Performance

Report

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| Name of service: | Bairnsdale Parklands Care Community |
| Service address: | 79 Harnham Drive BAIRNSDALE VIC 3875 |
| Commission ID: | 4522 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 May 2023 to 2 June 2023 |
| Performance report date: | 29 June 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 Bairnsdale Parklands Care Community (**the service**) has been prepared by J Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect and feel accepted and valued, which was observed. Staff understood consumers rights for respect and demonstrated an understanding of consumers personal circumstances and life journeys. Care documentation reflected consumers’ background, life journeys, interests, personal preferences, and identity.

Consumers said the service recognises, respects, and values their cultural background. Staff described how they respect each consumers identity and culture including the use of each consumers preferred name, acknowledging their choices, and delivering care respectfully. The service had policies in place and care planning documentation which outlined consumers’ identity, culture, and diversity.

Consumers and representatives said consumers were supported to make choices regarding their care and services, including maintaining important relationships. Staff and management were knowledgeable of consumers’ choices regarding how care was provided, and who was involved. Care planning documents reflected consumer choices and what was important to them, including maintaining personal and social relationships, and lifestyle choices.

Consumers said they were supported to take risks of their choosing to enable them to live their best life. Staff demonstrated knowledge of consumer risks and how the consumer was supported to understand benefits and potential harms when making decisions. Care documentation reflected risk assessments, mitigation strategies and directives for staff to support consumers.

Consumers confirmed the service communicates information to assist them in making informed choices and they receive communication that is timely, clear, and easy for them to understand. Consumers and representatives said they were provided updates through meetings, emails, newsletters, meeting minutes and information displayed on noticeboards at the service. Management and staff said they work collaboratively with consumers and representatives and have numerous avenues to inform them of updates, including regular meetings. An information station was observed in the foyer area, with notice boards located in various areas throughout service.

Consumers reported their privacy and confidentiality is respected and described staff practices such as respecting their personal space and by knocking on doors and seeking consent before entering their room. Staff described how they support consumers to communicate their preferences, to ensure their privacy is maintained and gave examples of how they maintain the privacy of consumers. The service had policies and protocols in place to protect consumer privacy.

# 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 Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documentation demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and wishes of consumers, including the identification of risks. Staff described how regular care assessments are completed to ensure safe and effective care is delivered.

Consumers and representatives said consumers’ needs and preferences, including end of life care and wishes had been obtained through assessment and care planning processes. Care documentation evidenced consumer needs and preferences, including advanced care planning preferences. Staff described the importance of respecting consumers’ needs and preferences when planning care. The organisation’s care planning policy included consideration of consumer needs, goals and preferences, and advance care planning.

Consumers said they were actively involved in the assessment, planning and review of their care and services. Staff could describe partnering with consumers and representatives to assess, plan and review care and services. Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process.

Consumers and representatives said the service always involves them in assessment and planning reviews, which they can review at any time, staff provide them with updates about assessment outcomes and they have been offered a copy of the consumers care plan. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. Documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning.

Staff and management described processes for the initial and ongoing assessments, including the 4 monthly care planning reviews that were completed in line with organisational policy. Consumers and representatives said consumer care and services were reviewed regularly for effectiveness, or in response to changes or incidents, this information was reflected in care documentation.

# 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 Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said the service provided safe, personal care and services tailored to their needs. The service had policies, procedures, and systems in place to deliver safe and effective care to meet consumers care needs and staff demonstrated they were aware of the personal and clinical needs of consumers. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan. Care planning documentation reflected the service develops appropriate care and management plans for consumers.

Consumers and representatives said consumers care needs were supported and they were consulted in developing strategies to manage risks. Care planning documents identified that high impact and high prevalence risks were effectively managed, with strategies in place to minimise risks. The service had policies and procedures in place to guide practices and support staff to identify and manage high impact, high prevalence risks, including falls, pain management and risk related to nutrition and hydration.

Consumers and representatives said consumers end of life needs and preferences were respected. Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place. Staff described the importance of advance care planning and working with the consumer’s needs, goals, and preferences, maintaining ongoing communications with representatives, and effective pain management, care interventions for effective symptom management and symptom control.

Staff described and provided examples of how they identify and respond to deterioration or change in consumers’ condition. Care planning documentation demonstrated deterioration in consumers’ health, capacity and function were recognised and responded to. The service had policies and procedures in place to guide staff when a consumer’s condition changes.

Staff described how changes in consumers’ care and services are documented and communicated within the organisation, such as, during handovers, meetings, and through the electronic care management system. Care planning documentation contained adequate information to support effective and safe sharing of consumer’s information in providing care, including communication with external providers.

Consumers and representatives said the service facilitated timely, appropriate referrals and consumers have access to a range of health professionals. Staff described processes for referring consumers to other health professionals and allied health services. Care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they were supported to engage in activities of their choice which promoted their independence. Staff described consumers’ interests and supporting consumers to engage in activities to optimise their quality of life. Care planning documentation captured the consumers life story and identified consumers preferences and information in relation to supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life.

Consumers described support and services available to them to promote their emotional, spiritual, and psychological wellbeing. Staff described how they support consumers emotional and spiritual needs, through one-on-one staff support and access to religious services to meet consumers preferences. Care planning documentation detailed individualised emotional supports and implementation strategies.

