Performance

Report

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| Name of service: | Applecross Shore Care Community |
| Service address: | Riverway APPLECROSS WA 6153 |
| Commission ID: | 7879 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 August 2023 to 3 August 2023 |
| Performance report date: | 21 September 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 Applecross Shore Care Community (**the service**) has been prepared by T Wilson, 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; and
* the provider’s response to the assessment team’s report received 24 August 2023.

# 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.

* Standard 8 requirement 8(d) – Ensure the new dignity of risk policy is embedded into everyday practice and all consumers choosing to take a risk have mitigating strategies in place as guided by the policy.

# 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

This Standard has been found compliant as six of six requirements have been found compliant.

Consumers and representatives confirmed staff respect consumers’ culture and diversity and treat them with dignity and respect. Staff described ways they treat consumers with respect, address them by their preferred names and provide care and services as per consumers’ preference. Staff were observed to be kind and respectful and treat consumers with dignity and respect when interacting with them.

Consumers and representatives confirmed consumers receive care and services which are right for them and are culturally safe. Staff members were aware of consumers’ cultural preferences and said they deliver care and services in line with these preferences. Review of documentation confirmed specific cultural needs are captured in care planning information.

Consumers and representatives confirmed consumers are given choice about when care is provided, and confirmed care is delivered in line with their choices. Care planning documents identify consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships. Staff confirmed they assist consumers with making choices and support them to maintain relationships of importance to them.

Consumers described how the service supports them to take risks and confirmed the service supports them to live the best life they can. Staff could describe the consumers who wish to take risks and how they support them to understand the risk and what the service can do to help them minimise the risk. Documentation captures the risk, and the agreement is signed and acknowledged by all parties.

Consumers confirmed information is available to assist them to make choices about personal and clinical care, food options and lifestyle activities. Staff described the way information is provided to consumers, including one-to-one discussions, newsletters, calendars, noticeboards and various meetings and how they assist consumers to understand the information.

Consumers and representatives confirmed consumers’ privacy and confidentially is maintained within the service. Staff were able to describe ways they ensure privacy is respected. The service has policies and procedures for staff to follow in relation to privacy and confidentiality of consumer information and when care is provided.

# 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

This Standard has been found compliant as five of five requirements have been found compliant.

Staff were able to describe how care plans guide them when providing care to consumers. Care plans and assessments confirmed that validated risk assessment tools are used to inform the care plan initially and on an ongoing basis. It was noted that the emotional, spiritual and cultural needs of two consumers were not completed, however, in the response from the 24 August 2023,the provider demonstrated this has now been completed.

Consumers and representatives confirmed consumers are asked about their end of life wishes, goals and preferences during the admission process or at case conferences. Clinical staff confirmed current needs, goal and preferences, including advance care planning and end of life wishes are discussed during pre-admission and case conferences. Care planning documentation reviewed included consumers’ preferences and current care needs, including the things that are important to them to maintain their health and well-being and end of life wishes.

Staff confirmed consumers and representatives participate and make contributions to consumers’ assessment and care planning on admission and on an ongoing basis. Care planning documentation demonstrates the service includes other organisations or individuals when they are involved in the care of the consumer.

Consumers and representatives confirmed they had either seen a copy of the care plan and that the service had discussed care and services with them through a case conference. Staff described the process to ensure the outcomes of assessment and planning are captured in care plans and documentation evidenced that care plans are available on the electronic care management system and a hard copy is available in consumers’ rooms.

Documentation confirmed care plans are reviewed every four months, as clinically indicated or when an incident or deterioration of a consumer has occurred. Staff could describe the review process and the steps that are undertaken when an incident or change in condition occurs.

# 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

This Standard has been found compliant as seven of seven requirements have been found compliant.

Consumers and representative confirmed consumers receive personal and clinical care that optimises their health and well-being. Staff were able to describe how they ensure consumers are receiving care that is safe and effective as per consumer’s individual care needs. Documentation showed personal and clinical care is tailored to individual care needs and documents the individual strategies for each consumer.

