Performance

Report

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| Name: | Berrinba Greens Care Community |
| Commission ID: | 5562 |
| Address: | 1-15 Greenfern Drive, BROWNS PLAINS, Queensland, 4118 |
| Activity type: | Site Audit |
| Activity date: | 23 July 2024 to 25 July 2024 |
| Performance report date: | 4 September 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 5884 Berrinba Greens Care Community |

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 Berrinba Greens Care Community (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider submitted an email on 21 August 2024 stating they would not be submitting further response.

# 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 and representatives gave examples of how consumers were valued and treated with dignity and respect. Staff demonstrated an understanding of consumer backgrounds and identity and receive training on providing care with dignity and respect. Care planning documentation outlined matters of importance to consumers to maintain their identity.

Staff received training on cultural safety and explained how they understood and incorporated cultural needs of consumers within care and services. Care planning documentation was individualised to the consumer and included cultural customs, beliefs, and practices. Consumers outlined actions taken to maintain connections with cultural groups, and said staff were aware of how this influenced their personal preferences within care.

Consumers said decision making practices were supported and they were recognised as experts in their own experiences. Care planning documentation evidenced consumers were supported to make informed choices about care and services. Staff were aware of consumer preferences aligning with choices in care planning documentation and gave examples of how they supported consumers to maintain relationships.

Consumers and representatives explained how their choices were respected, even where there were identified risks to safety, and the service collaborated with them to determine best method of support. Staff were familiar with consumer risks of choice and strategies, explaining the consumer handbook educated consumers on the dignity of risk process.

Consumers said they get clear communication of the right information at the right time to make informed choices and were encouraged to ask questions. Menus and activity calendars were displayed throughout the service, and staff were observed providing verbal updates through the loudspeaker and directly to consumers.

Staff described how they maintained consumer privacy during interactions, and ensured confidential information was only discussed in private areas. Consumers said staff consult on their privacy needs and ensure they respect their wishes. Policies, procedures and education modules guide staff in the collection, use, storing, and sharing of consumer information.

# 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.

Staff described how assessment and planning using validated tools was undertaken for new and existing consumers to identify risks and develop mitigating strategies. Care planning documentation reflected assessment and planning processes and outcomes were used to inform a care and services plan to inform care.

Consumers and representatives said assessment and planning practices included consultation about needs, goals, and preferences, including for end of life care. Staff demonstrated awareness of consumer care needs and preferences aligned with care planning documentation. Clinical staff outlined how the entry process offered opportunity to discuss advance care directives, with review following change to the consumer’s health and wellbeing.

Consumers and representatives described themselves as partners within the planning of care and services, being involved in initial and ongoing care plan reviews with a range of providers. Staff explained assessment and planning focused on the consumer and included other providers engaged in their care. Care planning documentation identified representatives nominated to be involved and input from others involved in assessment and delivery of care.

Consumers and representatives verified they have access to care and services plans, and any changes being made were discussed. Staff explained the processes to communicate outcomes of assessments to consumers and representatives and a copy of the care and services plan was always provided following the quarterly care consultation or sooner if requested.

Staff explained the scheduled review of care and services, with additional reviews following incident or change of health to ensure strategies remained effective. Consumers and representatives were aware of discussions and reviews undertaken following incidents to determine if needs had changed. Care planning documentation reflected updates to strategies following incidents or changed needs.

# 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.

Care planning documentation reflected personalised care strategies to meet consumer needs and preferences with monitoring, and these were known by staff. Policies, work instructions, and flow charts guided staff in provision of best practice personal and clinical care, and documentation reflected specialist input where needed.

Staff identified consumer risks and related strategies, with management explaining monitoring undertaken to ensure compliance with protocols. Care planning documentation reflected risks were identified and strategies ensured effective management. Consumers said staff understood how to manage their risks, with directives to follow when monitoring indicates there are emerging issues.

Staff described how to care for consumers nearing end of life in a manner to ensure comfort, preserve dignity, address pain, and engage and follow directives of the medical officer and palliative care team. Care planning documentation reflected staff identified when a consumer was nearing end of life with subsequent medical review, cessation of unrelated medications and care, and management of palliative care symptoms and comfort. The representative advised care was delivered in line with the consumer’s wishes, including meeting comfort and spiritual needs.

