Performance

Report

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| Name of service: | The Terraces Assisted Aged Care |
| Service address: | 74 University Drive Varsity Lakes QLD 4227 |
| Commission ID: | 5640 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 14 March 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 Terraces Assisted Aged Care (**the service**) has been prepared by J. Howard, 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 conducted from 23 January 2023 to 25 January 2023; 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 Approved Provider’s response to the Assessment Team’s report, received on 16 February 2023.
* 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 | **Non-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 8(3)(c)* – The service must ensure effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

# 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 confirmed staff treated them with dignity and respect and valued their identities, cultures and diversity. Staff described the ways in which they supported consumers and treated them with respect and dignity.

Consumers advised their care and services were delivered in a culturally safe manner. The Assessment Team sighted policies, procedures and training schedules regarding diversity and inclusion practices.

Consumers and representatives considered they were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Management and staff confirmed consumers were supported to exercise choice and maintain their independence on all matters relating to their care and services.

Care planning documentation outlined areas in which consumers were supported to take risks to live the best life they can. Staff outlined the risk assessment process that was undertaken with each consumer that chose to engage in activity with an element of risk.

Consumers indicated they received information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice. Management and lifestyle staff provided copies of a range of communications about a diverse range of topics relating to care and services, shared with consumers and representatives and available around the service.

Management stated confidentiality and privacy of consumer information, both within and outside the service was paramount, particularly when dealing with behaviours of concern, and advising consumers of potential action plans. Consumers felt their information was kept confidential and their privacy respected.

# 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 advised staff completed regular assessments to identify and formulate care plans in response to identified needs and potential risks. Staff demonstrated an understanding of the assessment and care planning process, both on admission and on an ongoing basis.

Consumers and representatives indicated the assessment and planning process met their current needs, goals and preferences, and confirmed staff discussed their advanced care preferences with them. Care planning documentation identified and addressed consumers’ current needs, goals and preferences.

Staff reported they regularly liaised with consumers, multidisciplinary team members and family members to ensure a partnership throughout the assessment and care plan process. Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals.

Staff utilised the service’s electronic care management system to access and communicate outcomes of assessment and planning. Care planning documentation reflected outcomes of assessment and planning were communicated with consumers and representatives.

Consumers and representatives expressed positive feedback regarding the regularity of review of their care and service plans.Management provided a report which evidenced all routine three-monthly care plan reviews had been completed.

# 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 advised consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Management reported they considered a range of data to confirm staff provide best practice care, including quality indicators, incident analysis, observation and consumer, representative and staff feedback.

The service demonstrated the effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks, and indicated risks were identified and risk mitigation strategies were put in place.

Consumers and representatives confirmed the service raised end of life care preferences and advance care planning in discussions with them. Staff explained the general principles of palliative care and how these principles were applied in practice.

Consumers and representatives were confident the service would respond in a timely manner to effectively address any deterioration in the consumer’s health status. The service demonstrated clear processes for the escalation of any change or deterioration in a consumer’s health or wellbeing.

The service demonstrated how information relating to consumers’ condition, needs and preferences was documented in handover documentation, and communicated where the responsibility for care was shared. Staff outlined the processes utilised to ensure information relating to consumer care needs and preferences was communicated, including during shift handovers and various staff meetings.

Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports. Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services.

Consumers and representatives stated they consistently observed staff to wear their personal protective equipment, including masks and gloves. Staff demonstrated an understanding of infection control practices relevant to their duties, and the service had a range of documents to inform and guide staff practice in relation to infection control matters.

# 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 were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Staff described consumer’s needs and preferences and the ways in which they supported consumers to live their best lives according to their individual needs and preferences.

Consumers advised the service provided a range of services and supports which promoted their emotional, spiritual and psychological well-being and they could easily access those supports when required. Care planning documentation reviewed by the Assessment Team identified information regarding the emotional, spiritual and psychological needs and preferences of consumers.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Care planning documentation identified the preferred activities of each consumer, and consumers were observed engaging in their preferred activities.

The Assessment Team observed staff conversing with consumers and discussing their current condition, needs and preferences. Staff advised they encouraged consumers to inform them of any changes, these changes are then documented and communicated to other staff members.

Care planning documentation identified the involvement of other organisations and providers of care and services. Consumers indicated that when required, they were referred to other individuals, organisations and providers of care and services in a timely manner.

Consumers indicated the provided meals were varied and of suitable quality and quantity. Staff were observed assisting and encouraging consumers with their meals and offering alternatives, and were generally familiar with consumers’ dietary needs and preferences.

The Assessment Team observed equipment used to support consumers to engage in activities of daily living and lifestyle activities to be safe, suitable, clean and well maintained. Staff understood the process for identifying equipment that required maintenance.

# 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 Assessment Team observed the service’s communal areas to be spacious, comfortable, light-filled and for consumers to have access to outdoor terraces, private dining areas, activities/lounge areas and a second garden with a walking track. The Assessment Team observed consumers, volunteers, representatives and staff actively involved in a wide range of activities, many of which were consumer initiated.

Consumers advised the service environment was clean, well maintained and comfortable and they could move freely around the service, both indoors and outdoors. Management advised that cleaning was conducted 7 days per week, with a reduced service on weekends.

The Assessment Team observed furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Maintenance staff demonstrated the preventative maintenance schedule for all assets at the service and discussed how they attended to maintenance issues.

# 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 confirmed they were familiar with the feedback and complaints processes, and management was approachable. Management discussed the various ways in which the service encouraged and supported feedback and complaints, and this was consistent with information provided by consumers, representatives, and staff.