Consumers said they were supported to maintain relationships important to them and participate in activities of interest at the service and in the community. Staff described supports for consumers to maintain relationships and connections in the wider community. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with.

Consumers and representatives said the service communicates information about consumers condition, needs and preferences, including others where responsibility for care was shared. Staff described how they record and communicate consumer information and their changing needs and were knowledgeable of consumers’ individual care needs and confirmed exchanging consumer information with others involved in their care.

Consumers said they can be connected and referred to other organisations if they wish in response to their needs or interests. Staff said the service engaged external service providers to support consumers lifestyle and care preferences. Documentation evidenced timely and appropriate referrals were made to support the diverse needs of consumers.

Consumers expressed satisfaction with the quality, quantity and variety of food served at the service. The service demonstrated they provide meals that are varied and of suitable quality and quantity. Staff said consumers were offered choice, and food was available at all times of the day. The service had processes and systems in place for consumers to provide feedback on the quantity and quality of food and menus are planned to meet consumers’ dietary needs and preferences.

Consumers confirmed equipment was suitable, clean, and well-maintained. Staff said there was sufficient equipment available for consumers, and regular inspections were conducted to ensure operational integrity and safety. Equipment was observed to be clean and in working condition. Staff described processes for ensuring equipment is cleaned after use, requesting maintenance repairs and demonstrated the service has a preventative and reactive maintenance schedule in place.

# 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 Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service was easy to navigate, they felt at home and their independence was supported. There were multiple functional living spaces, consumer kitchenettes, gardens, and sitting areas. Management said consumers were invited to personalise their rooms and consumers were observed engaging in activities in communal areas.

Consumers and representatives said, the service environment is safe, clean, well maintained, and comfortable. Staff could describe what to do if they identified a hazard or safety issue, and how maintenance is managed at the service. The service had systems and processes in place to ensure hazards are identified, maintenance requests are completed in a timely manner and cleaning schedules in place. Consumers were observed moving freely throughout the service both indoors and outdoors.

Consumers and representatives provided positive feedback regarding cleanliness and functionality of furniture, fittings and equipment and said issues were addressed promptly. The service had preventative and reactive maintenance schedules in place. Staff described the process for maintenance requests and maintenance issues were attended to in a timely manner. Documentation demonstrated regular maintenance of the service environment and equipment.

# 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 Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were supported to provide feedback or make a complaint and were satisfied respond appropriately. Staff were aware of the process to follow when an issue is raised with them directly. Management advised feedback and complaints are gathered through verbal communication to staff or management, written communication, feedback forms, consumer meetings and consumer satisfaction surveys. Feedback forms, brochures and posters for internal and external complaints services were observed displayed throughout the service for consumers to access.

Consumers and representatives said they were aware of other ways of raising complaints and advocacy services if required. Staff were aware of the process to engage advocacy and language services should a consumer or representative require them. The service had feedback forms and brochures with advocacy and language services displayed throughout the service and information is contained in consumer welcome packs.

Staff at the service demonstrated that appropriate action is taken in response to feedback and complaints and an open disclosure process is used when things go wrong. The organisation had documented policies in relation to consumer feedback and open disclosure to guide staff practice. Staff were knowledgeable of complaint processes, including the use of open disclosure. Consumers and representatives provided examples of when they have provided feedback or complaints and were satisfied that appropriate action was taken by staff.

Consumers confirmed feedback and complaints were used to improve their care and services. Management described detailed processes in place to escalate complaints, and how feedback and complaints are used to improve the care and services. Documentation reflected the various ways the service captured feedback and complaints and how data is used to evaluate and improve the quality of care and services.

# 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 Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied there is enough staff to meet consumers’ care needs. Management and staff described how they ensure there is enough staff to provide safe and quality care to consumers, ensuring shifts were covered. Management explained how call bell data is monitored, with strategies implemented to ensure call bells are answered within appropriate timeframes.

Consumers said staff treated them well and are kind and caring. Management monitor staff interactions with consumers and representatives through observations and feedback. Staff were observed interacting with consumers in a kind, caring and respectful manner addressing consumers by their preferred name. Staff demonstrated awareness of consumers’ cultural and personal backgrounds.

Consumers and representatives said staff were competent and performed their roles effectively. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff said they did not think there were any areas where staff required more training. Consumers and representatives said they had confidence in the abilities of staff to perform their duties. Management described mandatory training and other training resources available for staff and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Management advised staff performance reviews were undertaken regularly for new staff and annually for all staff. Staff confirmed annual performance appraisals worked effectively to improve their professional development and to identify any training needs or other supports needed. Documentation demonstrated performance of staff is regularly assessed, monitored, and reviewed in line with the service’s policy and procedures.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were involved in the development and delivery of care and services through meetings, care plan reviews, surveys, feedback and speaking directly with management. Management described the ways consumers and representatives are engaged and their involvement in care development, delivery, and review. The service has effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Consumers advised the service promoted a safe and inclusive environment. Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management at the service said they were responsible for the capital expenditure and operational expenditure budget for the year. The budget is reviewed on an annual basis and can be adjusted as needed. The board has been responsive to requests for budgetary changes to support the needs of consumers, for example, the board recently provided funding for improvements to be made to the building and lifestyle activities.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Management explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff have been educated in these areas and were able to provide examples of how it applied to their day-to- day work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)