Performance

Report

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| Name of service: | The Cairns Aged Care Plus Centre at Chapel Hill |
| Service address: | 730 Moggill Road CHAPEL HILL QLD 4069 |
| Commission ID: | 5989 |
| Approved provider: | The Salvation Army (Queensland) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 23 November 2022 |

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 The Cairns Aged Care Plus Centre at Chapel Hill (**the service**) has been prepared by Denise McDonald, 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.
* 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 said staff treat them well and they feel valued and respected. Care documentation demonstrated individualised information is captured showing consumers’ religious, spiritual, cultural needs, and personal preferences. Staff were observed interacting with consumers in a respectful manner.

Consumers stated staff knew about their background and know what they enjoyed doing. Staff undertook mandatory training relating to the delivery of culturally safe care and explained how they accommodate consumers who have a diverse or cultural background. Policies provide strategies for staff to understand and respond to the diverse needs and choices of consumers.

Consumers were supported to make decisions about their care and maintain relationships of choice. Staff explained how the service assists consumers to maintain relationships with loved ones. Documentation and policies showed the importance of consumers exercising choice and independence.

Consumers stated they felt staff support them to live the best life they can and provided examples of risks they take. Management described how risks are managed within the service. Care documentation showed risks were documented and appropriate risk forms were completed. Policies acknowledge the importance of consumers to be able to take risks.

Consumers receive information allowing them to make informed decisions. Management explained how the service supports consumers to make informed choices about their care and the services they receive including a weekly menu and activity calendar, which is discussed in meetings, distributed to consumers, and emailed to families. Documentation demonstrated information is provided to consumers and representatives in a timely manner.

Consumers felt staff respect their privacy and outlined practices staff engage in, such as knocking on their doors before entering. Staff explained practices followed to ensure consumer’s privacy is respected. Policies advise how consumer and staff personal information is kept confidential.

# 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 stated the care and services provided supported the consumer’s health and well-being. Staff said they collaborated extensively with consumers and/or their representatives, to develop a care plan which is safe, effective, and right for them. Care plans were reviewed and demonstrated they were individualised and contained information regarding potential risks to consumer’s health and wellbeing.

Consumers and representatives said staff involved them in assessment and discussions around the care received through case conferences and reviews of care planning documentation. Care documentation detailed the needs of the consumer as well as goals and preferences and included advance health directives and end of life planning. Staff were aware of how to access information regarding consumer’s end of life preferences and were able to explain how this discussion was initiated during assessment and review of care documentation.

Consumers chose who was involved in their care planning and said regular case conferencing took place to ensure their needs were discussed. Staff said during assessment they spoke to consumers and family; and following assessments, care plans are discussed and reviewed by consumers and representatives. Consumer documentation showed care planning is completed in partnership with others involved in the consumer’s care and demonstrated regular involvement of other health care providers for consumers at the service.

Consumers and representatives said they are regularly updated on consumer care plans and staff explained what is written in the plans and confirmed consumers are offered a copy of the plan. Staff advised consultation is always requested of the consumer’s representative on care plan reviews and involves the consumer’s medical officer. Staff are guided by processes to ensure care plans are discussed with consumers and representatives.

Consumers confirmed their care and services were regularly reviewed when circumstances changed or when incidents occurred. Care documentation confirmed care plans were reviewed on both a regular basis and when circumstances changed, or incidents occurred. Staff were aware of the 3-monthly consumer review process or more frequently as required due to changes in a consumer’s condition.

# 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 care and services are delivered in the way they wish. Care documentation reflects individualised care, which is safe, effective, and tailored to the specific needs and preferences of the consumer. Policies and procedures guide staff in the delivery of skin integrity and management of wounds or medication to ensure effective personal and clinical care which is tailored to consumers to optimises their heath, and well-being.

Consumers stated the service collaboratively manages any risks involved with their health conditions or care needs. Care documentation described the key risks to consumers including falls, weight loss, skin integrity, behaviours, and pain, and strategies to mitigate these risks were included. Staff understood consumers’ assessed needs and provided examples of individual consumer’s risks.

