Performance

Report

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| Name of service: | Sunnycare Residential |
| Service address: | 136-138 Calam Rd SUNNYBANK HILLS QLD 4109 |
| Commission ID: | 8216 |
| Approved provider: | Sunnycare Residential Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 30 May 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 Sunnycare Residential (**the service**) has been prepared by P. Sherin, 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/representatives and others.

# 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 confirmed consumers are treated with dignity and respect and their cultural and spiritual background is valued and supported. Staff demonstrated good understanding of consumers’ cultural backgrounds and described how they adapt the delivery of care to meet consumers’ individual needs and preferences. Care documentation reflected information about individual consumers’ cultural backgrounds, identity and diversity to guide staff practice.

Consumers and representatives described how consumers are supported to exercise choice and maintain their independence by making decisions about the care they receive, such as choosing whom they wish to be involved in decisions about their care. Staff confirmed consumer choices and preferences are captured under the electronic care management system upon entry to the service. Staff described how they cater to individual consumers’ preferences such as by accommodating choice for female staff only to assist with personal care, or respecting consumer choice to not engage in activities.

The service demonstrated consumers are supported to take risks to ensure they live the best life they can. Staff provided examples of consumers who choose to undertake activities of risk, describing how risks are discussed with the consumer and their representative. Signed dignity of risk forms were available for consumers who choose to engage in risk-taking activities. Staff receive education on dignity of risk.

Consumers and representatives confirmed they receive up to date information about meals, activities, and events happening in the service. Activities and events are published in a monthly newsletter and activity calendar which is distributed to consumers and representatives. The assessment team observed a range of information accessible around the service including the lifestyle calendar in consumers’ rooms and a copy of the menu on display.

The service stores consumer documentation in a password protected electronic care management system to ensure confidentiality of information. The assessment team observed staff respecting consumers’ privacy by knocking on doors before entering rooms, closing doors when providing personal care and conducting handover in private spaces.

# 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 care is well planned, individualised and tailored to meet consumers’ specific needs. Registered staff described the assessment and planning process and the organisational policies and procedures available to guide them. Care documentation reviewed demonstrated the service ensures risks to consumers’ health and well-being are identified and considered to inform the delivery of safe and effective care and services.

Consumers and representatives explained how consumers’ goals, care needs and preferences are identified upon entry to the service and reflected within consumers’ care plans. Staff described how consumers’ end of life planning and advance care directives are discussed during the entry process and reviewed during scheduled care plan reviews. Care documentation evidenced the involvement of consumers and representatives in assessment and care planning, including advance care planning where consumers and representatives have chosen to do this.

Consumers and representatives described how the service provides care plan summaries following scheduled reviews or by request, advising they are supported to understand information under care plans. Staff confirmed copies of care plans are available to consumers. Management advised the service is developing an electronic system to enable consumers and representatives to access care plans online.

Consumers and representatives confirmed they are involved in regular discussions about consumers’ care and service needs and in care planning and review when modifications are required due to changing circumstances, preferences and condition of the consumer. Staff described how ongoing reviews are scheduled for completion every 3 months in accordance with organisational policy. The service’s electronic care management system prompts staff to review consumers and highlights those within the schedule that are overdue.

# 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

Consumers and representatives said consumers receive the care and support they require, which is delivered in a safe and effective manner. Care planning documentation reflects consumer care is provided in accordance with completed assessments and care plans. Consumers subject to a restrictive practice have appropriate authorisations, risk assessments and behaviour support plans in place. Policies and procedures are available to guide staff in relation to clinical practice.

The service demonstrated timely identification, assessment and management of high impact and high prevalence risks to consumers including falls, weight loss, restrictive practices, skin integrity and pain management. Staff were familiar with high impact and high prevalence risks specific to individual consumers and described the strategies in place to manage and mitigate these risks. Management advised clinical indicators are used to monitor risks and identify emerging trends.

