Performance

Report

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| Name of service: | Bankstown Terrace Care Community |
| Service address: | 14-20 Eldridge Road Bankstown NSW 2200 |
| Commission ID: | 1069 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 February 2023 to 15 February 2023 |
| Performance report date: | 28 March 2023 |

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

**This performance report**

This performance report for Bankstown Terrace 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 following information given to the Commission, or to the assessment team for the Site Audit of the service:
  + The Assessment Team interviewed 20 consumers and/or representatives during the Site Audit, who were satisfied with the care and services received.
* 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 provided positive feedback about staff, saying staff value their identity and culture and respect their preferences. Care planning documentation reflected consumers’ cultural needs and preferences. Staff were observed treating consumers with dignity and respect and understanding the consumers’ individual choices and preferences.

Consumers are supported to nominate whom they would like involved in their care, communicate their decisions, connect with others, and maintain relationships of choice.

Consumers also discussed how the service supports them to take risks, and staff described how consumers are supported to understand the possible harm when they make decisions about taking risks. The service has a consumer dignity of risk procedure to guide staff in supporting consumers to take risks to enable them to live their best lives

Consumers were provided with current and accurate information to make decisions, including who was to be involved in their care, their participation in activities and their selection of meals. Consumers said staff respect their privacy by knocking on their door before entering and ensuring consumers’ personal information is in displayed in communal spaces. The Assessment Team observed staff treating consumers respectfully and ensuring computers were password locked when not in use.

# 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 expressed satisfaction with the assessment and care planning, both ongoing and when there are changes in consumer health and wellbeing. Consumers and representatives described how the service processes included consumers’ individual needs and preferences. Consumers and representatives are included in discussions related to consumers’ care and can request a copy of the care plan.

Staff described the services’ consumer assessment and care planning processes, including how consumers and representatives are consulted and referrals made to medical officers and other health professionals as appropriate. The service had established processes for ongoing assessment and care planning for consumers, including 3 monthly reviews and a review of consumers’ care plan post an incident.

Evidence based risk assessment tools are available to staff in the electronic care documentation system and are utilised for consumer assessments to develop individualised care plans. Care documentation demonstrated individual consumers’ current needs, goals, and preferences, including end-of-life wishes and strategies to minimise risk/s to consumers' health and/or wellbeing. For consumers who had experienced an incident, care documentation included incident reporting, reassessment of the consumer, review by appropriate health professionals, and implementing strategies to minimise reoccurrence.

The organisation had policies and procedures to guide staff in the assessment and care planning process for consumers.

# 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 received individualised care that is safe and right for them, including managing high-impact and high-prevalence risks such as falls, skin integrity, weight loss and consumer subject to restrictive practices. Consumers expressed satisfaction that staff had the knowledge of consumers’ needs and preferences, which is communicated within the organisation and where responsibility for care is shared. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles. Consumers/representatives confirmed staff performing infection control procedures such as wearing gloves and masks, washing hands and maintaining standard and transmission-based precautions.

Staff described risk/s to individual consumers and strategies implemented to support consumers. Clinical incident documentation demonstrated the service monitors and managed high-impact and high-prevalence consumer risk/s. Staff described ways consumers are supported to ensure comfort at the end of life, including providing pastoral care and support to the consumers’ families.

Care documentation demonstrated that staff recognised, reported, and responded to consumer condition changes. Referrals to other health professionals are appropriately made, and care documentation directives from health professionals guide staff in consumer care. The service is supported in the personal and clinical care of consumers by the medical officer, other health professionals and specialist services.

The service demonstrated minimisation and control of infection-related risk through standard and transmission-based precautions, antimicrobial stewardship, and a COVID-19 screening before entering the service. Staff demonstrated knowledge of infection control practices relevant to their role and described the precautions necessary to prevent and control infection minimising the need for antibiotics.

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 consider they are supported to do what they enjoy, which optimises their independence, well-being and quality of life, including maintaining personal and community connections. Consumers described ways that staff provided emotional, psychological and spiritual support when needed, such as the service supporting consumers in practising their religious faith and respecting beliefs. Overall, consumers expressed satisfaction regarding the meals offered at the service; they advised that the meals cater for individual consumers' needs and preferences. Consumers felt the equipment provided by the service was safe, clean and well-maintained.

Staff described what is important to individual consumers and how they support consumers' needs, goals and preferences to promote independence and quality of life. Staff are informed of changes in consumers' lifestyle arrangements or emotional well-being through shift handover and progress notes.