Consumer and representatives expressed they have had discussions with the service regarding end-of-life care. Documentation recorded consumers discussions and agreed end of life wishes where applicable. Staff described the way care delivery changed through palliative care plans which guided observations, goals and interventions, and the practical ways in which consumers’ comfort was maximised.

Consumers reported staff recognised and supported them, in a timely manner, when they were unwell or had any pain. Staff explained the process for identifying and reporting changes and deterioration in a consumer’s condition and confirmed they were informed when a consumer has deteriorated and changes in care needs have been implemented. Clinical records indicate consumers were regularly monitored and if deterioration occurred, it was recognised and responded to in a timely manner.

Consumers said staff know their needs and preferences. Staff described how information is shared when changes occur, and how changes are communicated through handover documentation. Electronic alerts in the care documentation system notified staff of changes to consumers’ health status, needs and preferences. Staff were supported by a clinical governance framework, policies and procedures.

Consumers and representatives said timely and appropriate referrals occurred when needed and the consumer had access to relevant health professionals. Staff described how information is shared when referrals were made to other organisations or providers of care or services. Documentation identified timely and appropriate referrals to medical and other health professionals.

Consumers and representatives stated staff followed the rules for safe COVID-19 infection control processes, wear masks and gloves. Staff described how infection related risks are minimised and processes used reduced the prescription of antibiotics. Policies and procedures guide all staff in best practice process for infection control including outbreak management. Competencies in donning and doffing and handwashing were completed by all staff delivering services to consumers.

# 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 stated the services provided were safe, supported their needs and preferences and optimised their independence. Staff provided evidence they support consumer’s needs and preferences. Care documentation demonstrated assessment processes capture consumers’ likes and dislikes and the people important to them.

Consumers provided examples of how staff support their emotional, spiritual, and psychological wellbeing. Care plans provided information about consumer’s spiritual and emotional needs and preferences. Staff explained how they support consumer’s spirituality as well as support consumers emotional wellbeing through their interactions.

Consumers were supported to keep in touch with loved ones and do the things of interest to them. Documentation reflected who is important to consumers and what activities they enjoyed participating in. Staff explained how they supported consumers to keep in touch with people important to them. family and friends were observed being welcomed into the service and enjoying quality time with their loved ones.

Consumers’ care needs were effectively communicated between organisations if the responsibility for their care is shared. Staff explained how they are kept informed when a consumer’s condition, preferences or needs change, such as during staff handovers. An electronic documentation system and handover processes were utilised to share information about consumers; condition, needs, and preferences.

Consumers provided examples of services they receive from outside individuals, such as volunteers. Staff explained and gave examples of how the service works with outside organisations and groups to enhance consumer’s lifestyle experiences. Documentation showed how consumers were supported with appropriate referrals to external services.

Consumers said the meals were of suitable quantity and quality. Staff outlined the processes allowing for a variety of meals to be served. Care plans included dietary information such as allergies, dietary requirements, and personal preferences. Observations demonstrated the service has safe practices for food storage, preparation, and delivery.

Consumers found equipment at the service clean and suitable for their needs. Staff stated lifestyle equipment is available when they need it. Equipment used to provide and support lifestyle services was seen to be safe, suitable, 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 felt at home at the service, and they could easily find their way around the facility. Management explained the features of the service environment designed to support consumers with cognitive impairment. Consumers’ rooms had a degree of personalisation with pictures and personal items decorating the room. Corridors were wide and well lit, and consumers were seen moving around with ease.

Consumers stated that they believe the service is generally clean and everything in their room is working and maintained. Maintenance staff explained their processes for reactive and preventative maintenance and provided relevant logs which were up to date. Observations showed consumers were able to move freely indoors and outdoors.