Staff said consumers and representatives are guided through the process of establishing advance care directives upon entry to the service, and this is revisited at 3 monthly care plan reviews or as prompted by a decline in the consumer’s health and condition. Staff receive training in palliative and end of life care. Review of care documentation identifies consumer preferences in relation to advance care and end of life planning are captured.

Consumers and representatives were satisfied staff respond to any deterioration and changes in a consumer’s health and condition, and representatives said they are kept informed. Registered staff described how consumers are regularly monitored and provided examples of identification and timely response to deterioration in specific consumers. Staff have access to clinical information to guide them in recognising and responding to deterioration in consumers.

Staff described how information about consumers’ condition, needs and preferences is communicated via shift handover meetings and regular review and updates to care documentation. Management advised information held within the service’s electronic care management system is used to communicate consumer information, and is accessible by agency staff, external consultants and allied health professionals when operating within the service.

Consumers and representatives are satisfied with how the service aids in providing referrals to external providers and specialists as required. Review of care documentation demonstrates the service has access to, and partners with a wide range of organisations, providers and health professionals to support consumer needs.

The service demonstrated a documented infection prevention and control program that integrates plans, policies and procedures designed to manage outbreaks and drive antimicrobial stewardship. Clinical management and registered staff were able to describe the service’s outbreak management plan and their specific roles during an emerging outbreak. Staff receive mandatory training in infection prevention and control.

# 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

The service demonstrated consumers receive safe and effective services and supports that align with each consumer’s needs, goals, and preferences, to promote their wellbeing and optimise their quality of life. Care documentation reflected individualised lifestyle care plans based on the needs, goals and preferences of each consumer. The assessment team observed consumers participating in various activities including Mah-Jong, cooking, dance and Tai Chi classes during the Site audit.

Staff described various ways the service maintains consumers’ emotional, spiritual and psychological wellbeing including by providing one-on-one support or engagement via group activities. Care planning documentation reflected information to guide staff in supporting consumers to maintain their emotional, spiritual and psychological wellbeing.

Consumers and representatives confirmed the service supports consumers to participate in the community and maintain personal relationships. Care documentation captured relevant information regarding relationships of importance and activities of interest to guide staff in supporting consumers to maintain their personal and social relationships and do things of interest to them. The assessment team observed lifestyle staff inviting and encouraging consumers to attend activities scheduled at the service.

Staff were able to describe how information about consumers’ condition, needs and preferences is shared amongst staff at the service and others where responsibility of care is shared. This includes via updates to care documentation, emails, staff meetings and case conferences with families.

The service demonstrated timely and appropriate referrals to other individuals, organisations and providers to support consumers’ individual needs. Lifestyle staff described the service’s referrals process and provided examples of how they engage with external providers such as local choir and Tai Chi groups to supplement lifestyle activities offered at the service.

Consumers and representatives were satisfied with the quality and quantity of meals provided by the service. A review of the service’s menu confirmed a range of choices available to consumers. Hospitality staff were aware of consumer dietary requirements and provided examples of how individual consumer preferences are catered to. The service conducts regular food surveys to seek feedback from consumers and representatives.

Management and staff described the service’s processes for the purchase and maintenance of equipment. The assessment team observed a variety of equipment available to consumers including equipment for lifestyle purposes, wheelchairs and walking aids. Equipment was observed to be clean and well-maintained.

# 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 and representatives expressed their satisfaction with the service environment. The service is designed as a ‘house model’ with 7 independent houses accommodating up to 10 consumers per house. Each house contains a kitchenette, a dining room, television and communal areas for socialising and activities. Management described how the service environment is welcoming and creates a sense of belonging for consumers, providing an example of a multicultural celebration held every Friday at the service which includes members from the public and organisation’s home care community. The assessment team observed the environment to be welcoming with consumers being engaged in various activities including the multicultural celebration during the Site audit.

The service’s internal and external environment was observed to be safe, clean and well-maintained. Staff were observed cleaning consumer rooms and common areas. Consumers were observed to be freely moving inside and outside the service.

