Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bayview Treetops Care Community |
| Service address: | 10A Minkara Road BAYVIEW NSW 2104 |
| Commission ID: | 2813 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 June 2023 to 16 June 2023 |
| Performance report date: | 21 July 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 Bayview Treetops Care Community (**the service**) has been prepared by G. Hope-Simpson, 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
* the provider’s response to the assessment team’s report received 11 July 2023
* other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 and representatives said they were treated with dignity and respect, and their identity, culture and diversity were valued. Staff understood consumers’ life stories, demonstrated understanding of their choices and preferences and explained how consumers’ culture influenced their care. Care plans outlined cultural backgrounds, significant people, interests, and life history. Policies, procedures, and training enabled staff to understand cultural safety.

Consumers and representatives said consumers were supported to maintain relationships, make choices and voice their preferences about care and risks they wanted to take. Care plans showed risk assessments were completed, to identify risks and mitigation strategies, and these were discussed with consumers. Staff described key relationships between consumers, and knew which consumers took risks to maintain their dignity and lifestyles.

Consumers said clear, easily understood and accurate information was conveyed to them in a timely way. For example, the service used interpreters, printed materials, multilingual visual cue cards, meetings, and phone calls to update consumers and representatives. Consumers reported their privacy was respected and their personal information kept confidential. Staff were observed to respect privacy during care and documentation showed staff had received training on privacy and confidentiality. A privacy policy was in place.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Documentation showed the service used assessment and care planning policies aligned with best practice. An admission pathway described a comprehensive assessment process upon admission, covering all areas of personal, clinical and lifestyle care. Consumer files showed individual consumers’ current needs were reflected, including consideration of risks identified through validated assessment tools. Risk mitigation strategies were also documented, and the involvement of a range of medical officers and allied health professionals was evidenced. End-of-life needs, goals and preferences were included in care plans, as were Advanced Care directives (ACD). Staff and management identified consumers’ care needs, risks and interventions required. Consumers and representatives confirmed their involvement and partnership with the service and others, during assessment, care planning and end-of-life planning.

Staff confirmed they had access to information and outcomes of assessment and planning via the Electronic Care Management System (ECMS). Care plans, progress notes and case conference records contained assessments and documented communication with consumers and representatives about the outcomes of assessment and care planning. Care plans had been reviewed 3 monthly and when circumstances changed or incidents occurred, in line with service policy. Consumers confirmed they were involved in regular care plan reviews with staff, MOs and allied health.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 sampled said they received safe and effective personal and clinical care tailored to their needs and which optimised their health and well-being. Staff could describe consumers’ individual needs, preferences, their most significant personal and clinical care requirements and how these were delivered. Clinical documentation for sampled consumers reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Restrictive practices were used as last resort and in line with legal requirements. A sampled consumer with complex wounds and pain received care in line with their assessed needs, medical officer and wound specialist directives. The service has policies, procedures and tools in place to guide staff practice and to support the delivery of care provided.

Consumers and representatives said they were supported to understand risks to consumer health and felt the service managed these risks well. Staff had shared understanding of and explained how the service identified, assessed, and managed high impact high prevalence risks. Care planning documentation and performance indicator reporting demonstrated the service was effectively monitoring and managing high impact and high prevalence risks, including in relation to falls, weight loss and catheter management.

Consumers and representatives said they had completed advanced care directives with their end of life wishes included. Review of a recently deceased consumer’s EOL pathway checklist and care planning documentation evidenced comfort care and pain management being provided such as mouth care, eye care, regular pressure area care, skin care and continence care. Care and clinical staff were knowledgeable and described how they approached end of life care, with a focus on comfort, symptom management, collaboration with palliative care specialists and MOs, as well as emotional and spiritual support. The service had policies and procedures and a ‘Residential Aged Care End Of Life Care Pathway’ document in place to guide staff practice.

Consumers and representatives said the service was fast to respond to deterioration and changes in condition. Staff had shared understanding of escalation processes. Progress notes and care plans demonstrated timely response to change and deterioration, with appropriate escalation and referrals completed and representatives informed. A recognition of clinical deterioration policy and procedure was in place to guide staff practice.

Consumers and representatives sampled were satisfied with how changes in consumers’ care and services were communicated and said they did not need to repeat themselves to staff. Care plan documentation demonstrated staff notified relevant parties when consumers experienced changes in condition, medication, clinical incidents, or transfers to or from the hospital. Staff confirmed they received up to date information about consumers at handover, verbal updates from RNs and progress notes.