Care planning documentation reflected strategies to deliver services and supports for daily living that reflect consumers' diverse needs and characteristics, including referrals to individuals and/or other organisations as required.

Throughout the Site Audit, the Assessment Team observed consumers meeting and conversing in various locations across the service and participating in various activities, including coffee at the service café.

# 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/representatives advised that the service environment is well-managed; they expressed satisfaction with the cleanliness of the environment and felt at home and safe living at the service. The service was observed to be safe, clean, comfortable and well-maintained. Consumers' rooms were personalised and decorated with furnishings and personal items that reflected their individuality.

Staff described how consumers are supported to freely move independently through the service, with automatic doors allowing consumers access to the communal balconies and garden areas. Consumers in the service secure living environment could access the garden areas attached to the unit.

The service environment supported consumers' independence, function and enjoyment, such as access to outdoor gardens and communal areas in each unit where consumers participated in exercise classes. The service had maintenance and cleaning schedules, and a documentation review reflected regular and appropriate cleaning and maintenance of the service environment. The service demonstrated systems and processes for the safe evacuation of consumers in the event of a fire, including evacuation blankets available for use and designated evacuation areas of the service.

The service has a documented reactive, corrective, and preventative maintenance schedule, and review of maintenance reporting confirmed maintenance issues reported and actioned in a timely manner.

# 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

Overall, consumers/representatives said they felt supported and comfortable providing feedback and making complaints and reported that their concerns were addressed promptly. One named consumer representative said their complaints had yet to be addressed to their satisfaction. The service demonstrated immediate and planned actions to address this, including a monthly meeting with the consumer representative and staff education. A review of action plans and other documentation confirmed the proposed agenda for the monthly meetings.

Consumers/representatives described various avenues to make a complaint and provide feedback and options to access external bodies and advocates.

Staff described the service’s complaints management process and their role in supporting consumers and representatives to raise feedback and complaints and access external complaints bodies and advocates.

Information about the service’s feedback and complaints processes, advocates and external complaints avenues are included in the consumer handbook, feedback and complaints forms, and posters and brochures throughout the service.

The service has an open disclosure process and a complaints management system detailing actions to address or resolve complaints. Consumers and their representatives said staff apologise when things go wrong and involve them in identifying solutions to resolve concerns. Open disclosure is a mandatory training module for staff at the service.

The service analyses and trends feedback and complaints, using this information to inform continuous improvement activities. Consumers and representatives provided examples of recent complaints that have been resolved and that have resulted in improvements in the service.

# 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

Most consumers/representatives felt that sufficient staff was available to meet consumers' needs, and they were satisfied with the staff's overall skills, capability and knowledge. Consumers described staff as respectful, kind and caring, and provided care that respected individual consumers' diversity, culture and preferences.

Overall, staff advised that they had sufficient time to undertake allocated tasks and provide consumer care and services. Management confirmed the service had clinical staff on site 24 hours a day, 7 days a week. The service demonstrated processes that ensured staff replacement for planned and unplanned leave. A review of consumer call bell report for one month in 2023 identified that 97% of consumer requests for assistance are responded to within 10 minutes.

The organisation had a structured training program that included orientation for new staff, mandatory training, and an annual competency assessment. Staff confirmed receiving training and demonstrated an understanding of learnings, for example, about incident management. Staff were comfortable requesting additional training to enhance their performance.

Performance is monitored through observations of staff practice and consumer feedback and complaints. For example, feedback from consumer representatives resulted in additional training for care staff in manual handling.

The service ensured that required staff's national criminal history checks and health practitioner qualifications were current.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers/representatives considered they have contributed feedback and suggestions to management about the menu and understanding of care and services billing. Consumers/representatives said they feel safe at the service and receive regular updates about outcomes of care and services. Management described how consumers are supported to provide ongoing input to their care and services through consumer meetings and regular surveys.

Various quality, clinical and executive committees and leaders at the service report information to the Board. The Board regularly reviews information relating to clinical and incident data and trends and has been actively involved in the service’s COVID-19 outbreak management response.

The organisation has effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The organisation has a risk management system, clinical governance framework and relevant policies. Staff demonstrated knowledge of these and described their practical application to their work. The service has an established incident management system and reports incidents, reviewing and analysing incident data at a service and organisational level.

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)