Performance

Report

**1800 951 822**

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| Name: | Sunrise Beach Aged Care |
| Commission ID: | 8255 |
| Address: | 4 Grasstree Court, SUNRISE BEACH, Queensland, 4567 |
| Activity type: | Site Audit |
| Activity date: | 9 July 2024 to 10 July 2024 |
| Performance report date: | 13 August 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 6823 Sunrise Beach 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 Sunrise Beach Aged Care (**the service**) has been prepared by T Wurf, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 staff, consumers/representatives and others.
  + The provider did not submit a response to the assessment team’s report.

# 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.

# Other relevant matters

Sunrise Beach Aged Care was given 12 months accreditation in December 2023 and commenced operation with the first consumers entering the service in March 2024. The service has 102 allocated places and there were 21 consumers living at the service at the time of the site audit.

# 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

The Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives said consumers are treated with dignity and respect and feel accepted and valued. Staff were able to demonstrate an understanding of consumers’ backgrounds and their individual preferences and were observed by the Assessment Team treating consumers in a respectful manner. Consumers’ care documentation included what is important to each consumer such as preferred name, religious beliefs, and days the consumer wishes to celebrate in line with their cultural preferences.

Consumers/representatives said the service understands and respects the varying cultures and preferences of consumers, their cultural backgrounds, and beliefs. Staff could identify consumers from culturally diverse backgrounds and understood these consumers’ cultural needs and how to provide care and services in a culturally safe manner.

Consumers described how they can make decisions about the way their services are delivered and who should be involved in decisions regarding their care. Staff described how they support consumers to have ongoing relationships by facilitating date nights and ensuring privacy for intimacy is respected.

The service demonstrated consumers are supported to take risk to live the life they choose. Consumers advised the service had supported them by explaining the risks associated with their chosen activity such food choices, self-administration of medications and using the consumer’s own vehicle to access the community. Management described the service’s systems to identify risk, complete risk assessments and identify risk mitigation strategies with consumers. Care documentation evidenced dignity of risk forms completed in partnership with consumers and risk management strategies were documented.

Consumers/representatives said the service is providing information, which is clear and easy to understand, as well as accurate and timely, to assist them with informed decision making. The service demonstrated and staff could describe how they provide information to consumers, including via a mobile phone application, email, messages, and phone calls as well as paper based and verbal communication.

Consumers/representatives said their privacy is maintained and respected by staff delivering care and believes the service protects all personal information. Care staff described how they maintain a consumer’s privacy when providing care.

The service has policies and procedures to guide staff practice in relation to consumer choice, decision making, maintaining confidentiality and sharing information.

# 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

The Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers said they feel safe with the care provided, and their health and wellbeing needs are supported by staff. Consumers’ care documentation included evidence of assessment and planning completed. Clinical assessment tools were used by registered staff including for those consumers with complex care needs. Where risks to consumers were identified, strategies to minimise or manage those risks were documented. At the time of the Site Audit and in response to results of the service’s internal audit in June 2024, the service was in the process completing assessment and planning documentation for some consumers relevant to their changed behaviours. Staff caring for those consumers felt well informed by registered staff about how to manage those consumers’ changed behaviours.

Consumers/representatives said the service involves them in assessment and planning and documents what is important to the consumer including their end of life wishes. Documentation evidenced consumers’ preferences and care needs for complex care needs, pressure injuries, mobility assistance, personal and clinical care, and end of life care was assessed and documented in consumers’ care and service plan.

Consumers/representatives said consumers are consulted by the service and involved in decisions relating to their care planning and delivery of care and services. Management said they partner with health care services when developing care planning documentation and include staff to ensure the consumer gets the care they need. Staff spoke of consumers’ preferences and how care planning documentation guides them to meet individual consumer’s needs, goals, and preferences.

Consumers/representatives said they are offered a copy of the consumer’s care plan. Staff said they carry mobile devices with them and can access individual consumer’s information and are updated by registered staff during handover of consumers’ needs. Management said they have processes in place to include regular case conferences with the consumer to discuss the consumers’ care needs.

Consumer/representatives said the service involves them in regular communication regarding the consumer’s care, when care needs change, and about other health providers’ care recommendations. Registered staff said they review consumers when changes in needs are identified and refer the consumer to other health care providers as required. Registered staff said changes in consumers’ care needs are communicated to care staff during each shift handover. Care documentation identified assessments, reviews and referrals occurred when a change to a consumer’s condition was identified. At the time of the Site Audit and in response to results of the service’s internal audit in June 2024, the service was in the process of reviewing all consumer care documentation to ensure any changes to care needs or care directives were updated and reflected in care documentation, including outcomes of reviews by allied health professionals.

