Performance

Report

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| Name of service: | Blacktown Terrace Care Community |
| Service address: | 37 Kildare Rd Blacktown NSW 2148 |
| Commission ID: | 1076 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 15 December 2022 |

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 Blacktown Terrace Care Community (**the service**) has been prepared by K. Spurrell, 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 so as 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 the service treated them with dignity and respect, and that it valued their identity, culture, and diversity. Staff knew the unique cultural needs and preferences of specific consumers and how to support those consumers each day. Care documents also captured cultural needs and preferences.

Some consumers were from culturally and linguistically diverse (CALD) backgrounds. The service respected consumers’ backgrounds and provided care consistent with their cultural traditions. Staff ensured each consumer’s care aligned with their care plan, including cultural aspects of care.

The service supported consumers to make choices about their care, including about when family and friends should be involved in their care, how to communicate their decisions and how to maintain relationships of choice. Consumers chose when they received care, and the service respected their choices. Staff understood consumers’ choices and how to support them to make informed choices about their care. Staff additionally supported consumers to maintain relationships of choice. Care planning documents showed consumers’ individual choices concerning when care was delivered, who was involved in their care, and how the service supported them to maintain relationships.

The service supported consumers to take risks that enabled them to live their best lives. Staff were aware of consumers’ choices concerning risks, and they supported consumers’ wishes to live the way they chose. The service had risk assessment processes to support consumers to take informed risks. The service informed consumers about their care clearly and efficiently, helping them make choices. It kept consumers updated on any changes through its newsletter, resident meetings and daily rounds by management and lifestyle staff. Clear, intelligible information was available to consumers on noticeboards and in brochures, to support consumer decision making.

The Assessment Team observed staff being respectful of consumers’ privacy and consumers confirmed staff respected their privacy. The service kept all consumers’ personal information confidential, ensuring it was conveyed only on a need-to-know basis. Consumers’ files were kept locked, and all computers were password protected by level of delegation. The service had various other protocols in place to protect consumers’ privacy.

# 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

The service’s assessment and care planning process considered risks to consumers’ health and well-being, to facilitate safe and effective care and services. Consumers were satisfied with the service’s assessment and care planning processes and the care they received. The service involved consumers and their representatives in the care planning processes as soon as they entered the service, and for the duration of their stay. Staff knew their role in the service’s planning processes, including in the assessment, planning and care plan review processes. Care documents showed that the service identified consumers’ needs, goals, preferences, and risks when completing assessments.

The service’s assessment and planning processes identified and addressed consumers’ current needs, goals, and preferences, including advance care planning, if the consumer wished. Consumers confirmed that assessment and planning addressed their needs, goals and preferences. Care plans were individualised, and reflected consumers’ unique needs and preferences, including end-of-life care, as applicable. Staff knew how consumers wanted their care delivered.

The service’s assessment and planning were based on a partnership with consumers and, when required, included other organisations or individuals involved in their care. Consumers were actively involved in the assessment, planning and review of their care and reported that staff regularly communicate with them. The service’s care and assessment planning involved all relevant practitioners, such as nurse consultants, dementia support services, physiotherapists, podiatrists, speech pathologists, dietitians, and other providers.

Consumers were aware they could access their care plans, and most reported that the service consulted with them regarding their care and changes to it. Staff knew the service’s processes for documenting and communicating assessment outcomes. Care plans showed that the service communicated assessment and planning outcomes to consumers efficiently.

The service regularly communicated with consumers about their care, including seeking feedback, and making changes to align care with consumers’ current needs, goals, and preferences. When something went wrong, or things changed, staff sought input to ensure they could deliver safe and effective care. The organisation had policies and procedures that guided care, and care plans included a suite of assessments and charting. Management and clinical staff provided oversight of the review process.

# 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 were confident in their care, and they said it was safe and consistent with their needs and preferences. The workforce was well trained, and the organisation supported staff to deliver best-practice personal and clinical care that met the needs of each consumer. Care requirements were communicated effectively between care staff, and care was regularly reviewed and aligned with the needs, goals, and preferences of consumers. The service had policies, procedures and systems for safe and effective care.

Staff identified, assessed, and managed high-impact or high-prevalence risks to each consumer, including those related to falls, pressure areas, weight loss, and infection. The service had policies, procedures and clinical protocols in place that guided the organisation to manage high-impact or high-prevalence risks. This included standardised assessments, charting and care planning tools, and a quality reporting system, which captured clinical data. Clinical reporting data demonstrated the organisation delivered personal and clinical care in line with best practice. The service monitored performance to inform continuous improvement.