Staff could describe how they identify, assess and manage high impact or high prevalence risks in consultation with consumers and representatives. Risks are monitored by staff and consumers and representatives confirmed they are satisfied with the management of high prevalence high impact risks. Documentation showed that risks are recorded with mitigating strategies for each risk outlined in the consumer’s care plan.

The representative of a palliative consumer confirmed care was being delivered as per the consumer and representatives wishes. Staff could describe how they provide care to support consumers’ end of life wishes and comfort care. Documentation shows that palliative care services are involved in consumers’ advance care planning needs and care is delivered according to the recommendations.

Consumers and representatives confirmed they are satisfied with the way the service responds to change or deterioration in condition. Staff could describe how they respond to changes in condition and the steps they take to ensure it is managed. Documentation reviewed confirmed that changes in a consumer’s condition is responded to in a timely manner.

Consumers and representatives confirmed that staff are aware of consumers’ needs and preferences, and they don’t have to repeat themselves. Staff confirmed they have access to consumer information through documentation systems and they are advised of changes to consumers’ needs through handover, huddles meetings and other communication methods.

Consumers and representatives confirmed referrals to other providers of care occurs when their personal and/or clinical care needs additional input. Staff were able to describe the referral process and provided examples of referrals made to external organisations. Documentation review confirmed the service has processes for consumers to be referred to other organisations, individuals, and providers in a timely manner.

Consumers and representatives confirmed they are satisfied with the measure taken by the service to prevent the spread of infection. Staff could describe how they prevent the spread of infection and the processes they follow to minimise the risk of resistance to antibiotics. Documentation confirmed training is provided to staff in infection control and personal protective equipment and there are policies and procedures to guide staff with infection control and antimicrobial stewardship.

# 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

This Standard has been found compliant as seven of seven requirements have been found compliant.

Consumers confirmed they are supported to remain independent, and staff could demonstrate the strategies they use to assist consumers to remain independent. There are policies and procedures in place for staff to follow to ensure each consumer receives safe and effective care to allow them to remain independent and have a quality life.

Consumers confirmed they are happy living at the service and felt supported emotionally and spiritually by the service. The service engages with various organisations to ensure consumers’ emotional and spiritual needs are met. Staff advised they regularly ask about their needs and records reviewed showed spiritual requirements were recorded from these conversations.

Consumers confirmed they provided with activities they wanted to do and are supported to engage in the community and other social activities. Staff said they know the consumers and their preferences for participation. Review of documentation showed participation in activities was recorded with preferences contained in most consumers’ care plans. Observations showed consumers participated in activities and actively engaging in them.

The service has systems and practices in place to effectively share consumers’ care needs and preferences should they required assistance from another agency or service provider. Consumers confirmed they are provided care by staff who knew them well, including allied health and temporary or new staff members.

The service has policies and procedures in place to support staff to make timely and appropriate referrals to other organisations and provider of care and services should they be required for their consumers. Staff could describe the processes and policies for referrals.

Consumers confirmed they are satisfied with the variety quality and quantity of meals. Staff described the process for obtaining consumers’ meal preferences, dining room preferences and how to locate and record any dietary preferences or requirements.

Consumers confirmed equipment used is clean and well maintained. The service has policies and procedures in place to assist staff in reporting any faults or concerns with equipment and processes in place to ensure that work undertaken to clean, fix and maintain equipment is completed and in a timely manner.

# 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

This Standard has been found compliant as three of three requirements have been found compliant.

Consumers and representatives confirmed the service is welcoming and promotes a sense of belonging. Signage and other directional assistance help consumers to orient themselves with in the service, and hall and walkways are fitted with handrails to assist consumers to make their way around the facility.

Consumers confirmed the service is clean and has plenty of natural light. Consumers could move freely around the service, including to outdoor areas. The service policies, procedures and staff in place to ensure an ongoing standard of safety, cleanliness and maintenance is maintained for the service environment.

Consumers confirmed they felt safe when staff are using equipment with them, and the furniture is maintained and clean. Third party contractors have been engaged to conduct annual audits and checks to ensure safety and function in addition to internal audits and schedules of the service conducted by onsite maintenance.

# 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

This Standard has been found compliant as four of four requirements have been found compliant.

