Performance

Report

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| Name of service: | Berkeley Vale Care Community |
| Service address: | 8 Lorraine Avenue BERKELEY VALE NSW 2261 |
| Commission ID: | 2807 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 28 February 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 Berkeley Vale Care Community (**the service**) has been prepared by D. McDonald, 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.
* 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 said they were treated with dignity and respect. Staff described respecting consumers by using their preferred names and speaking politely to them. Staff were observed interacting with consumers in a respectful manner. Care documentation reflected consumers’ background, identity, cultural and social preferences, and strategies to guide staff in the provision of dignified care.

Consumers and representatives confirmed care provided was consistent with consumers cultural practices, traditions and preferences. Staff described and care documentation reflected consumers’ diverse practices and choices.

Consumers said they were supported to make decisions, including choosing those involved in their care and if they wished to maintain relationships. Staff were knowledgeable of the relationships’ consumers wished to maintain and care documentation evidenced consumers’ choices regarding care delivery.

Consumers said they were supported to take risks to do what was important to them. Staff were knowledgeable of consumers who wished to undertake activities which presented potential risks. Care documentation evidenced risk assessment, consultation with the consumer, mitigation processes and ‘dignity of risk’ agreements.

Consumers and representatives said they regularly received information verbally, through newsletters, phone calls, emails, consumer meetings or from noticeboards. Staff confirmed consumers and their representatives are informed about service operations or changes to consumer care. A public address system was used to inform consumers of upcoming activities.

Consumers said their privacy is respected and personal information is kept confidential. Staff were observed knocking on doors to respect consumer’s personal space or privacy. Consumer information was secured in the service’s password protected electronic management system and hard copy consumer files were locked inside nurses’ stations.

# 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 gave positive feedback regarding care assessment and planning and confirmed their involvement in the process. Staff described the assessment and planning processes, including the use of validated risk assessment tools used to inform safe and effective care. Care documentation evidenced risks to consumers had been identified and strategies planned to minimise those risks.

Consumers and representatives confirmed staff provided care and services aligned to consumers’ needs and preferences, including end of life care and advance care plans. Staff described discussing end of life care with consumers upon entry, and during care plan evaluations. Care documentation reflected individualised needs, goals and preferences including for advance and end of life care, where applicable.

Consumers and representatives confirmed they were involved in the assessment, planning and review processes through formal conversations and regular feedback. Staff described processes to collaborate with, or refer to, allied health professionals in response to incidents. Care documentation evidenced consumer-centred assessment and planning, inclusive of medical officers, specialists and allied health professionals.

Consumers and representatives said the service regularly communicated outcomes of assessment and planning and offered copies of care plans. Staff confirmed consumers were frequently updated regarding their care and services, including during case conferences with medical officers, if required. Documentation evidenced current and accurate care plans and records of consultation with consumers and their representatives.

Consumers and representatives said the service was communicative regarding review and amendment of consumers’ care and services. Staff described and care documentation evidenced review care plans occurred every 4 months, or in response to changing circumstances. Staff were alerted to care plan review due dates through an electronic care management system.

# 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 confirmed they received tailored personal and clinical care that optimised their health and well-being. Staff were knowledgeable of consumers’ specific care needs and actions to take to provide support. Care documentation evidenced consumers were receiving care that was safe, effective and tailored to consumers’ needs and preferences. Staff were guided by systems, policies and processes to deliver best practice care for falls, pain and skin integrity.

Consumers and representatives said care and services aligned with consumers’ needs and risks were appropriately managed. Staff described high-impact and high-prevalence risks and mitigation strategies and underwent additional training in response to feedback or complaints to ensure risks were managed effectively. Care documentation evidenced identification, intervention and monitoring of risks, resulting in positive outcomes.

Staff described palliative care that recognised the needs and preferences of consumers, reduced discomfort and preserved dignity. Staff demonstrated knowledge of how care changed to ensure consumers were comfortable and free from pain when receiving palliative care. Care documentation evidenced consumers’ needs and preferences during the palliative process were met.

Consumers and representatives confirmed staff promptly recognised and responded to signs of deterioration. Staff described initiating clinical review or hospital transfer, in response to a consumer being unwell or their condition changing. Care documentation evidenced consumers nutritional intake was monitored to detect decline and escalation protocols guided staff on the support to be provided.

Consumers provided positive feedback regarding their care and services and confirmed staff were knowledgeable of their care needs. Staff described their responsibility to report changes in a consumer’s condition during handover and within the electronic care management system. Care documentation evidenced communication between relevant staff and providers regarding consumers’ condition, treatment, appointments and interventions.

Consumers and representatives were familiar with allied health professionals who visited the service and confirmed referrals were timely and appropriate. Staff were knowledgeable of referral pathways and appropriate selection of specialists from the service’s established network of providers. Care documentation reflected timely and appropriate referrals, including records of specialists’ ongoing input.

Consumers confirmed staff adhered to infection control practices. Records evidenced infection control training for staff and management monitored and reported infection rates to a medication advisory committee. An adequate supply of personal protective equipment and COVID-19 tests were observed, and care documentation evidenced appropriate infection control practices and use of medications.