Consumers and representatives were aware of various methods to raise complaints, including through the Commission, advocacy services or with the assistance of a family member or friend. Staff demonstrated a shared understanding of the internal and external complaints and feedback channels and detailed how they would access advocacy or translation services for a consumer.

Management described the process used to respond to complaints, including speaking directly to the consumer and representative to gather further information and apologising for any dissatisfaction with their care and services. Staff demonstrated an understanding of the open disclosure process and how it applied in practice.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services, and provided examples of changes implemented arising from the provision of feedback and complaints. The service had a continuous improvement policy, which was outlined in the staff and consumer/representative handbook, and a continuous improvement register, in addition to the feedback register.

# 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 service had processes in place whereby staff were re-assigned based on demand across the service, with staff proficient and trained in several areas. The service’s call bell reports for December 2022 were reviewed and demonstrated that approximately 99% of calls were responded to in under 10 minutes.

Consumers and representatives confirmed staff engaged with consumers in a respectful, kind and caring manner and were gentle when providing care. Staff demonstrated an in depth understanding of consumers, including their needs and preferences.

The service demonstrated the workforce had the skills, qualifications and knowledge they needed to perform their roles and to provide care and services. Staff advised they were well supported by management in undertaking training provided to them on commencement to the service and on an ongoing basis.

The service demonstrated staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. The Assessment Team reviewed several documents that guided management through recruitment, orientation and training.

Management reported staff performance was monitored through observation, consumer and staff feedback, daily review of progress notes, audits, annual competencies, incident reports and clinical indicator reports. Staff indicated they had an annual performance appraisal following the completion of their probationary employment period.

# 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. | Non-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

*Requirement 8(3)(c):*

The Assessment Team recommended this Requirement was Not Met, as it considered the service could not demonstrate effective, organisation-wide governance systems relating to regulatory compliance.

The site audit report noted:

* The Assessment Team noted the service had not identified 3 consumers as being subject to chemical restraint, and there was an inconsistent application of regulatory practices to consumers. For example:
  + A care planning documentation review by the Assessment Team for a consumer prescribed and receiving psychotropic medication showed the service had obtained informed consent and there was an individualised behaviour support plan in place. However, the service was unable to demonstrate regular monitoring through its monthly completion of its restrictive practice monitoring tool.
  + The care planning documentation for two consumers prescribed psychotropic medication showed a behaviour support plan was in place. However, the service was unable to demonstrate it had obtained informed consent and was conducting regular monitoring of these consumers.

The Assessment Team raised these issues with management during the site audit. In response, management advised they would review the identified consumers, taking into consideration the interpretation and application of legislative requirements in relation to chemically restrictive practices, in order to apply the guidelines and ensure it mitigated any negative impact.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the service being unable to demonstrate the regular monitoring of a consumer receiving psychotropic medication – the service acknowledged a restrictive practice monitoring chart and documentation was not in place at the time of the site audit, this was due to the medical officer’s primary reason for diagnosis. A family conference has since been held with the consumer’s representative and they confirmed they were satisfied with the current use of psychotropic medications and indicated they were well informed and regularly consulted by the medical officer and nursing staff in relation to all medications. In addition, to reflect the consumer’s status of being chemically restrained, the service put the following measures in place: a behaviour support plan and restrictive practices authorisation form; conference form; management form; and charting documentation.
* Concerning the service being unable to demonstrate informed consent was obtained and the regular monitoring for two consumers receiving psychotropic medication – the service consulted with the consumer’s medical officers for additional clarification and rationale for prescribing the psychotropic medication. The medical officers confirmed the reasoning for the consumers’ diagnosis and prescription of medication. In addition, to reflect the consumers’ status of being chemically restrained, the following was put in place: a behaviour support plan and restrictive practices authorisation form; conference form; management form; and charting documentation.
* Concerning management’s plan to review the identified consumers – the service indicated a thorough and systematic review of all consumers administered psychotropic medications was conducted, referencing the Commission’s psychotropic medication information and the service’s restrictive practices manual. An additional 4 consumers were identified as being prescribed psychotropic medication. All of these consumers now have the appropriate documentation in place, in accordance with the relevant restrictive practice policy and legislation. The service provided staff with updated education regarding restrictive practices and are monitoring the processes in place.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the identified issues. However, based on the documentation reviewed by the Assessment Team which showed restrictive practices were not managed in accordance with best practice, I consider that at the time of the site audit, the service did not demonstrate effective organisation wide governance systems relating to regulatory compliance.

Therefore, I decided the service is non-compliant with Requirement 8(3)(c).

*The other Requirements:*

Consumers reported the service was well run and all staff were approachable and supportive, and confirmed they were invited to participate in consumer meetings and surveys to identify whether service improvement could be made. A review of consumer meeting minutes and the service’s continuous improvement plan demonstrated consumers were engaged in the development, delivery and evaluation of care and services.

The service demonstrated the governing body had implemented processes to ensure the service was accountable for the delivery of care, and promoted a culture of safe, inclusive and quality care and services. Staff described how clinical indicators, quality initiatives and incidents were discussed at relevant meetings.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff demonstrated a sound understanding of various risk minimisation strategies, including those to prevent falls, infections, manage weight loss and minimising the use of restrictive practices.

The service had a clinical governance framework which included an antimicrobial stewardship policy, restrictive practices policy and procedure, and an open disclosure policy to support the delivery of clinical care. Staff demonstrated an understanding in relation to antimicrobial stewardship, restrictive practices and open disclosure.

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)