The service managed consumers’ pain well, and staff knew what to do if a consumer’s condition deteriorated. Family members could freely visit and support their loved ones and were involved in palliative care decisions. Consumer files identified consumers’ personal choices and preferences, with advance health directive in place. Care and services plan reflected changes in care and services, in line with consumers’ end-of-life care needs, goals and preferences. Staff were equipped to provide end-of-life care, and had support from registered nurses, and an external palliative clinical nurse consultant.

The service recognised and responded to changes consumers’ conditions efficiently and had appropriate plans in place to manage serious changes. Clinical staff discussed changes during handover, and significant changes triggered nursing and medical officer reviews. Care planning documents and progress notes recorded changes in condition and deterioration. The service collected and analysed data to improve care in relation to this standard, including data pertaining to infection, falls, and unexpected transfer to hospital.

Staff documented information on the service’s electronic consumer management system and shared it with representatives and other health professionals as appropriate. The service had an effective governance and meeting structure, facilitating communication within the organisation. Information systems were effective and privacy policies were in place to protect consumer information. The service had records of consumer consent for information sharing.

Consumers said referrals were timely, appropriate, and met their care needs. The service could refer consumers to a network of approved individuals, organisations, and providers, such as external clinical nurse consultants, dietitians, and speech pathologists, and others. Consumers’ files included care planning documents and progress notes, which showed referrals to other providers where needed. The service was prepared in the event of an infectious outbreak, and it followed antimicrobial stewardship guidelines. Consumers were satisfied with the service’s measures for managing COVID-19 and minimising other infection-related risks.

The workforce knew how to prevent and control infection, and what steps they could take to minimise antibiotic use. The service had a vaccination program. As part of this, it maintained records for influenza and COVID-19 vaccinations, along with infection training records. It also had infection control equipment on hand, including outbreak folders, outbreak kits for each building, personal protective equipment and rapid antigen testing kits.

# 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

Services and supports for daily living met consumer’s needs, goals, and preferences. Consumers received safe and effective services that helped them maintain their independence, well-being, and quality of life. Staff knew consumers’ preferred activities and care planning documents captured consumers’ choices, including information about the services and supports consumers needed to do what they wanted. Consumers felt connected and engaged in meaningful activities. Staff supported consumers’ emotional and psychological well-being and care planning captured consumers’ individual emotional support strategies and how these are implemented.

Consumers were supported to participate in activities within and outside the service, with staff adapting services and supports to consumers’ changing needs. The service also enabled consumers to maintain social and personal connections. Care planning documents identified the people important to individual consumers and the activities of interest to consumers.

Service staff knew, met, and effectively communicated about, consumers’ care needs and preferences. Staff shared information about consumers’ care needs internally at handovers and using the service’s client management system. The service had systems for recording consumers’ conditions, needs and preferences for daily living.

The service efficiently referred consumers to external providers. Consumers’ care plans showed the service collaborated with external providers to support consumers’ diverse needs. Consumers were confident they would be appropriately referred to an external provider where the service was unable to provide suitable support. Staff knew how to make referrals to other providers, and care documents showed they had done so appropriately.

The service provided meals of suitable variety, quality and quantity. It sought consumer input to develop its menu and encouraged feedback on the quality of food. Where consumers wanted alternative food options, the service offered a range of additional items.

Consumers felt safe when using the equipment and said the equipment was easily accessible and suitable for their needs. Staff said that staff ensure mobility equipment is safe, suitable, and well maintained by either onsite or external contractors. Equipment used for activities for daily living was observed to be safe, suitable, clean, and well-maintained.

# 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

The service environment was calm, friendly, and welcoming, with communal and private areas available for consumers and visitors. Dining rooms were spacious and well-appointed, and consumers’ rooms were filled with light, and consumers personalised them with their own furniture, decorations, and pictures. There was sufficient light throughout the service, signs were printed in large lettering, and handrails had been installed in corridors. Consumers said they were comfortable and felt a sense of belonging and independence.

The service was clean, safe and well maintained. Communal areas and outdoor spaces were tidy and free of hazards. The service cleaned consumers’ rooms regularly and maintenance issues addressed quickly. Consumers moved freely inside and outdoors, including when leaving the premises through the main doors. Sufficient equipment was available, and staff knew how to address safety issues.

