Performance

Report

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| Name: | Broadwater Grove Care Community |
| Commission ID: | 5215 |
| Address: | 55 Worendo Street, SOUTHPORT, Queensland, 4215 |
| Activity type: | Site Audit |
| Activity date: | 17 September 2024 to 19 September 2024 |
| Performance report date: | 23 October 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 3572 Broadwater Grove 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 Broadwater Grove Care Community (**the service**) has been prepared by J Earnshaw, 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 staff, consumers/representatives and others,
* the provider’s response to the assessment team’s report received 9 October 2024,
* other information known to the Commission.

# 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/representatives said consumers are treated with dignity and respect. Staff were observed engaging with consumers in a dignified and respectful manner and demonstrated knowledge of consumers’ identity, backgrounds and cultural practises.

Care documentation reflected the consumers background, culture and personal preferences. Staff described how they treat consumers with respect and dignity. Staff described specific examples of how culturally appropriate care is provided to consumers in line with their cultural preferences.

Consumers/representatives said consumers are supported to exercise choice, maintain their independence and to make decisions about their care and services. Consumers are able to communicate their decisions, make connections with others, and maintain their relationships of choice. Staff demonstrated knowledge, awareness and understanding of consumer choices and preferences and described how each consumer was supported to make informed decisions about their care and services.

Staff supported consumers choice to take risks and engage in activities which are important to them. The service demonstrated processes and staff knowledge of consumers’ choices and described how risks were identified and strategies to mitigate risks. Consumers/representatives are provided with information by various methods, enabling them to make informed decisions about care and services and exercise choice in how consumer’s needs, goals and preferences were met.

Consumers said their privacy and dignity was respected by staff and the organisation’s information management systems ensured their information was kept confidential. Staff described how they maintain consumers’ privacy when providing care or discussing consumer information. Care documentation demonstrated privacy and consent is outlined in the service agreement, the consumers electronic care file and updated when the consumer’s preferences change or during the 4 monthly care plan review.

# 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/representatives expressed satisfaction with the delivery of effective care and services that meets consumer’s needs, goals and preferences. Care documentation demonstrated the use of validated clinical risk assessment tools, comprehensive assessments and effective care planning processes that considered potential risks to consumers’ health and wellbeing, including skin integrity, pain, mobility, swallowing, nutrition and hydration, falls, behaviour support, medication management, wound care, and diabetes management.

The Assessment Team report brought forward information in relation to assessment and planning processes, which whilst identifying the care needs of consumers, the service had not identified some consumers may be subject to environmental restraint.

The Approved Provider, in their response acknowledged the information, provided an updated plan for continuous improvement and described targeted measures taken to address the deficiencies raised. These actions included:

* The service completed an assessment of each consumer and identified an additional nine consumers were subject to environmental restraint. Staff held discussions with consumers/representatives and have obtained informed consent and authorisation for the use of the restraint.
* The service provided education to staff and discussed restrictive practises during handovers/huddles, and meetings, including the utilization of the keypad lock at the front door of the service, and the protocols in regard to the use of environmental restraint.

Care documentation demonstrated the involvement of other health care professionals in the assessment and planning processes with consumers.

Consumers said staff have discussed their care planning needs with them, and consider their needs, goals and preferences are met. Care documentation evidenced the consumer’s involvement, those the consumer wish to be involved, and the outcomes of assessments were documented within the care planning documentation. Consumers/representatives said they are offered a copy of the care plan during care conversations.

Staff were able to describe assessment and care planning processes and how consultation occurs with consumers/representatives. Consumers/representatives consider consumers to be partners in the ongoing assessment and planning of consumers’ care and services, including consideration of consumers' wishes for end-of-life care.

The service uses an electronic care management system. Staff said they have access to the information they need through various methods, including handovers and care planning information through the electronic care management system. The service demonstrated care plans are reviewed 4 monthly, when circumstances change, or when incidents occur. Staff described how referrals are initiated following care plan reviews that identify areas for further investigation or support 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

Consumers/representatives expressed confidence in staff capabilities and said consumers received individualised care that meets their needs. Staff are guided by the organisation’s policies and procedures. Staff were aware of the personal and clinical needs of consumers and how to meet those needs.

Consumer care documentation demonstrated individualised, effective assessment, management and evaluation of clinical care needs including wound management, indwelling catheter, and stoma care, and restraint. The service had systems to monitor the provision of personal and clinical care in line with consumer needs, goals, and preferences such as scheduled auditing, daily management rounds, progress note review, monitoring clinical indicators and incidents, and consumer/representative and staff feedback.

The service has effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer. Staff described individualised consumer care implemented to manage the high impact or high prevalence risks to consumers, such as, falls, skin integrity, and detection, monitoring, and management of unplanned weight loss. Care documentation identified risks for each consumer, including falls management, pressure area care, administration and management of medication and weight management is monitored and effectively managed. Consumers/representatives and staff reported restrictive practices are reviewed regularly to ensure they are required, effective, and individualised for each consumer. The service maintains a psychotropic register and care documentation identified consumers prescribed a psychotropic medication have a corresponding diagnosis, individualised behaviour support plans, medication reviews 3 monthly by a medical officer, and signed informed consent.