Consumers and representatives said staff practices effectively identified and responded to deterioration in consumer condition. Staff explained how they identified, escalated, and managed change or deterioration in consumer condition, and management said they review all documentation daily to ensure timely recognition and response. Work instructions, including a flow chart, informed staff practice in assessment, management, escalation, and referral to support consumers experiencing change in condition.

Consumers and representatives said information about consumers was effectively communicated between staff and others to ensure provision of required care. Care planning documentation reflected communication with medical officers and other providers. Staff said they received updates during verbal handovers and updates, and through reviewing documentation within the electronic care management system.

Care planning documentation reflected timely referral to relevant providers. Staff demonstrated awareness of referral processes for a range of services and organisations. Consumers and representatives acknowledged referrals were timely and made with informed consent.

Consumers and representatives described some of the staff actions to prevent and control infection, including through managing infectious outbreaks. Staff described precautions used to prevent infection and transmission and reduce requirement 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 described how their independence was optimised and needs and preferences considered through services and supports. Care planning documentation reflected preferences and needs to optimise health and well-being.

Staff explained how they would recognise low mood in consumers and actions they could take, including spending time with consumers to support emotional and psychological well-being. Care planning documentation outlined religious and spiritual needs of consumers, with strategies to support connection to their faith through streamed or in house church services. Consumers explained activities and staff actions to support their emotional and spiritual needs.

Consumers gave examples of how they were supported to do things of interest and maintain relationships within the service and greater community. Care planning documentation identified interests and people of importance. Staff explained how consumer interests were considered within development of the activity schedule, including planning for community bus trips.

Staff in a range of roles verified they were kept informed by clinical staff of changes to consumer condition, needs, or preferences, and ensured information was shared with relevant visiting providers and volunteers. Consumers said staff managed information about them effectively. Verbal handover processes were supported by a daily head of department meeting to ensure all staff were provided timely and relevant information about consumers.

Consumers gave examples of referrals made for services and supports to meet their needs, such as volunteers. Staff discussed networking and referrals for local organisations to meet consumer needs, particularly where there were language and cultural needs.

Consumers and representatives gave positive feedback on the quality, quantity and variety of meals, their dietary needs were met, and staff actively sought feedback and input on provided food. Staff explained the seasonal menu was developed in consultation with a Dietitian and considered consumer input through focus groups, consumer meetings, and written and verbal feedback. The menu outlined available options for all meals, and consumers could also use the café.

Provided equipment for consumers, including mobility aids and lifestyle equipment, were observed to be clean, well maintained, and suitable for consumers. Staff received training on maintenance processes and reporting, and regular cleaning of equipment was undertaken by schedule or between consumers when items were shared. Consumers said staff addressed safety concerns promptly.

# 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 described the service environment as welcoming, with the cottage like environment enabling consumers to feel at home. Consumer rooms were personalised, and consumer interaction supported within well lit communal areas, with adequate signage for wayfinding through wide corridors.

Consumers were observed moving freely through indoor and outdoor communal areas. Staff described cleaning and maintenance processes for consumer rooms and shared areas with audits for quality. Consumers said they were supported to access areas or come and go as they pleased.

Management explained furniture, fittings, and equipment were assessed for suitability for consumers prior to purchase, and staff explained monitoring and maintenance to ensure items were in good working order. Consumers said the physiotherapist assessed suitability of furniture and equipment. Documentation reflected timely completion of maintenance requests.

# 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 encouraged to provide feedback or raise complaints. Staff explained the various methods and supports for consumers to raise concerns, including formal and informal discussions, consumer meetings, or through written feedback forms, and staff would aid if required. Information on feedback and complaints was explained within the consumer handbook, and discussions in consumer meetings recorded within minutes.

Information on complaint processes was available in different languages, and details of advocacy and complaint supports were displayed throughout the service. Staff explained the annual visit from an advocacy group to meet with consumers and demonstrated awareness of how to access translating and interpreting services. Consumers were aware of available language and complaint supports.

Consumers described timely response to complaints with effective outcomes. Staff said they received training on complaint handling practices, including use of open disclosure processes, and said they would ensure issues were escalated for management. Complaint records within the feedback and complaint register evidenced timely response using the open disclosure process.

