Performance

Report

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| Name of service: | The Shoreline |
| Service address: | 41 York Street COFFS HARBOUR NSW 2450 |
| Commission ID: | 8211 |
| Approved provider: | Park Beach Residence Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 13 June 2023 to 15 June 2023 |
| Performance report date: | 7 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for The Shoreline (**the service**) has been prepared by D. 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers were treated with dignity, respect and felt valued. Staff were observed interacting with consumers in a respectful manner and in line with consumers’ preferences. Care documentation reflected consumers’ background, personal preferences and identity.

Consumers said their cultural backgrounds and religious preferences were respected and informed care and services. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services accordingly. Care documentation reflected consumers’ cultural needs and preferences.

Consumers said they were supported to make choices regarding their care and who was involved in care delivery. Staff were knowledgeable of consumers’ choices and those they wished to be involved in their care. Care documentation reflected consumer choice.

Consumers gave positive feedback regarding support provided if they wished to take risks. Staff were knowledgeable of consumers who opted to take risks and supported consumers to understand potential harms. Care documentation reflected risk assessments, discussion with consumers, consent and mitigation strategies.

Consumers and representatives provided positive feedback regarding provision of timely and accurate information regarding activities, meals and events. Staff confirmed information was provided to consumers and representatives through phone calls and emails. Menus and an activity calendar were displayed.

Consumers said their privacy was respected and their personal information kept confidential. Staff said, and observations confirmed, they knocked on doors and awaited consent to enter, discussed consumer information in private areas, locked the nurses’ station and used passwords to access the electronic care management system.

# 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 confirmed involvement in care assessment and planning. Staff were knowledgeable of care assessment processes and care documentation evidenced risk assessments and mitigation controls. Staff were guided by policies and procedures regarding care assessment and planning.

Consumers and representatives confirmed involvement in care assessment and planning, including end of life care. Staff discuss end of life care with consumers at entry, including consultation with allied health professionals. Care documentation evidenced consumers’ needs and preferences, including advance care plans.

Consumers and representatives confirmed they provided input to assessment and planning of consumers’ care and services. Staff confirmed including consumers and representatives throughout the assessment, planning and review processes. Care documentation evidenced integrated and coordinated assessment, planning and review involving consumers, representatives and allied health professionals.

Consumers and representatives confirmed they were informed of assessment and planning outcomes and were offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes and care documentation evidenced regular staff communication regarding care plan updates.

Consumers and representatives gave positive feedback regarding regular review of care and services. Staff described undertaking routine care reviews every 3 and 12 months or in response to changes or incidents. Care documentation evidenced reviews, assessments and changes in consultation with consumers and 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 |

Findings

Consumers and representatives provided positive feedback regarding personal and clinical care which was tailored to consumers’ needs and preferences. Staff were knowledgeable of consumers individual care needs and were observed providing care in line with the directives contained in consumer’s care documentation regarding restrictive practices, pain and wound management.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of individual consumer risks and minimisation strategies. Care documentation reflected assessments undertaken to identify risks and responsive clinical and environmental mitigations.

Management described collaborating with allied health professionals when caring for palliating consumers and the availability of palliative care providers, if required. Care documentation for a recently deceased consumer evidenced comfort care provided in consultation with allied health professionals and representatives, aligned to the consumer’s advance care directive. Staff were guided by policies and procedures regarding clinical deterioration and palliative care.

Consumers and representatives provided positive feedback regarding staff promptly recognising and responding to deterioration in a consumer’s condition. Care documentation evidenced when changes occurred consultation with allied health professionals was commenced. Staff were guided by policies and procedures to recognise and respond to consumer deterioration.

Consumers and representatives gave positive feedback regarding staff effectively communicating consumers’ condition, needs and preferences. Staff confirmed exchanging up to date consumer information during handovers and involving other support services, where required. Care documentation evidenced communication of consumer needs and preferences with those involved in their care.

Consumers and representatives gave positive feedback regarding the service’s timely referral process to specialised individuals and services. Staff were knowledgeable of referral pathways and care documentation reflected referrals made to a range of allied health professionals, including dieticians and medical officers.

Consumers and representatives gave positive feedback regarding the service’s infection management practices, including staff consistently using personal protective equipment. Staff were knowledgeable of antimicrobial stewardship, strategies to minimise infection risk and were guided by an Infection Prevention Lead. Visitors were screened for infection at entry and required to wear masks.

# 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 said they were supported to engage in activities of interest which promoted their independence and wellbeing. Staff described assessing consumers’ preferences at entry and supporting consumers to engage in activities. Care documentation reflected services and supports were personalised to each consumers needs and preferences.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described providing consumers with individual support and the availability of a priest, who visited fortnightly. Care documentation evidenced consumers’ spiritual and emotional needs and preferences.