# 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 supported their preferences, including if they wished to undertake independent activities. Staff confirmed consumers’ needs and preferences at entry, quarterly or when needs changed, and were knowledgeable of what was important to consumers. Consumers were observed undertaking a range of group and individual activities that optimised their independence, health and quality of life.

Consumers said the service supported their spiritual, emotional and psychological well-being. Staff gathered information regarding consumers’ background and identity upon entry to inform delivery of meaningful care and services. Care documentation evidenced consumers’ spiritual needs and the service’s responsive support strategies.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Staff supported consumers by respecting their chosen activities and facilitating access to those of importance to the consumer. A lifestyle calendar evidenced a variety of activities were provided and consumers were assisted to undertake external activities.

Consumers said staff effectively communicated their condition, needs and preferences and care received indicated staff understood their needs. Representatives confirmed their involvement in consumers’ care, including through case conferences. Care documentation evidenced updated information in response to changes to consumers’ condition, needs and preferences.

Consumers said they were connected to external support services and care providers. Staff demonstrated knowledge of service and support organisations available to refer consumers to when needed. Care documentation reflected timely and appropriate referrals to disability, hairdressing and church services.

Consumers gave mixed feedback regarding the variety, quality and quantity of meals provided with meal temperatures, lack of choice and repetitiveness of the menu raised. Staff said they had recently introduced plate warmers and a sequence of service to address negative feedback. Dietary profiles were available to catering staff and include consumers likes, dislikes and preferences.

Consumers said they had access to safe, suitable, clean and well-maintained equipment to assist mobility and independence. Staff said shared equipment was cleaned after each use and staff promptly attend to maintenance requests. Documentation evidenced current and scheduled maintenance, including repairs, replacement, testing and cleaning.

# 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 said the service was welcoming and experienced a strong sense of belonging. The service environment included easily accessible lounge areas, clear signage, outdoor courtyards and gardens including seating. Consumers were encouraged to decorate their rooms with personal belongings including furniture, photos and artwork.

Consumers and representatives said the service was clean, well-maintained and felt safe. Consumers were observed moving freely between internal and external areas, with regular cleaning of communal areas and bedrooms observed. Staff were guided by policies, procedures and schedules regarding maintenance and cleaning.

Consumers said equipment was well-maintained, safe and clean. Management advised furniture, fittings and equipment were assessed for suitability prior to purchase to ensure consumers’ personal and clinical needs were met. Maintenance documentation evidenced scheduled maintenance had been completed and new equipment had been purchased.

# 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 anonymously or with staff assistance. Staff were knowledgeable of the feedback and complaint processes available which included forms, emails, consumer surveys or direct discussion with staff. A feedback and complaints register evidenced satisfactory resolution of issues raised in the preceding six months.

Staff described how they provided assistance to consumers with cognitive impairment and language barriers to provide feedback or make a complaint. Brochures, posters and consumer handbooks detailed translation services and staff were guided by policies and processes regarding advocacy and guardianship.

Consumers and representatives said appropriate action was taken in response to their complaints and open disclosure was practiced. Staff gave examples of resolved complaints demonstrating prompt responses occurred. Staff were guided by complaints management policies and procedures and records confirmed staff underwent annual training for open disclosure.

Consumers provided positive feedback regarding improvements made in response to their feedback or complaints. Management described the continuous improvement plan was used to monitor their response to complaints and provided examples of improvements made for the benefit of consumers.

# Standard 7

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

Findings

Consumers and representatives provided positive feedback regarding staffing numbers and the care provided to them. Staff said they are sufficiently resourced to provide the level of care needed by consumers. Management promptly engaged agency staff to fill any vacant shifts and ensured they were familiar with consumers’ needs and preferences. Call bell data evidenced staff were responding to calls for assistance promptly.

Consumers and representatives said staff were kind, respectful and consumers felt valued by the service. Staff were knowledgeable of consumers’ needs and preferences, and positive interactions between staff and consumers were observed.

Consumers and representatives said staff were competent in providing care for consumers. Position descriptions clearly articulated key accountabilities and essential criteria and staff were offered programs and scholarships to increase their skills.

Consumers and representatives were confident staff were appropriately trained to deliver safe and quality care and services. Staff underwent mandatory role-specific training through toolbox sessions, online modules or face to face delivery. Training records evidenced high completion rates for staff attendance at serious incidents, restrictive practices and infection control training.

Staff participated in annual performance appraisals and management described further evaluating staff performance through observation, incidents, feedback and complaints. Personnel records demonstrated the service was on schedule to complete annual appraisals.

# 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 and representatives said they were engaged in the development and delivery of care and services through meetings and daily feedback. Management advised consumers were involved in development and delivery processes from the time of entry to the service, and through surveys which identified any required service improvements. The service’s entry process included a family conference in the first week of the consumer’s residence, and again after six weeks.

The service demonstrated accountability and promoted a safe culture by practising transparency, seeking external advice and actioning recommendations. The service’s senior staff demonstrated strong engagement with the service and understood trends across clinical care, human resources and operations. The service submitted monthly data to the governing body which measured incidents against the service’s key performance indicators. The service shared similar information with consumers and representatives.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

A systematic approach was used for the management of high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of their reporting obligations, the procedures to manage and mitigate risk. Staff utilised an electronic care management system in conjunction with the service’s incident management system to manage risk.

A clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and had completed relevant training.

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)