Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | The Plains |
| Service address: | 333 Underwood Road, Eight Miles Plains QLD 4113 |
| Commission ID: | 5030 |
| Approved provider: | Bethany Christian Care |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 19 October 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 Plains (**the service**) has been prepared by Grace Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the site audit, 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’s response to the assessment team’s report received 23 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 6 (3)(d): The service ensures complaints and feedback are documented, opportunities for improvement identified and substantive improvement actions implemented.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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 they are treated with dignity and respect, staff are kind and caring, and the care they receive is culturally safe. Staff talked of consumers in a respectful manner, and know consumers background and preference, such as speaking to some consumers in their preferred language other than English.

Care planning documents reflected consumers’ background and culture and included cultural activities that each consumer would like to maintain. The lifestyle activities calendar is printed in cultural characters and languages to reflect consumers’ backgrounds.

Consumers said they are supported to exercise choice and independence regarding how their care and services are delivered and maintain relationships. The service supports married consumers to maintain their relationship by sharing a room and spending time together. For consumers whose families are unable to visit regularly, the service facilitates video and phone calls.

Consumers said they are supported to take risks to enable them to live the best life they can. Risk assessments are conducted in consultation with the consumer and documented in care plans.

Consumers said they have the information they need to make informed choices, including what they want to eat and activities they wish to attend. Menus, activity calendars and notices were displayed throughout the service. Staff described how they provide information to consumers with communication barriers.

Consumers reported their privacy and confidentiality is respected and described staff practices such as knocking on doors prior to entry. Staff were observed closing doors when providing care. Consumers’ confidential information is stored securely.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Assessment and planning consider risks to consumers’ health and well-being. Care planning documents identified a comprehensive assessment and care planning process which considered risks, and strategies to reduce or eliminate them.

Consumers’ care plans showed key information about diagnoses, specific end of life wishes, communication, mobility and individual preferences and care needs. Advance care and end of life planning are included if the consumer wishes.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Consumers and representatives confirmed their active involvement in the process.

Outcomes of assessment and planning are communicated to consumers and representatives and documented in care plans. Progress notes showed staff update representatives on care outcomes and offer consumers and representatives are copies of care plans.

Documentation review showed care plans are reviewed three monthly, and when changes in condition, or incidents occur. Consumers and representatives said staff regularly discuss their care needs with them, and any changes requested are addressed in a timely manner.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Care plans reflected safe, and effective care, tailored to the specific needs and preferences of the consumer. Although the service did not have a written policy stating that Behaviour Support Plans are required where restrictive practices are in use, care planning documentation evidenced restrictive practices are used in line with regulatory requirements. Management advised the service will revise their policy and update to specify the requirements for Behaviour Support Plans to be in place.

High-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, and implementation of suitable risk mitigation strategies for consumers. For example, for consumers who are at risk of falls, staff ensure mobility aids are used frequently, consumers are wearing a call bell pendant and consumers wait for staff to assist.

Care planning documents for consumers who were nearing end of life showed their needs, goals and preferences are recognised and met. Representative feedback from a consumer who passed, said the service was very respectful and supportive of the family on their visits, and they were called each morning with updates to the consumer’s condition.

Progress notes reflected timely identification of, and response to, deterioration and changes in function of consumers. Staff explained how deterioration is discussed during handovers and at staff meetings which may trigger a Medical Officer review, and review of care planning documents.

Information about consumers conditions, needs and preferences is documented and effectively communicated with those involved in the care. Progress notes, care and service plans provide adequate information to support effective and safe sharing of the consumer’s information to support care. Consumers and representatives said the consumer's preferences and care needs are communicated effectively with them, between staff, and with external providers involved in their care.

Consumers and representatives said referrals are timely and appropriate, and they have access to a range of health professionals, including allied and medical specialists. Progress notes and assessments evidenced the service is regularly supported by physiotherapists; who are on site five days per week, dietitians; who visit monthly, as well as other allied health professionals who can be consulted as necessary.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The workforce confirmed they have received training in infection minimisation strategies including infection control and Covid-19 and demonstrated their understanding of antimicrobial stewardship strategies.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said they are supported to participate in activities they like and are provided with appropriate supports to optimise their independence and quality of life. Staff are familiar with consumers’ needs and preferred activities and explained that consumers who do not like to participate in group activities are supported through one-to-one time with lifestyle staff and chaplains.