Management explained processes to identify improvements to care and services from feedback and complaints and develop continuous improvement actions. Consumers gave examples of changes made in response to feedback and complaints, including updates to the service environment. Feedback and complaints were evaluated at both service and organisational level to identify potential for improvements.

# 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, representatives, and staff said there were enough staff to meet consumer needs in a timely manner, with recent improvement in numbers observed. Management acknowledged whilst the service was meeting care minutes and legislated requirement for nurses on all shifts, they were not yet meeting nursing minutes with ongoing recruitment to address this. Rostering documentation shifts were filled and unplanned leave covered, and considered the mix and skills of staff effectively met consumers needs.

Consumers and representatives said staff were kind, caring, and respectful. Staff explained they received mandatory training on respect, dignity, and supporting consumer choices, and these qualities were observed within interactions with consumers. Policies and processes were in place to support the provision of respectful and inclusive care, including a staff code of conduct.

Staff explained supports and training through the onboarding process with ongoing mandatory training to ensure competency in their roles. Position descriptions and duty statements outlined skills, qualifications, role responsibilities and expectations. Management explained the organisation undertook review of personnel records to ensure maintaining professional registration, security screening and checks, and vaccination records were maintained and compliant.

Management explained adjustments to the training program to meet staff needs, with toolbox training undertaken to enhance staff skills, address issues found within audits, or meet consumer needs. Staff reported they could request additional training to improve their performance. Mandatory training topics reflected expectations outlined within the Quality Standards, and staff participation was monitored for compliance. Whilst the service did not have a current Infection prevention and control lead, organisational support was available whilst seeking expressions of interest from current staff.

Consumers said they were encouraged to offer feedback on staff performance. Staff described the performance appraisal process and received feedback throughout the year individually or collectively during meetings. Management detailed monitoring undertaken through feedback, observations, incident reviews, and within team meetings, and gave examples of actions taken for under performance, including discussion, counselling, and performance management.

# 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 outlined how they were engaged in the service through feedback, complaints, meetings, surveys, and the newly established Consumer advisory body. Documentation, including feedback registers, newsletters, meeting minutes and the Plan for continuous improvement reflected consumer involvement and comment. Management explained each cottage has a consumer representative who attend a monthly meeting to discuss suggestions, issues, complaints, and feedback, and outcomes of all avenues to collect consumer input, including the Consumer advisory body, were to be presented to the Board for response.

Executive management explained the oversight of service performance with information communicated through executive teams and to the Board for accountability and actions. Members of the Board hold relevant skills to monitor the organisation, including clinical backgrounds. The Board monitors and reviews service performance through reporting and analysis of data, and information is used to drive improvement and ensure policies, procedures, and training effectively inform a culture of safe and inclusive care.

Organisation wide governance of key areas was applied and controlled through monitoring and review processes at service, organisation, and Board levels. Information management systems enabled staff to access consumer information, policies, training, feedback systems, and incident reporting methods with ability to extract data for reporting. Financial governance was overseen by the relevant subcommittee, who developed an annual budget, monitored expenditure, and authorised out-of-cycle expenditure to meet consumer or legislated needs.

The risk management system enabled assessment, monitoring, and response to high impact or high prevalence consumer risks using best practice guidance. Staff demonstrated a shared understanding of recognition and reporting obligations for elder abuse and neglect, supported by mandatory training, policies, and procedures. All staff could access the online incident management system with details and data reviewed at service, organisational, subcommittee, and Board levels to reduce risk of recurrence. A framework to support consumers live their best lives recognised person-centred care through choices, diversity, and inclusiveness, and enabled consumers to determine associated risks from consumer decisions.

The clinical governance framework supported provision of safe and quality care and accountability for outcomes. The framework consisted of policies, procedures, training, monitoring and evaluation practices, and workforce and governance responsibilities. Antimicrobial stewardship also included monitoring of antibiotic use and implementation of vaccination programs for consumers and staff. Application of restrictive practices was monitored, recorded within a register, and education taken on an individual and collective basis following an observed instance of unauthorised use of mechanical restraint during the Site Audit.

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)