Performance

Report

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| Name of service: | Ashmore Gardens Care Community |
| Service address: | 100 Wardoo Street ASHMORE QLD 4214 |
| Commission ID: | 5262 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 March 2023 to 24 March 2023 |
| Performance report date: | 01 May 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 Ashmore Gardens Care Community (**the service**) has been prepared by G-M.Cain, 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 26 April 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 | **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 confirmed they treated them with dignity and respect, and staff knew them and what was important to them, including their cultural background and preferences. Staff understood consumers’ individual needs and preferences, and observations showed interactions between staff and consumers to be respectful. Consumers of diverse backgrounds are supported to participate in activities that they enjoy and are relevant to their culture. Care documentation contained information about consumers’ backgrounds, spiritual beliefs, life history, and specific needs and preferences regarding their care.

Consumers said they are supported to exercise choice regarding how their care and services are delivered, maintain connections, and involve others in their care. Staff described how they support consumers in making choices and maintaining their relationships, including assisting with making telephone or video calls to family and friends.

Consumers described how they are supported to do the things they enjoy to live the best life, even if activities hold an element of risk. Staff and management were aware of consumers who engaged in activities that posed a risk and described strategies to support them to continue to do this whilst ensuring their safety. Review of documentation identifies appropriate risk assessments and strategies in care plans for consumers who choose to take risks.

Consumers said they are informed of what is happening at the service. Staff described how they communicate with consumers with language barriers and ensure they can make choices about their daily life. Observations showed a range of information available to consumers throughout the service, including activities calendar, menu, and information about upcoming theme day displayed on noticeboards around the service.

Consumers confirmed that the staff at the service respected their privacy. Staff described how they maintain consumers’ privacy and keep their information confidential. Observations showed staff knocking on doors to seek permission before entering consumers’ rooms, introducing themselves, and closing the door when providing personal care services.

# 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 said consumers' received the care and services they needed and were consulted throughout the care planning processes. Staff described the assessment and care planning process and how it informs care and service delivery. Care documentation showed individualised care that reflected consumers' identified risks, needs and preferences. The service had an 'admission pathway' which guided staff on assessments to be completed upon entry, including timeframes for completion and policies that guide staff on having advance care planning conversations and ensuring that assessments determine the needs and goals of consumers.

Consumers and representatives said staff involved them in assessing and planning the care for the consumer through regular conversations, care plan reviews or when circumstances changed. They understood the consumers' care and services plan and confirmed they could request a copy. Representatives stated, 'they had ongoing communications with the service and are very involved in their loved one's care'. Staff described how they communicate changes to the care and services plan with consumers and their representatives and can access care planning information when needed. Clinical staff said representatives are contacted through telephone and email conversations. Care documentation reflected regular care plan evaluations and reviews and the involvement of other care providers and services such as medical officers, physiotherapists, dietitians and speech pathologists.

Staff described and care documentation evidenced that a review of care plans occurred at least every 4 months or in response to consumer health and/or well-being changes. Consumers and representatives said clinical staff regularly discuss their care needs with them, and any changes requested are addressed promptly. Allied health professionals confirmed they were involved in regular care plan reviews or when an event triggered reassessment of the consumer, such as after an incident.

# 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 said they felt they were receiving safe, right care, tailored to their needs and preferences, and supported their health and well-being. Staff described how they are supported to deliver personal and clinical care that is best practice and meets the needs of each consumer. Care documentation reflects the consumer's needs and preferences, and personal care and clinical care tailored to the needs of the individual. The site audit report brought forward evidence of 2 named consumers who were prescribed 'as required’ psychotropic medication'; however, the service had not evidenced completion of assessment to determine whether these are considered a chemical restrictive practice. Both consumers were prescribed regular psychotropic medication supported by a diagnosed condition. In coming to my decision about this matter, I have considered consumer and staff feedback presented in the site audit report, which evidenced discussions had been had about prescribing psychotropic medication and staff could describe the behaviour triggers and strategies implemented in caring for the consumers. Care documentation evidence regular review of the psychotropic medication. I have placed weight on the immediate actions taken by the service, which were documented in the plan for continuous improvement and included a review and assessment of the 2 named consumers, additional training for staff, and a review and audit of the service electronic care management system and restrictive practices register to ensure accurate and consistent information. The approved providers response dated 26 April 2023, asserted that these actions had been completed, including assessment of the 2 named consumers.

Consumers and representatives were satisfied that risks were effectively managed. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, including directives from health professionals.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences. Consumers and representatives said they had discussed with the service the consumers' wishes about advanced care planning and end-of-life care. Care documentation included an advance care plan and the consumer's needs, goals, and preferences for receiving end-of-life care.