The service’s furniture, fittings, and equipment were observed to be safe, clean and well maintained. Evidence was provided to demonstrate preventative and reactive maintenance is up to date. Cleaning and maintenance schedules are in place, and staff were aware of processes to promptly respond to faulty equipment or report any identified hazards.

# 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 and representatives said they were aware of how to make a complaint or provide feedback to management including making a complaint externally. Minutes of consumer and representative meetings evidence information on how to submit feedback or make a complaint is provided. Posters on complaints and feedback processes, advocacy and external complaints agencies are displayed in multiple languages around the service. Registered staff receive training on how to support consumers with lodging a complaint or submitting feedback.

Consumers and representatives said they are satisfied with the actions taken by management in response to complaints. Review of complaints records identify complaints are referred to the service’s relevant department for investigation and resolution and the outcome is reviewed by management. Results of recent consumer surveys demonstrate a positive response regarding staff following up on complaints.

The service has a process to capture and trend complaints data. Complaints data is regularly updated and reported monthly to the organisation’s Quality Committee and the Board. The minutes of quality committee meetings evidence improvement actions in response to complaints and feedback.

# 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 and representatives are satisfied the number and skill mix of staff enables the delivery of safe and quality care and services. The service uses a house model with care staff allocated to each house supported by ‘floating’ staff. Registered nurses are available 24 hours a day, 7 days a week. The service has steadily increased the number of staff to match the increase in the number of consumers. Management is working to ensure staff training is complete and all staff and managers have the required knowledge and skills prior to the intake of additional consumers.

Consumers and representatives are satisfied with the way staff provide care and services and with their interactions with staff. The organisation’s expectations of staff when interacting with consumers are set out in position descriptions. Review of consumer satisfaction surveys identifies positive feedback regarding workforce interactions with consumers.

Consumers and representatives said staff have the knowledge required to meet care and service needs. Registered nurses are available at all times, and qualified allied health staff are available when required. The qualification expectations for each role are set out in role position descriptions. Consumer satisfaction surveys used by management to monitor the skills and knowledge of staff identify positive feedback from consumers and representatives in this regard.

New staff at the service receive orientation and undertake an ongoing training program and competency assessments. Staff receive training on a range of topics including but not limited to manual handling, restrictive practices, incident reporting, infection control and key policies and procedures. Review of care and service plans evidenced clinical and care staff are effectively trained in care assessment, planning and review processes.

The service has developed a program to assess and monitor the performance of staff following employment for 6 months at the service. Consumers and representatives expressed their satisfaction with the performance of staff, and this was further evidenced in recent consumer satisfaction survey results.

# 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

Management advised they meet with consumers and representatives to evaluate care and services via regular meetings. Satisfaction surveys are used by management to monitor the quality of care and services. Review of consumer and representative meeting minutes and satisfaction survey results confirm consumers and representatives can provide feedback and engage in the development, delivery and evaluation of care and services.

The organisation’s governing body is accountable for the promotion and delivery of safe, inclusive and quality care and services. Information such as clinical indicators, feedback and complaints and incident data is reported to and reviewed monthly by various management committees and the governing body. The governing body uses this information to ensure compliance with the Quality Standards and to promote a culture of safe, inclusive, and quality care and services.

The service demonstrated governance systems and processes in place in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance, and feedback and complaints.

The service has implemented effective risk management systems to manage risk, respond to abuse and neglect, support consumers to live the best life they can, and for managing and preventing incidents. These systems are understood by staff and used to assess consumers’ care and service needs, to respond and manage incidents and to support consumers. Interviews with staff, and feedback from consumers and representatives evidenced these systems are effective.

The service has a documented clinical governance framework and policies and procedures on restrictive practice, open disclosure and antimicrobial stewardship. Staff confirmed they are provided training on the clinical governance framework, demonstrated a shared understanding of the policies and could describe how they applied these as relevant to their role.

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)