available alternates, including sandwiches and salads.

# 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

This Quality Standard is Compliant, as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said they feel at home and can find their way around easily. Staff explained how they supported consumer’s sense of belonging through personalising their rooms. The environment had sufficient lighting and handrails to support independent movement, with clear signage to communal areas.

Consumers described the service environment as safe, clean, and well maintained. Staff described their roles and functions to ensure the environment was cleaned, considering infection control processes, and monitored for hazards and could describe how to raise maintenance requests. Management described the features of the service to support free movement of consumers, including through outdoor areas. Some of the doors were observed to be locked during the day, restricting access, with management explaining actions to be undertaken, and the provider’s response including improvement actions to prevent recurrence.

Furniture, fittings, and equipment were observed to be clean, safe, and well maintained. Staff described cleaning and service procedures to ensure furniture, fixtures, and equipment were clean and safe for use. Documentation evidenced staff followed the preventative maintenance schedule to monitor and manage equipment servicing and safety checks.

# 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

This Quality Standard is Compliant, as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives were aware of feedback and complaint processes, and said they felt supported to raise concerns. Staff described actions they would take in response to consumer feedback, including resolving if possible, or developing a plan of action or escalating where needed. Management said feedback was encouraged through a range of written and verbal mechanisms. Feedback forms were supplied to consumers within entry packs, and displayed information explained complaint processes.

Consumers and representatives said they knew of the external language, advocacy and complaint services, and advocates had attended consumer meetings. Staff described how they would access translation and interpreting services if needed. Displayed information on complaints included details of external complaint and advocacy services.

Staff demonstrated an understanding of open disclosure processes, including providing an apology and being transparent on actions. Complaint documentation reflected use of the open disclosure pathway to resolve complaints in a timely manner in line with policies and procedures. Consumers and representatives verified complaints and concerns were responded to and resolved.

Documentation, including within the Continuous improvement plan, included examples of how feedback and complaints were used to improve the quality of care and services. Management described how feedback and complaints were used to identify and implement improvements.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Overall, consumers and representatives said there were sufficient staff to meet consumer needs, however, one consumer described how staffing numbers caused delays when they called for assistance. The Continuous improvement plan reflected actions to ensure sufficiency of staff to meet consumer needs in a timely manner and communicate delays, and intent to raise the matter for consumer consultation at the next consumer meeting. Staff said staffing levels were appropriate to meet consumer needs. Management explained how they monitored consumer needs to inform staff allocation mix and had processes to cover unplanned absences. The service was meeting legislative requirements for care minutes and nursing hours.

Consumers and representatives described staff as kind, caring and respectful. Management said staff received training and support to ensure positive interactions with consumers. Staff interactions were observed to be respectful and gentle.

Management explained processes used to determine staff competency, including mandatory training participation. Core competencies for each role were documented in position descriptions, including required registrations and checks. Staff explained how the onboarding process offered support to care for consumers. Whilst the service could demonstrate monitoring processes for compliance with conditions of employment, information about vaccinations was not available, however, staff vaccinations were not mandated within policies and procedures, and the provider’s response and improvement activities reflect access to this information has been restored.

Consumers and representatives expressed confidence in the competency and skills of the workforce. Staff said they have access to regular training to perform their roles and could request additional education to address gaps in knowledge. Management explained how the mandatory training program included information relevant to the Quality Standards, with monitoring for attendance.

Management outlined how staff performance was monitored through formal performance appraisals and informal monitoring and discussions. Staff verified they had undertaken scheduled performance appraisals and used it as an opportunity to assess their performance and goals or seek additional support. Management explained processes for responding to under performance of staff. A register was used to monitor completion of scheduled reviews, and the provider’s response confirms that any outstanding performance appraisals have been completed.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives expressed confidence the service was run well, outlining their ongoing engagement through consumer meetings, feedback processes, and discussions during care plan evaluations. Management described further methods of involving consumers and representatives, including the Quality care advisory body and the Consumer advisory body. Documentation, including meeting minutes, evidence input from consumers and representatives within the development, delivery, and evaluation of care and services.

Management described the role of the governing body in ensuring provision of safe and quality care, with review of monthly reports escalated through executive management, governance committees and to the Board. The monthly report detailed audit outcomes, feedback, trending issues, and plans of action and Board determinations were communicated back to the service. The Board consisted of a majority of independent non-executive members, including one with experience in the provision of clinical care.

The organisation wide governance system ensured policies and procedural information translated into practice to effectively manage key areas. Information management systems enabled staff to access information relating to consumers, training, policies, and procedures. Financial governance practices included provision of an annual budget and processes to request additional funding to meet consumer needs. The Board has oversight of workforce performance through reported data on training, performance reviews, and call bell response times.

Risk management systems included processes to identify and mitigate consumer risks, with monitoring through clinical indicators, internal audits, and analysis of reports. Staff described how they would recognise and address incidents of elder abuse and neglect. Management had access to incident reporting and described monitoring at organisational and governance levels. Policies and procedures informed staff practice, including to enabling consumers live their best life through taking supported risks.

The clinical governance framework included policies and procedures, training, reporting, and oversight. Staff demonstrated an understanding of concepts within the framework, including those relating to antimicrobial stewardship, restrictive practices, and open disclosure. Documentation, including meeting minutes, evidenced oversight and consideration of effectiveness of clinical care practices.

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)