Furniture was comfortable and fit-for-purpose. Staff knew how to use mobility equipment to assist consumers to mobilise, including hoists, slings, and shower chairs, among other equipment. Mobility aids were well-maintained and cleaned regularly. The equipment was safe and appropriate for the consumer, and staff knew how to initiate maintenance if required.

# 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

The service encouraged and supported consumers, their representatives, and others to provide feedback and make complaints. Consumers said they would have no issues talking with staff or management should they have a concern. There was information on noticeboards and in service publications such as the Resident Handbook and Staff Handbook about the internal and external complaints systems. The service had multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, direct emails to the service’s governing organisation, raising issues at resident meetings, or speaking with the General Manager.

Consumers confirmed the service dealt with issues appropriately while maintaining confidentiality. Staff were aware of the service’s complaints policy and procedures, and how they would support consumers to make a complaint. Staff additionally knew how to support consumers from CALD backgrounds, and those with cognitive impairment. The service had processes to support consumers to access advocacy and language services.

If consumers had a complaint, the service’s management team addressed it effectively and efficiently, using a process of open disclosure when required. The service’s feedback register showed the service managed feedback and complaints appropriately. The service had systems to record complaints, feedback, compliments and suggestions, and identify trends. It used this information to improve its care in accordance with the service’s continuous improvement plan.

# 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

The service had appropriate staff management systems to ensure its staff ratio was sufficient to meet consumers’ needs, the service developed and published its roster every fortnight based on the evolving needs of consumers and vacancies on the roster, were offered to part time and casual staff. A typical roster contained a mix of staff, including registered nurses, enrolled nurses, assistant nurses, and hospitality services staff. Allied health staff, such as physiotherapists and podiatrists, provided regular planned care for consumers. The organisation had a clinical team comprising a physiotherapist, a speech pathologist and a dietician.

Staff treated consumers with care and respect. Staff and consumer interactions were caring and respectful, with staff taking time to interact with consumers and ask their preferences. The service recorded consumers’ stories, needs, and preferences in their care planning documents, to ensure staff were informed about consumers’ identities.

The service’s workforce was competent, and staff had the qualifications and knowledge to perform effectively. The service had systems to ensure staff were qualified, and that they remained sufficiently skilled to perform their roles. The service maintained a register of staff qualifications and reviewed it regularly. Clinical managers and registered nurses provided subordinate staff with guidance and support.

The service had appropriate systems to ensure it recruited sufficiently trained and skilled staff. It had a structured recruitment process that included interviews, referee checks and qualification checks. Staff received training during their orientation and induction, and regularly throughout the year. The service tracked training participation to ensure compliance. Staff also received informal training during handover meetings and toolbox talks. Management had a process to identify staff training needs.

The service had a system for monitoring and reviewing staff performance, which included providing feedback. The service documented a formal performance review process in policy and conducted performance reviews at least annually, with reviews more frequently if required. Staff knew the service’s performance development processes, including the performance appraisals process.

# 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 provided ongoing input into how the service delivered care and they felt included in care planning processes. They confirmed the service sought their input in a variety of ways, including during resident meetings, through regular surveys, and as part of face to face discussions. Management captured consumer feedback in the service’s improvement register.

The organisation’s governance boards used information from consolidated reports to measure the service’s compliance with the Quality Standards, initiate improvement actions, and monitor care delivery. The organisation drove innovation using data from internal audits, clinical indicator reports, Serious Incident Reporting Scheme incidents and feedback.

The service’s Board reviews performance against the Quality Standards using monthly reporting from each facility that includes clinical indicators, financial indicators, complaints, feedback and incident management records.

The organisation had risk management systems to monitor and assess high impact, high prevalence risks associated with consumers’ care. The service reported risks to the service’s management, executives and Board. Recipients of risk reports would then feedback direction through service and organisation meetings, leading to improvements to care and services for consumers.

The organisation had a clinical governance framework, fostering quality clinical care, antimicrobial stewardship, minimal use of restrictive practices, and use of open disclosure processes. The framework also outlined policy and procedure for reporting incidents through the Serious Incidents Reporting Scheme. As part of the framework, the organisation’s Clinical Services and Quality Team reviewed service-level data once-per-month. The Board reviewed it once every two months and used this data to ensure the service’s clinical care was consistent with best practice.

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)