Consumers and representatives reported, and care plans confirmed, timely and appropriate referrals were made to external health supports and services, such as medical officers, physiotherapists, dietitians, speech pathologists, geriatricians, palliative care specialists, podiatrists, dentists, and dementia support services. Staff explained the referrals process and how recommendations made by external practitioners were integrated into care.

Representatives were confident the service managed infections and any outbreak well and confirmed they observed staff wearing Personal Protective Equipment (PPE) and performing hand hygiene consistently. Observations confirmed an outbreak management plan was in place and adequate PPE supplies were on hand. Staff understood precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The Assessment Team observed staff and visitors wearing masks, and hand sanitiser stations outside consumer rooms and in in all communal areas and offices. Infection control signage was observed throughout the service.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Most consumers were satisfied with the services and supports for daily living provided at the service, though some representatives raised concerns about clothes going missing from the laundry. The Approved Provider’s written response, received 11 July 2023, contained a plan for continuous improvement (PCI) outlining actions taken and planned, to address the feedback. Otherwise, lifestyle and daily living supports were effective and optimised consumer independence and well-being. Care planning documentation reflected what was important to consumers, outlining emotional support needs and strategies to support them to do the things they want to do. A wide range of individual and group lifestyle activities were observed during the site audit and the service ran fortnightly mass and a ‘meaningful mates’ program to provide emotional support to consumers. Lifestyle staff understood sampled consumers’ interests, needs and preferences as well as their spiritual and emotional support needs.

Consumers described how the service supported their relationships and ensured they could pursue activities of interest inside and outside the service. Lifestyle staff described regular bus trips and confirmed consumers were supported to go out with their families, whilst those who were able to go into the community independently were supported to do so. Care documentation demonstrated consumers’ individual interests. Observations showed consumers were engaged in socialising and group activities throughout the site audit.

Consumers and representatives were happy with how information about their daily living preferences and choices were communicated between staff and to others involved in their care. Staff described the information sharing practices to support lifestyle and daily living, including verbal handovers, morning briefings and updates to the ECMS. For example, changes in dietary requirements were communicated by clinical to kitchens staff via the ECMS which was accessible to all staff. A kitchen ‘dietary matrix’ was updated daily, to ensure consumers’ current dietary requirements were met.

Sampled consumers said that they could access other organisations and providers of care and services if needed, and confirmed referrals were made in a timely manner, which was also reflected in care planning documentation. Management demonstrated good understanding of organisations, services and supports available in the community, to meet consumer needs.

Consumers and representatives were all happy with the quality, quantity and variety of meals provided at the service. They confirmed they had input to the menu through surveys and consumer meetings and their dietary requirements were met. Meals were cooked on site, according to a 4 weekly rotating menu. Breakfasts included hot and cold options, while lunch and dinner consisted of 2 main meal options, as well as vegetable, soups and salads. Beverages were available and morning and afternoon tea was served, with sandwiches also available on request. Texture-modified meals and high protein, high energy meals and drinks were also provided.

Consumers were satisfied equipment provided was safe, suitable, clean and maintained. Staff described the cleaning routines for all personal and shared equipment, confirming deep cleans were handled by maintenance staff via standard maintenance request processes. Staff had shared understanding of processes used to monitor equipment and determine if maintenance was required. The service had preventative and reactive maintenance records which were up to date. Lifters were serviced by external contractors.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

At the time of site audit, the service had 44 beds, consisting of a mix of triple, double and some single rooms. All rooms with the exception of the single rooms had shared bathrooms. Observations showed personalised consumer rooms, an internal kitchen and laundry service, an activity room and a lounge room. The space was welcoming, bright, and surrounded with trees and plants. The service operated across a single level, divided into 2 wings, with outdoor areas and a recently refurbished central courtyard.

Consumers and representatives said they found the service environment easy to navigate and welcoming. The setting promoted interaction with consumers observed socialising and relaxing in common indoor and outdoor areas. Navigational signs were distributed throughout the service to support consumer independence.

Consumers and representatives considered the service environment was clean and comfortable, and observations during site audit mostly confirmed this. Cleaning staff outlined the schedules for consumer room and communal area cleaning, while maintenance staff demonstrated preventative maintenance schedules and the processes for reactionary maintenance. Consumers were observed to enjoy freedom of movement across the service, in both indoor and outdoor areas. Review of cleaning logs confirmed cleaning schedules were adhered to and required tasks completed.

