Performance

Report

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| Name of service: | Berrinba Greens Care Community |
| Service address: | 1-15 Greenfern Drive BROWNS PLAINS QLD 4118 |
| Commission ID: | 5562 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 August 2023 |
| Performance report date: | 29 August 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 Berrinba Greens Care Community (**the service**) has been prepared by S Turner, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 |

Findings

Consumers and representatives said staff treated consumers with dignity and respect and they provided examples of how staff respected consumers’ personal preferences and supported their privacy.

Staff demonstrated knowledge of consumers’ preferences for care, lived experiences and how to respect each consumer when providing care. They were observed interacting with consumers in a kind manner, treating them with dignity and respect, using consumers’ preferred names, and knocking on doors before entering and providing care.

Care planning documentation reflected the consumer’s identity, choices and preferences for care. It reflected what was important to each consumer and included information about their background including personal and community relationships, life experiences, interests, likes and dislikes, preferred name and religious preferences.

The organisation had documentation and training which demonstrated an inclusive, consumer-centred approach to care and service delivery.

For the reasons detailed, I find this requirement Compliant.

# 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 |

Findings

Consumers and representatives said they were confident care provided was right for consumers and reflected their individual needs. One consumer said staff take ‘very good care’ of them.

The service demonstrated safe and effective care for consumers including in relation to restrictive practices, falls, skin integrity and pain management. Consumers’ needs had been identified and assessed, registered nurses monitored care delivery, medical officers and allied health were involved in consumers’ care and clinical equipment was available to support consumers’ individual needs.

For consumers subjected to restrictive practice there was generally evidence of assessment processes, the provision of consent, and authorisations were in place. The majority of consumers had a behaviour support plan in place, and these included individualised strategies that guided staff. Staff were familiar with behavioural triggers that impacted consumers and with the interventions that assisted in the management of complex behaviours. Minor deficiencies that were identified relating to the management of restrictive practices were included in the service’s plan for continuous improvement.

Wound care was consistently attended to in accordance with consumers’ wound management plans and pressure area care was completed as prescribed. Consumers who had active pressure injuries or wounds had a wound care plan and chart which were completed following treatment and at every review.

Post fall care for one consumer included a head-to-toe assessment, vital and neurological observations, the completion of falls risk assessments, assessment by a physiotherapist and a review of medications by the medical officer. Staff were familiar with strategies to minimise falls including the use of sensor mats, the positioning of beds and the wearing of non-slip socks. Management described improvements that had been made at the service in response to an identified increase in falls at night-time. Management said when staff do a round, they observe the consumer’s position, ensure falls prevention equipment is functional, review the environment for risks, ensure call bells and fluid are within reach and attend to any toileting needs.

Pain management included the use of medication and non-pharmacological interventions such as massage; pain was monitored to ensure the effectiveness of the treatment regime.

There were established processes, such as alerts within the electronic care management system that supported the delivery of care including for example the monitoring of blood glucose levels however these were not consistently effective and there were incidents where blood glucose levels had not been recorded in accordance with care directives. Management advised this would be addressed and technical support would be sought to improve the process. Consumer feedback in relation to diabetes management included care provided was ‘excellent’ and that blood glucose levels were completed to the consumer’s satisfaction.

While some deficits were identified in relation to documentation and clinical care, the service committed to addressing these and updated the plan for continuous improvement. No evidence of impact to consumers was brought forward and consumers and representatives spoke highly of the care consumers received. For these reasons I find this requirement Compliant.

# 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 |

Findings

Consumers and representatives said there were enough staff to meet consumers’ needs and that they attended to consumers promptly. They said staff were competent and understood consumers’ care requirements.

Staff said they felt supported by management to ensure there were sufficient staff. This was done by ensuring shifts were filled by either existing staff, agency or by management providing assistance with care and services. Management said they provided training for staff across multiple roles so they could provide assistance when there was a staff shortage. Review of rosters and allocation sheets demonstrated vacant shifts were filled, and staff said they had enough time to meet the demands of their roles and the needs of consumers.

Management advised the service conducted call bell auditing daily and any extended response times were investigated to identify the cause. Management advised once the cause was identified, action was taken to prevent a reoccurrence. Call bell reports indicated the majority of calls were answered within 10 minutes.

For the reasons detailed, I find this requirement is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)