Consumers said their emotional, spiritual, and psychological needs are supported, and they can stay in touch with family, friends or chat with staff for comfort and emotional support. Staff said they were aware of the importance of spiritual connection to many consumers at the service, which helps them recognise when consumers are feeling low and require additional emotional support.

Consumers and representatives said they are supported to participate within and outside the service environment, keep in touch with people that are important to them and do things of interest. Care planning documents showed consumers have involvement in the community, pursue their interests and maintain personal and social relationships. Staff gave examples of several consumers who participate in the wider community with loved ones or with support of other service providers.

Consumers considered information is adequately communicated between staff. Staff described how communication of consumers’ dietary and daily living needs and preferences occurs via care planning documents and shift handover.

Regular, timely and appropriate referrals are made to other individuals, organisations, and providers of care where required. Care planning documents showed the service collaborates with external services to support the needs of consumers.

Most consumers were satisfied with the quantity, quality and variety of meals provided at the service. However, numerous consumers were dissatisfied with the quality of meat and complained about it in the past. The service had taken steps to address the concern, however resolution had not been achieved. As a result, deficit has been assessed in Standard 6, Requirement 6(3)(d), where it is most relevant. The Assessment Team otherwise found consumers able to choose from multiple meal options, a 4-week seasonal rotating menu which is and prepared by an external contractor and is dietician approved. Staff outlined how dietary assessments are used to inform the menus. The service worked with a consumer to improve their access to cultural foods.

Consumers said they have access to safe, clean and well-maintained equipment. Staff said they have access to equipment when they need it and equipment is clean and well maintained. Observations confirmed most mobility aids were clean and well-maintained, however one aid was observed to require cleaning. Management immediately addressed the issue and entered an improvement item into the service’s continuous improvement plan to prevent reoccurrence.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 service is welcoming, easy to understand and promotes consumer independence, function and enjoyment with multiple areas for social interaction and engagement that include spacious courtyards, lounge areas, libraries, interconnected houses, and a café. The Assessment Team observed a car in the courtyard facing a mural to promote consumers’ enjoyment of sitting in a car, and options for consumers to wash the car.

Consumers and representatives felt the service environment is safe, clean and well maintained, and allows them to move around freely. The Assessment Team observed the service environment including consumers’ rooms and common areas to be kept clean and well maintained. Staff outlined maintenance and cleaning processes in place at the service.

The service’s furniture, fittings and equipment are safe and well-maintained. The Assessment Team observed, and consumers confirmed, their equipment is generally checked, cleaned, and maintained. The preventative maintenance register noted all scheduled maintenance work has been carried out.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |

Findings

The Assessment Team recommended the following requirement was not met:

* Feedback and complaints are reviewed and used to improve the quality of care and services.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement.

The Assessment Team brought forward feedback from some consumers stating they had raised complaints regarding the quality of red meat provided and were not satisfied suitable action had been taken. During the Site Audit, the Assessment Team observed a meal service and noted several consumers were unable to chew or eat the meat provided. The Assessment Team found these observations were consistent with feedback provided at food focus meetings, and historical emails from the chef to the catering service’s procurement manager regarding the quality of red meat. As a result, the Assessment Team found the service failed to ensure complaints about the meat had resulted in improvements to the catering procurement process and recommended the service non-compliant.

In their response of 29 August 2022, the Approved Provider disputed the Assessment Team’s recommendation and findings and provided additional context and evidence, showing the service had taken various steps to address the issue with the catering contractor. The response noted input and feedback is sought from consumers, their representatives, and the workforce, and uses this to inform continuous improvement. The response contended the meat tenderness issue arose only periodically, was a concern for a select few consumers; and included evidence of positive results in post-audit surveys measuring consumer satisfaction with meals, including tenderness of food. The Approved Provider also referenced the Assessment Team’s review of the organisation’s Quality Management System, which found a range of complaints, comments and feedback forms utilised for improvement purposes. Additionally, the Approved Provider noted most consumers said they were satisfied with meals provided; and raised site audit findings from another service operated by the organisation, which had recently been found fully compliant in a site audit, despite using the same catering contractor. Lastly, the response disputed the complaints were an indication of deficiencies in the service’s feedback and complaints system and were instead consumer-specific complaints.

Having had regard to the evidence in the site audit report, the Approved Provider’s response and the evidence they provided, I have agreed with the Assessment Team’s recommendation. I acknowledge the service uses feedback and complaints to improve the quality of care and services in some areas. I also acknowledge the service has attempted to address the meat tenderness issue with the catering contractor, however I agree that by the time of site audit, no successful resolution has been reached or improvements made at a service level to address the issue, for the reasons outlined below.