Furniture and fittings were found to be safe, well maintained and suitable. Staff confirmed they had access to equipment required to meeting consumer need. Staff had shared understanding of maintenance request processes, and both reactive and preventative maintenance was up to date.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 sampled said they feel safe and supported to provide feedback and make complaints and they are encouraged to do so avenues such as talking to staff, feedback forms and consumer meetings. Consumers were also aware of external avenues for complaints, such as the Commission and advocacy services. Staff understood and outlined the process followed when consumers provide feedback or raised concerns. Staff described effective strategies to support consumers with communication barriers to raise concerns. Information about feedback avenues were displayed in the consumer handbook and throughout the service, as was multilingual information about the complaints process, language and advocacy services.

Consumers and representatives reported that since the service had changed to new management, their concerns were resolved in a timely manner with appropriate action taken and they were kept informed when the resolution process took time. They confirmed that under new management the service practiced open disclosure and provided apologies when warranted. Policies and procedures were in place to structure the complaints handling process. Review of the complaint register confirmed actions taken in response to complaints were documented and open disclosure was applied.

Consumers and representatives said that they were observing more improvements at the service and that they had confidence in the new management. Staff reported that feedback was regularly discussed and they were consulted on ways to improve services. Review of the service’s PCI showed improvement items were consistently created following complaints and feedback. Improvement actions were closely monitored and closed off in agreed timeframes, however it was noted one representative held some residual concerns regarding cleaning, the laundry service and some aspects of one consumer’s care. PCI items were created to address these during the site audit, and evidence provided with the service’s written response demonstrated progress made against these items.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Sampled consumers and representatives said staff were quick to respond to consumers’ requests for assistance and the quality of care provided is of good standard. Staff said they felt supported by management and said that new management is committed to recruiting more staff and they always attempted to fill vacant shifts. A PCI item was in place for the recruitment of various positions, however management noted difficulties in recruiting staff in the regional area. Agency staff were used as necessary. Review of the previous fortnight’s roster showed all shifts were filled. Call bell response times were monitored and response times over 10 minutes were investigated.

Consumers reported staff were respectful, kind and caring and observations reflected this, with staff treating consumers in a dignified and professional manner throughout the site audit. Staff demonstrated good understanding of consumers and their needs and preferences. Care plans recorded identity and diversity details of consumers and staff training on inclusion, equality and diversity had been provided.

Consumers and representatives felt staff had necessary skills and abilities to meet their care needs. Recruitment processes, policies, procedures and documentation, as well as induction and orientation ensured staff had the qualifications and knowledge needed to perform their roles. Position descriptions were in place which specified expected qualifications and experience required. Training on commencement at the service included buddy shifts, and there was mandated online training as well as face to face training provided. The service monitored training completion and high completion rates were found. A nurse educator supported the service in training of staff.

Performance management policy and procedures were in place, with a requirement for annual appraisals. Management also monitored performance informally, by checking with consumers and representatives. The performance appraisal register showed all staff had completed appraisals in the previous 12 months.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 and representatives were engaged in the design, delivery and evaluation of care and services, and explained how the service gathered their insights through meetings, care conferences, direct conversations and surveys. This was confirmed through management interviews, review of the feedback register and review of consumer meeting minutes. For example, consumer feedback contributed to the recent courtyard refurbishment.

The service’s governing body promoted a culture of safe, inclusive and quality care and was accountable for their delivery. The governing body maintained oversight of the service and its compliance with the Quality Standards, through regular reporting of clinical indicators, incidents and complaints, internal audits and surveys. Management prepared consolidated reports for the governance committees every month, and those committees report to the Board, which meets quarterly.

Documentation review, staff, management and consumer interviews demonstrated effective organisation wide governance systems in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service is part of a larger organisation and the Assessment Team found the service followed the organisation’s established governance systems. The organisation utilised specialist teams and management of each team was responsible for organisational wide governance and compliance. Systems were in place to ensure care is provided in line with the requirements of the Quality Standards.

The service had an effective risk management framework, as well as policies and procedures relating to high impact or high prevalence risks, SIRS, incident management, and dignity of risk. The service had an effective incident management system. Staff had received mandatory training on incident management, falls prevention, infection control, responsive behaviours, restrictive practices and the SIRS, including obligations in relation to abuse. Staff understood how to support consumers to take risks safely. Document review showed serious incidents were reported within legal timeframes.

The service had a clinical governance framework in place that contained policies and procedures concerning antimicrobial stewardship, minimising the use of restraints and open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework in relation to antimicrobial stewardship, the use of restrictive practices, and the open disclosure process. Staff had training modules in these areas and demonstrated shared understanding of the principles of responsible antibiotic use. Documentation review confirmed open disclosure was used in practice, and apologies provided when things went wrong. Use of restrictive practices at the service was in line with legal requirements and were used as a last resort.

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-2)