Consumers and representatives expressed satisfaction that staff recognise and respond to changes in consumers' health and/or well-being in an appropriate and timely manner. Staff explained how deterioration is recognised, responded to, and, if appropriate, referred to other individuals and providers of care. Care documentation evidenced the identification of, and response to, deterioration or changes in condition.

Consumers and representatives were satisfied that consumers' care needs and preferences were communicated between staff, and they were happy with the care received. Information about consumers' conditions, needs and preferences is documented in the electronic care management system and communicated via shift handover, updated from registered staff, daily huddle meetings, and review of progress notes.

Timely and appropriate referrals to other providers and organisations were confirmed via interviews with consumers, representatives, and staff and reflected in care documentation. The medical officer, other health professionals and services support the service in consumers' personal and clinical care. Care documentation included directives from health professionals to guide staff in consumer care.

Consumers and representatives interviewed expressed satisfaction with the infection control measures that the service has in place to prevent an outbreak. Management and staff demonstrated an understanding of key infection control practices. Clinical staff understood the principles of antimicrobial stewardship and described how diagnostic testing should be performed before commencing antibiotics and other strategies, such as encouraging consumers to drink fluids and aseptic techniques in wound care. The service had an infection prevention and control policy, which included guidance on outbreak management and infection control practices.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 the service supports them to maintain their independence and quality of life. One consumer spoke of participating in the intergenerational program with children from the local school visiting, which they enjoyed very much. Staff described the activities and supports of importance to consumers; this information aligned with care planning documentation. Observations showed consumers participating in various activities, and the activities schedule included bingo, bus trips, armchair travel, keno, intergenerational program, exercise group, spiritual sing-a-long and cultural days.

Consumers said the service promotes their emotional, spiritual, and psychological well-being. Staff described ways they support consumers' emotional and psychological well-being, including spending time with the consumer if they were feeling down. One consumer stated that staff are 'extremely compassionate'. The service established a 'Meaningful Mates' program, where consumers are paired with a staff member to enhance strong relationships and ensure they can speak with someone they are comfortable with if needed. Care documentation reflects information to guide staff to support consumers' emotional and spiritual well-being needs.

Consumers described how staff support them to participate in the community, do things of interest to them, and maintain social and personal relationships. Staff described how they support consumers to participate in activities and engage in the community; for example, one consumer enjoys doing puzzles and staff when spend time completing this. Care documentation identifies what is important to consumers and provides information to guide staff in supporting their needs. Observations showed consumers spending time with each other and with friends and family in the common areas of the service, including the cafe.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff described various ways information about the consumer is communicated, including shift handover and direct verbal handover from registered staff with any updates during the shift.

Consumers said the service worked effectively with external organisations and individuals and provided timely referrals when needed. Staff described the referral process and advised that they have access to a wide range of individuals and providers for consumer needs; for example, the service's lifestyle program is supported by external organisations. Care planning documents identified engagement with various organisations and services.

Overall, consumers said the meals provided are of suitable variety, quality, and quantity, and they are offered alternative meal options if this wish. Staff demonstrated that they were aware of consumers' nutrition and hydration needs and preferences, dietary needs and any support they need to enjoy meals. Information on the dietary preferences of consumers was observed on the whiteboard in the kitchen to guide staff.

Consumers said they had access to equipment that was clean and well-maintained. Staff described the processes in place for maintenance and to ensure shared equipment is clean. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers felt safe and at home at the service and confirmed that the environment optimises their daily functions. Consumers spoke of being able to personalise their rooms according to their wishes. Staff described how they maintain a safe and welcoming environment for consumers and visitors, including supporting consumers in navigating the service environment. Observations showed the service environment to be clean and tidy, with signage and design features to support consumers with diverse needs.

Consumers and representatives were satisfied with the cleaning and maintenance of the service. They said they could move around the service and go out into the garden areas, the café, the hairdressers, and the quiet lounge areas. Staff explained the processes if a hazard or safety issue is identified; and the cleaning, maintenance and laundry process at the service. Observations showed consumers moving freely throughout the indoor and outdoor areas of the service.