Consumers felt comfortable using the equipment. Staff ensured the equipment used with consumers is safe and clean. Maintenance documentation demonstrated the maintenance checks are up to date within the service. The furniture, fittings and equipment in the service were observed to be safe, 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

Consumers and representatives had no issues raising concerns or providing feedback and were aware of how to do so, such as raising concerns with staff or management. Staff described how consumers and representatives provide feedback and make complaints, including at consumer meetings, through direct conversations with staff, phone calls or emails to the management. A policy, guides how feedback and complaints are welcomed, encouraged, and supported. Feedback forms, suggestion boxes, and information on how to provide feedback were located throughout the service.

Staff described ways they assist consumers who have difficulty communicating to provide feedback and were aware of and confident in accessing advocacy and interpreter services. Policies guided staff in making sure consumers were aware of other ways to provide feedback such as external advocacy and resolution services. A handbook gave consumers information on methods of raising complaints both internally and externally, advocacy and interpreter services.

Consumers believe the service has responded to complaints in an open and transparent manner. Staff described changes made at the service in response to feedback and complaints and had an awareness of the complaint management process including following open disclosure when things go wrong. A complaints register detailed the nature of complaints, the actions taken, and how open disclosure was used including giving an apology.

Consumers and representatives said they have seen changes made in response to feedback and complaints. Staff were aware of complaints made by consumers and or representatives and described how service improvements are made in response to such. Policies confirmed feedback and complaints were used to inform continuous improvement and the complaints register supported improvements to services were made response to feedback and complaints.

# 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 although staff are busy, there are enough staff to provide safe and effective care and they generally receive assistance when required but staff often don’t have time to sit and talk with them. Rosters documentation demonstrated sufficient staffing numbers were deployed, and observations supported the service had enough staff to deliver care and services. Staff said unfilled shifts can be managed.

Consumers felt staff are kind, caring, and respectful, and they know what is important to them. Staff were observed to interact with consumers in a caring and respectful manner. The Charter of Aged Care Rights was displayed and was included in the consumer handbook.

Consumers felt staff were capable and knew what they were doing. Management described ways in which they determine whether staff are competent and capable in their role, such as recruiting qualified staff, and providing ongoing supervision and training. Staff records showed staff have appropriate qualifications, knowledge, training, and experience to perform the duties of their roles. Staff identified their position descriptions and described the required competencies of their role in relation to the description.

Consumers and their representatives’ felt staff were capable and received adequate training. Staff received training and support to perform their duties, including receiving mandatory training in incident management. A training register was used to track and monitor staff completion of mandatory training modules including elder abuse, incident management, restrictive practices, use of personal protective equipment and outbreak management.

Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. Staff described the way performance appraisals occur, and a review of staff records and observations pertaining to staff performance further supported this. A staff appraisal and performance policy outlined some of the ways staff performance was assessed, monitored, and reviewed.

# 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 contributed to decisions about how the service is run, attended the consumer meetings and were on the interview panels for new staff. Management described how consumers were engaged in the development, delivery and evaluation of care and services, such as providing feedback forms and having an open-door policy. Consumer meeting minutes showed input from consumers, and feedback forms and suggestion boxes were identified in various locations throughout service.

The management group participated in the delivery of care and services and stayed informed about incidents and safety issues through various mechanisms. Policies and procedures outlined the management group played a role in promoting a culture of safe, inclusive, quality care and services and was accountable for their delivery. Documentation demonstrated reports were received and reviewed including information on clinical governance, workforce, incidents, complaints and continuous improvement projects.

A range of policies and procedures demonstrated appropriate governance systems were in place relating to information management, continuous improvement, financial and workforce governance, and regulatory compliance. Staff had access to up-to-date information and described how they know their incident management system is working. Management described how opportunities for continuous improvement are identified, how they seek changes to budget expenditure, and how they monitor compliance with relevant legislation and regulatory requirements.

Staff described processes for identifying, managing, and minimising risks and incidents including the prevention of abuse, harm, and neglect of consumers. Various registers, relevant policies and procedures relating to documenting, managing, and minimising risks and incidents provided support to staff to effectively manage risks.

A documented clinical governance framework, including policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure promoted quality and safety practices in care. Staff had clear understanding of their accountabilities and responsibilities under the clinical governance framework and what this meant to them in relation to antimicrobial stewardship, the use of restrictive practices, 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)