# 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 |

Finding

The Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives were satisfied with the personal and clinical care they received and felt it was right for them. Staff described how they deliver personal and clinical care in accordance with the consumer’s needs, goals, and preferences. Care planning documentation identified effective care delivery in relation to wounds, pain, weight loss, falls and changes to a consumers’ condition.

The service had systems in place to manage high-impact and high-prevalence risks, including in relation to time-sensitive medication, stoma management, changes in behaviours, falls, and unexpected weight loss. Consumers/representatives said the service is effectively managing high-impact and high-prevalence risks. Registered and care staff described individualised care for managing risks associated with the care of consumers.

Consumers said the service has asked them about their wishes to be supported when they require end of life care, and they felt confident staff would uphold their wishes. End of life wishes were documented. Registered staff described the palliative care pathway, resources available to them to support consumers nearing their end of life, and ways in which they maintain the comfort of consumers nearing end of life, including one-on-one support for the consumer and their family.

Consumers/representatives said the service was responsive to changes in the health or wellbeing of consumers. Care documentation evidenced staff recognise, report and respond to changes in a consumer’s condition. Registered staff advised actions taken include assessment of the consumer, discussion with the consumer/representative, and referral to other health care services as required.

Consumers/representatives said consumers’ care needs and preferences are effectively communicated between staff, and consumers receive the care they need. Care documentation contained sufficient information to support staff to deliver individualised and effective and safe care to consumers. Registered staff notify the representatives and medical officer when the consumer experiences a change in condition, experiences a clinical incident, is transferred to, or returned from hospital, or is ordered a change in medication. Registered and care staff receive current information about consumers during shift handover and via the service’s electronic care management system.

The service makes timely referrals to other healthcare providers or organisations where required. Consumers’ care documentation reflected the involvement of other health professionals, such as a speech pathologist for review of swallowing. Management and staff described how changes in consumers’ health or well-being would prompt referral to a relevant health professional.

The service demonstrated effective processes are in place for prevention and control of infection, including management of an infectious outbreak, and practices to promote evidence-based use of antibiotics. Consumers are offered and administered vaccinations for influenza and COVID-19. The service has identified 2 infection prevention and control leads who are enrolled to commence the course and refers to the public health unit for outbreak management support if required.

# 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 Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives said consumers are supported by staff to undertake activities which improve their quality of life, health, well-being and independence. Activities included bingo and board games. Staff were observed by the Assessment Team to be supporting consumers to participate in activities of their choice.

Consumers said their family, staff and church services meet their individual emotional, spiritual, and psychological needs. Staff could explain how they support consumers when they are not feeling themselves or are feeling low.

Consumers/representatives said consumers are supported to participate in activities within the service as well as external activities such as family events. Staff could describe the activities of interest to the individual consumers such as supporting consumers to cook meals for other consumers and attend restaurants. Care documentation recorded consumers’ activities, relationships and things which interest them.

Consumers/representatives said consumer services and supports are consistent and staff know consumers’ individual preferences and organisations involved in consumers’ care and services. Staff could describe how they are updated on changing conditions, needs or preferences of consumers, including through shift handover and care documentation.

The service makes timely and appropriate referrals to other individuals, organisation, or providers. Consumers said staff support them through referrals to providers such as hairdressers and church services. Lifestyle staff said the service is in the process of engaging more external service providers to provide activities in the service environment or externally such as support groups and an online yoga instructor.

Consumers said they enjoy the meals and snacks offered at the service. Consumers said, and the Assessment Team observed, multiple choices at mealtimes and access to food between meals such as sandwiches, yogurt and biscuits or staff will make them tea/coffee. Staff demonstrated knowledge of individual consumer’s dietary requirements including allergies, likes, dislikes and intolerances. The service has a system in place to ensure changes to consumers’ dietary needs or preferences are communicated to staff where meals are provided.

Consumers/representatives said consumers have access to equipment that is well-maintained and clean. Mobility aids, such as walking devices or wheelchairs were observed by the Assessment Team to be clean, tyres were inflated, foot plates were in place and items were 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

The Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives said they and their family or friends feel welcomed at the service and the consumer was able to bring personal effects from home to decorate their room how they chose. The service environment was observed to be welcoming and easy to navigate; and consumers and their family or friends were spending time together in shared areas throughout the service.

The service environment was observed to safe, clean, well maintained and consumers could move freely both indoors and outdoors. Staff described the service’s work instructions for effective cleaning and maintenance of the service environment.