While I acknowledge the post-audit survey results provided with the response, this evidence did not adequately demonstrate which meals were being assessed in the surveys, and therefore, did not fully support the Approved Provider’s position. I also acknowledge the Assessment Team recommended Requirement 4(3)(f) compliant, and consider that this reflects overall satisfaction with quality, quantity and variety of meals provided, but that use of complaints and feedback to improve care and services is a separate matter. The results of other site audits are not relevant to my decision, as each assessment is dealt with on a case-by-case basis. The site audit report contained evidence the chef and the food focus group have raised repeated concerns over the quality of meat. The Assessment Team also directly observed and spoke to several consumers not able to chew or consume the meat served during the site audit. In reaching my decision, I have placed considerable weight on this evidence, which was not displaced by the Approved Provider’s response. Therefore, on balance, I find the service did not consistently use feedback and complaints to improve the quality of care and services provided and I find requirement 6(3)(d) is non-compliant.

Regarding the remaining requirements, consumers and representatives confirmed they are provided various avenues to submit feedback about care. Consumers and representatives said they understood how to provide feedback or make a complaint and are comfortable approaching staff directly. Management advised any feedback and complaints gathered during consumer meetings is recorded in the minutes, and any feedback or complaints received that can't be immediately rectified are included in the service’s quality management system for follow up. The workforce receives training on the feedback and complaints process.

Consumers said they were comfortable raising concerns within the service and were aware of advocacy services if needed. Although at the time of the Site Audit there were no consumers who required interpreter services, staff knew how to engage them if needed. Management confirmed the service maintains a list of bilingual or multilingual staff, to ensure information is readily available if a consumer needs that additional language support. Observations showed brochures for advocacy services available in the service.

Staff and management were able to describe the process that is followed when feedback or a complaint is received and knew what open disclosure was and the underlying principles. Documentation review showed, and consumer feedback confirmed the service mostly takes action in response to complaints and an open disclosure process is applied.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 expressed satisfaction with the staffing numbers and said the services and care they receive were timely. This was evident in the call bell data reviewed by the Assessment Team. The service ensures there are adequate staffing levels and mixes to meet the needs of the consumers. Agency staff are utilised when the service’s staff are not available to fill shifts.

Consumers and representatives said staff are kind, caring and gentle when providing care and services. Management confirmed the service has documented policies to direct staff practice which outlines that care and services are to be delivered in a respectful and kind manner. The Assessment Team observed staff were greeting consumers in a friendly manner and using the consumer's preferred name during greetings.

Consumers and representatives felt staff are competent, and confident that staff are skilled to meet their care needs. Each role has a position description, minimum qualifications, and credential requirements.

The service has implemented systems and processes to ensure that appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Staff said they have access to training to support their role and ongoing development. Training completion is monitored and reviewed, and staff were up to date with mandatory training.

Staff performance reviews are conducted during a probationary period of employment and then annually. An online system is used to encourage staff to provide open and honest answers. Management review the feedback then organise in-person review meetings. The service's tracking matrix showed all staff were up to date with their performance reviews.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 service is engaging consumers through a variety of mechanisms such as consumer and representative meetings, food focus committees and regular surveys. The service’s governing body maintains regular oversight and is involved in matters related to the service.

The service has documented policies and guidelines, developed with the governing body, that guide clinical practices, incidents and risk management. The governing body has visibility of the service's clinical data through the clinical indicator dashboard and the regular clinical governance reporting program. The organisation is currently engaged with a local university for a project on antimicrobial stewardship, reflecting promotion of a culture of safety and quality care.

The service has generally effective governance systems for information management, continuous improvement, financial and workforce governance, and regulatory compliance. Although the Site Audit Report identified deficits in the service’s response to food-related complaints, outlined in Requirement 6(3)(d), the Assessment Team observed there are systems, policies and tools in place that are generally used to record, trend and respond to complaints. Staff said they have access to information they need to perform their roles and are supported by the service and organisation.

The service demonstrated it has effective risk management systems and practices that to guide staff practice in relation to management of high impact and high prevalent risks, abuse or neglect of consumers, supporting consumers to live the best life they can and incident management. Staff understood which consumer have high impact, high prevalence risks and demonstrated how they manage those risk in line with service policy. Policies, procedures and tools are in place to support staff to comply with SIRS obligations.

The service has frameworks, policies and guidelines around antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff used practice examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise use of restrictive practice.

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)