Consumers said that the service's furniture, fittings, and equipment are well-maintained and suitable for their needs. They felt safe when staff used equipment and confirmed that the call bell in their room was functioning. Consumers and staff reported a good supply of equipment, and that equipment was replaced promptly. Staff described the maintenance processes, including the testing and tagging of equipment. Observations showed that furniture, fittings, and equipment were clean and well-maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they felt encouraged, safe, and supported to provide feedback and make complaints and advised that they could talk to staff or management if they had concerns. Staff described avenues for consumers to provide feedback or make a complaint, including the process followed should a consumer raise an issue directly. Observations showed noticeboards displaying information on how to make a complaint and feedback, advocacy service, interpreters, and feedback boxes were available for consumers and representatives to submit complaints forms. Information was provided in multiple languages.

While not all consumers were aware of external advocacy agencies, they were aware that they could have a friend or family member speak on their behalf. Staff knew how to access consumer interpreter and advocacy services. Information provided to consumers on entry to the service included brochures on advocacy services and how to raise a concern through the Aged Care Quality and Safety Commission.

Consumers and representatives said the service responded to complaints and feedback and discussed this with them as necessary. One consumer spoke of their feedback and complaints being responded to, and staff apologised if things went wrong or mistakes were made.

Management and staff confirmed that an open disclosure process is applied following an adverse event and as part of the service's complaints management and resolution process. The service's annual competency training for staff includes a module on open disclosure.

Consumers and representatives described changes implemented at the service as a result of feedback and complaints, including improvement to the menu and cleanliness of the service environment. The service's complaints, feedback and suggestions register showed how the service uses consumer feedback to inform continuous improvement activities.

# Standard 7

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

Findings

Consumers said staff attended to their requests for assistance promptly and followed their wishes, giving examples of personal preferences which they said staff generally could meet. Management monitored the number and skill mix of staff via consumer and representative feedback, analysis of incident trends, and analysis of staffing ratios related to consumer acuity. Staff confirmed satisfaction with the roster and staff ratio allocations, and review of documentation shifts were consistently replaced.

Consumers interviewed provided positive feedback about the staff being kind and caring. One consumer spoke of staff always speaking kindly and taking the time to listen. Observations showed staff interactions to be kind, caring, and respectful.

Consumers and representatives felt that staff knew what they were doing, and they had yet to identify any areas where staff required additional training. Staff described completing mandatory training programs annually, which include competency assessments, and stated that the service supports professional development. Position descriptions identified essential qualifications and knowledge requirements for each position.

Consumers expressed satisfaction with the skills of the staff providing care and services, and staff said they had access to training and the variety of topics provided. One registered nurse provided examples of additional training that had been provided, including dysphagia and choking, managing weight to promote health and pain management.

The organisation had an established education program that supported staff through orientation and ongoing. The program is flexible to provide the skills needed by staff in caring for consumers with changing needs. Training is offered face-to-face and via online education programs.

The service undertakes performance appraisals annually for staff and demonstrates regular assessment, monitoring and review of the performance of each staff member. Management described how the service monitors staff performance through observations, feedback from consumers/representatives and other staff, and the care consultation process. Organisational human resources and quality teams support the service, and the service has a suite of policies and procedures relevant to this Quality Standard.

# 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

The service supported and encouraged consumers to be involved in designing their care and services through various avenues such as consumer meetings, surveys, and feedback mechanisms. One consumer spoke of participating in the services gardening committee, which liaises with management and landscape designers in the future refurbishment of the gardens. The service demonstrated that consumers were consulted about recent renovations at the service, including invited to attend information sessions on the fittings and furnishing in the new areas.

The governing body promoted a safe, inclusive, quality care and services culture. Various sub-committees support the Board. Each of the Aged Care Quality Standards is covered in the scope of these committees, and they are responsible for oversight of organisational activities to meet each standard. The Board works through the organisational Risk Management Framework to identify and manage all key organisational risks. For example, the Board received monthly reports on emerging and actual risks and demonstrated actions taken through the implementation of mitigation strategies. The Board had driven changes at the service, including renovation and refurbishment to include additional areas for consumers and their visitors to enjoy, such as a new wellness centre and an onsite café.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had effective information management systems, including the provision of consumer information and policies and procedures; incident and risk management system, plan for continuous improvement, established financial arrangements; processes to inform and implement changes resulting from regulation or legislation; and processes for workforce governance.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident Response Scheme. The organisational Risk Management Framework identifies and manages all key organisational risks; at a service level, a consumer 'high risk' register is maintained, which identifies consumers at an increased risk to their health and general well-being are monitored more closely and through the clinical governance teams in the organisation. A review of the organisation's Serious Incident Response Register identified appropriate and prompt reporting of incidents.

The clinical governance framework supports the service and guides staff to ensure continuous improvement in delivering safe, high-quality care and services. This included policies and procedures that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework and provided relevant examples.

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)