Consumers said they were supported to maintain important relationships and participate in the community. Staff described establishing gardening and book clubs which were popular amongst consumers. Consumers were observed engaging in activities within the service and going out into the community.

Consumers said information was shared with those involved in their care. Staff were knowledgeable of consumers’ individual conditions, needs and any changes, and confirmed exchanging consumer information during handovers. Care documentation identified those the consumer chose to be provided information regarding their care and services.

Consumers said timely referrals were made to other care providers and organisations. Staff were knowledgeable of referral pathways and documentation evidenced referrals were made to a range of services including hairdressers, schools, psychologists and religious services.

Consumers gave positive feedback regarding the variety, quality and quantity of meals, and were provided multiple selections each mealtime and snacks at any time. Staff were knowledgeable of consumers’ individual dietary requirements and preferences and observations confirmed consumers selecting their preferred meals.

Consumers said equipment was safe, suitable, clean and well-maintained. Staff were knowledgeable of processes to clean equipment and request maintenance. Records evidenced cleaning and maintenance was up to date and equipment was observed to be clean and 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 said the service environment was comfortable and optimised their independence and sense of belonging. The service was quiet, easy to navigate and included a pool, café and outdoor courtyard. Consumers were observed moving freely about the service and had decorated their rooms with personalised items.

Consumers said, and the service environment was observed, to be safe, clean, maintained and comfortable. Staff described building and equipment maintenance undertaken by service or contracted staff, and records confirmed up to date cleaning and maintenance.

Consumers and representatives said, and observations confirmed, furniture, fittings and equipment were clean and suitable for consumer’s needs. Staff described a preventative maintenance schedule and daily inspections of furniture, fittings and equipment to ensure safe use.

# 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 said they were encouraged to provide feedback or make a complaint and were aware of relevant processes. Management confirmed feedback forms, meetings and discussions with staff were avenues raise feedback and complaints. Staff were guided by policies and procedures regarding appropriate complaint management.

Consumers and representatives were aware of advocacy services and were comfortable raising issues with staff. Staff were knowledgeable of processes to access advocacy and language services and not yet needing to engage with external supports. Information regarding advocacy and language services was detailed in the consumer handbook and displayed in communal areas.

Consumers and representatives said appropriate action was taken in response to feedback and complaints. Staff were knowledgeable of complaint processes, including the use of open disclosure, and confirmed participating in relevant training. Management confirmed involving representatives in the complaint management process, in line with service policies.

Consumers provided positive feedback regarding their feedback and complaints informing service improvements. Management confirmed consumer input was acknowledged, reviewed and actioned appropriately. Documentation evidenced consumers’ feedback and complaints were used to inform changes and make improvements.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said there was sufficient staff to deliver care and services. Management confirmed ongoing recruitment to support alignment between staffing and consumer numbers and utilising a casual pool to fill unplanned shift vacancies. Rosters evidenced a full complement of staff for each shift and call bell data reflected response times were monitored and benchmarked.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable and respectful of consumers’ needs and preferences and were observed interacting with consumers in a kind and caring manner. Staff were guided by policies, procedures and training regarding dignity, diversity and inclusion.

Consumers and representatives said staff demonstrated knowledge and competency to perform their roles. Management described recruitment screening processes to establish competencies and qualifications. Records confirmed professional registrations and security vetting was completed and monitored.

Staff confirmed participating in onboarding training and pairing with experienced staff following commencement, as well as ongoing mandatory and elective training. Documentation evidenced in-person and online training and assessments, including specialised training delivered by allied health professionals and external providers.

Management confirmed relevant staff performance appraisals had been completed, action taken in response to any underperformance and ongoing monitoring through observations and feedback. New staff underwent probationary reviews at 3 and 6 months, post commencement.

# 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 and representatives said they were involved in the development and delivery of care and services through meetings, care plan reviews and feedback. Management confirmed consumer involvement in care development, delivery and review. Meeting minutes evidenced consumer engagement and responsive actions taken to improve care and services.

Management described the organisational structure that supported accountability by the governing body. The service routinely advised the governing body of clinical data which was discussed through a range of governance meetings. Board led committees oversaw the development of safe and inclusive policies and procedures to guide delivery of care and services.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff knew how to identify and report serious incidents. Records evidenced serious incidents had been managed in line with legislative requirements and incident analysis undertaken to inform improvements.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Staff participated in training regarding minimising the use of restraint and open disclosure. Frameworks, policies and guidelines assisted staff to maintain best practice.

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)