Consumers and representatives confirmed they are supported and able to provide feedback or lodge a complaint. There are various ways for complaints and feedback to be lodged, including at consumer meetings, through the electronic system or directly to management and staff. Feedback and complaints boxes and forms we accessible to all throughout the building on all levels. The service displays information about advocates and other methods for raising complaints throughout the service.

There is a system to record and manage complaints to ensure they managed in line with the services policies. Consumers and representatives confirmed their complaints are resolved satisfactorily and management and staff are open and honest when things go wrong. Staff confirmed the service encourages them to acknowledge mistakes and they follow open disclosure principles in their everyday dealings with consumes and their representatives.

There is a system to monitor and review complaints and feedback to identify trends and, where appropriate, add items to the continuous improvement plan to improve the quality of care and services for all consumers.

# 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

This Standard has been found compliant as five of five requirements have been found compliant.

The workforce is planned to enable the number and mix of members of the workforce deployed enables the delivery of safe and quality care and changes are made when it is identified additional resources are required. Consumers, representatives and staff confirmed there is enough staff to provide quality care.

Consumers and representatives confirmed staff are kind caring and respectful. Staff provided examples of how they conduct themselves in a kind, respectful and caring manner, and they have received training on how to do this. Observation between staff and consumers was positive with staff being kind, gentle and conversing with consumers.

There is a system to ensure the workforce is recruited trained and equipped to deliver outcomes as required by the Quality Standards. Staff are checked to ensure they have the appropriate qualifications for their role and receive ongoing to maintain their competency. Consumers and representatives confirmed they are confident staff are competent and qualified to provide a good standard of care.

Regular monitoring of the workforce is undertaken through performance appraisals and other observations. This is used to support staff to develop and improve their performance. There are formal processes to manage staff where underperformance is identified.

# 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. | Non-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

This Standard has been found non-compliant as requirement (3)(d) has been found non-compliant.

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) as non-compliant as whilst the service has policies and procedures to manage the risks consumers wish to take, the strategies to manage the risks are not always documented and the policy does not instruct staff to record these mitigating strategies.

The service responded on the 24 August 2023 acknowledging that while the dignity of risk procedure did not specifically state to record the strategies, other areas of the care planning procedures did instruct staff to record the information in different areas. The dignity of risk policy has now been updated and the consumers mentioned in the report have been reviewed and the strategies documented to manage their risks.

I have considered the information provided by the assessment team and the provider, and whilst I acknowledge the improvements made by the organisation and the service, the new policy and processes will need time to be embedded into everyday practice. I also acknowledge that the risks for the named consumers now have mitigating strategies, but the service will need time to ensure this occurs for all consumers in the service.

It is for these reasons I find requirement (3)(d), non-compliant.

In relation to all other requirements in this Standard, consumers and representatives confirmed they provide their input about development, delivery and evaluation of care and services. Documentation reviewed, and staff interviews showed consumer engagement occurs through food focus groups, the service’s newsletter, surveys and meetings.

The organisation has systems in place, including committees, regular service, organisation, meetings, reporting mechanisms, and policies and procedures to ensure a culture of safe, inclusive quality care and services is provided. Consumers confirmed they felt safe and included and satisfied with the care and services provided.

The organisation’s governance systems relating to information management, continuous improvement, regulatory compliance, feedback and complaints financial governance and workforce governance, assist in improving outcomes for consumers.

The service’s risk management system includes collection and analysis of data at a service and organisational level. Incidents are documented and reviewed appropriately. The organisation has a suite of policies and procedures available to guide staff practice, including those related to high impact or high prevalence risks to consumers, incident management, and identifying and reporting serious incidents.

The clinical governance system is effective, including in relation to antimicrobial stewardship, open disclosure and minimising restraint. The service were able to provide examples where chemical and environmental restraint had been ceased following review indicating the systems in place were effective. Clinical staff described the service’s approach to antimicrobial stewardship, including antibiotics being prescribed and for the shortest possible. Examples were provided where the service has used open disclosure when things have gone wrong as per the policy.

I find requirements (3)(a), (3)(b), (3)(c) and (3)(e) compliant.

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)