The service demonstrated an effective system for ensuring furniture, fittings, and equipment are safe, clean, and well-maintained. Review of maintenance and cleaning records demonstrated cleaning and reactive/scheduled maintenance is completed. Consumers said the environment and furnishings are clean and well-maintained.

# 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

The Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives said they are supported and felt comfortable to give feedback or make a complaint. Management and staff advised they openly encourage and support feedback and complaints. The service has a complaint policy which includes a clear process to manage complaints.

Consumers/representatives advised they were aware of advocacy and language services available and referenced the promotional material displayed at the service. Information on advocacy networks and how to access them are provided to consumers.

The service maintains a feedback and complaints registered which reflected that action was taken in response to complaints, and open disclosure was used where relevant. Staff receive training in complaints management and open disclosure and understood these processes.

Consumers/representatives were confident the service uses feedback and complaints to improve the quality of care and services and provided examples of being involved in service improvements such as meal choices. The service analyses and trends feedback andcomplaints and uses this information to continuously improve care and services. The service’s feedback and complaints processes link with the service’s plan for continuous improvement which included improvement actions resulting from consumer 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

The Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers/representatives said staff are available when required and respond promptly to consumer needs. Staff advised there are now sufficient staff members to provide care and services in accordance with consumers’ needs and preferences, allowing staff extra time to spend one on one time with consumers who require additional attention. The service has a system to roster staff based on occupancy levels, clinical needs, and staff skillsets and is increasing staffing as occupancy levels increase. Recruitment processes for staffing is ongoing to meet the care and service needs of consumers.

The service has systems to monitor staff and ensure consumers are treated in a kind and dignified manner. For example, staff interactions with consumers are monitored through feedback from consumers/representatives, the care champion (that monitors care staff and delivery of care and services), complaints, and surveys. When an issue is identified regarding staff interactions with consumers, management uses performance management and staff retraining to resolve concerns.

Consumers/representatives felt staff were skilled and well trained. Staff receive job descriptions, support and assistance to ensure they have the skills and knowledge to undertake their roles. Management advised staff qualifications and police checks are evidenced upon employment and the provider has an electronic system for monitoring due dates for qualification registration and police checks which is managed by the provider’s human resource team.

Consumers/representatives were satisfied staff are well trained. Staff considered they are appropriately trained, supported, and equipped to perform their roles. Staff complete mandatory training and management monitors staff compliance with mandatory training through an electronic learning management system and provide staff with additional training if/when the need is identified.

Management and staff said systems are in place to regularly assess, monitor and review staff performance. Staff confirmed they regularly engage in their professional development including opportunities to request specific training relevant to their role. Review of staff position descriptions and their responsibilities demonstrated clear role guidance for staff.

# 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

The Site Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers said they have a say in how care and services are delivered, and their feedback and suggestions are considered by the service. Management advised the service conducts monthly consumer/representative meetings, annual surveys, and the provider holds a quarterly consumer advisory meeting. Documentation reviewed confirmed consumers/representatives are engaged in the delivery and evaluation of care and services.

Consumers/representatives advised a culture of safe, inclusive, and quality care and services are promoted by management. The organisation’s governance structure is designed to ensure accountability in the provision of safe and inclusive care. The organisation is led by an executive leadership team which includes members with experience in business, training and human resources, quality and governance, accounting and property, and registered health practitioners. The Quality Care Advisor Committee meets quarterly and includes members of the executive team, clinical staff, and a consumer advocate to support and inform the governing body and suggest improvements. The service has a governance framework which outlines roles and responsibilities in the delivery of safe and quality care and services. Review of Board meeting documentation confirmed management and executive teams meet regularly to review the service’s performance in this regard.

The service demonstrated effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints, and could provide examples of their application at the service.

Consumers said they are supported by the service to take risks and live their best life. The service has established governance frameworks, policies, and procedures to support the management of risk associated with the care of consumers. Management and staff described risk identification processes for managing incidents and escalation processes for severe risks to the executive team. Clinical indicator data is trended and analysed monthly with oversight from the executive team. The provider has processes for identifying, reporting and managing Serious Incident Response Scheme incidents (SIRS) incidents. The executive team audit SIRS to ensure effective reporting and management of SIRS incidents.

The service has a clinical governance framework and associated policies and processes to guide the delivery of clinical care. Clinical care and governance are discussed during a variety of executive, clinical, and staff meetings and is overseen by the clinical management team. The service ensures clinical and care staff are trained in topics that fall under the clinical governance framework, such as antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure.

1. The preparation of the performance report is in accordance with section 40A site audit of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)