Care documentation recorded consumers’ end-of-life care needs, and preferences. Staff described how they care for the consumer palliating, their comfort is maintained and the palliative care pathways and resources available to support consumer care needs.

Consumers/representatives said consumers receive the care they need and that the service is responsive to changes identified to consumers’ health and wellbeing. Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition and care documentation reflects the identification of, and response to, deterioration or changes in consumer condition.

Consumers/representatives were confident that consumers’ needs, and preferences are known by and effectively communicated between staff. Staff described the ways in which information was shared amongst staff, including within the electronic care management system, through handover and staff meetings.

Consumers/representatives and care documentation showed that consumers have access to relevant health professionals, such as allied health practitioners and other medical specialists. The service has established referral pathways to various support and specialist services. Staff were knowledgeable about available services and how to arrange referral of consumers to meet their care needs. Care documentation demonstrated appropriate referrals to, and support provided by external health care professionals in the broader management of consumer care needs.

Consumers/representatives reported infection control measures used by staff. The service has documented policies and processes to guide staff practise in relation to antimicrobial stewardship, and infection control. The service was able to demonstrate the minimising of infection-related risks through antimicrobial stewardship, staff education and standard transmission-based precautions.

# 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/representatives said the service supports consumers to maintain their independence, personal interests and to participate in the service’s lifestyle program at the choice of consumers’.

Staff demonstrated knowledge of consumers’ needs, goals and preferences and the strategies used to support consumers to optimise their quality of life and remain independent. Care documentation reflected consumer interests and lifestyle preferences. Staff and consumers provided specific examples of how the service supports consumers spiritually and psychologically and activities provided promote their emotional, spiritual and psychological wellbeing. Consumers were supported to take part in community activities outside the service, and to engage in personal and social relationships within the service. Consumers were observed to be participating in activities and receiving company.

Consumers/representatives expressed confidence that consumer information is recorded and shared with others as required. Staff described how consumer information was shared by staff and accessed within the electronic care management system. Consumers/representatives said services and supports are consistent and staff knew consumers’ individual preferences and others involved in their care. Care documentation for consumers provided adequate information to support safe and effective care and supports for daily living. Staff described how staff are informed of the changing needs, condition and preferences of consumers, including via handover, daily staff meetings, and notable or high-risk alerts in the electronic care management system.

The service demonstrated that timely and appropriate referrals occurred to other individuals, organisation, or other service providers in collaboration to meet the diverse needs of consumers, including spiritual services and volunteer services.

The service provides a choice of meals which are varied and of suitable quality and quantity, with options and alternatives readily available. Food preparation is guided by a dietary register, which includes consumers’ preferences, dislikes, allergies, and dietary requirements, which is updated daily, as changes to dietary requirements occur and an alert is initiated within the electronic care management system. Staff were able to explain the rotating menu and how menu options are offered in line with consumer specific diet requirements. The service has processes and systems to monitor consumer satisfaction with menu items and responds to feedback and requests.

Consumers/representatives advised consumers have access to equipment that is fit for purpose, clean and well maintained to assist them with their activities of daily living. Consumers said maintenance issues are attended to promptly and staff demonstrated knowledge of how to report maintenance issues. Equipment was observed to clean, well maintained and fit for purpose.

# 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 reported they and their visitors are welcomed at the service. Consumer rooms were decorated with personal effects. The service environment supported consumers to be engaged in activities in communal areas, to welcome visitors and to easily navigate around the service.

The service was observed as clean and in a well-maintained condition, and consumers were observed to be moving freely throughout the service. Consumers reported the service was cleaned regularly and maintenance attended to in a timely manner. Cleaning and maintenance staff described the process to ensure a safe environment for consumers and that all tasks were completed and monitored via schedules. Contractors are engaged to support these processes for specialist services such as fire safety system servicing.

The service has an appropriately fitted smoking area to support consumers to smoke safely. Consumers/representatives reported furniture and equipment is regularly maintained by the service and is clean and safe. The service uses a maintenance system and demonstrated effective processes and scheduling to ensure that furniture, fixtures and equipment were safe, clean, and well maintained.

# 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/representatives reported having opportunities to provide feedback or make a complaint through various avenues and feel comfortable to do so. Staff described processes in place to encourage and support feedback and complaints. Feedback is sought during consumer meetings, directly and through surveys. This information is recorded within the service's electronic care management system and populates the plan for continuous improvement as necessary.

Consumers/representatives said they are aware of advocacy services and how to access these services. Information related to external support mechanisms is displayed throughout the Service and provided to consumers/representatives. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues and advocacy services available for consumers and representatives.

Consumers/representatives were confident management address and resolve concerns raised and reported that appropriate action is taken in response to feedback and complaints, with an apology provided. Staff demonstrated an understanding of the principles of open disclosure, and how it is applied within their role.

Consumers/representatives reported the service responds to their feedback and complaints by implementing changes to improve the quality of care and services based on their input. The service demonstrated feedback and complaints are recorded and utilised to enhance the quality of care and services provided to 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/representatives reported there were sufficient staff available to provide care and services when and how consumers require. The service demonstrated the workforce is planned to meet the needs of consumers. The service has systems and processes in place to ensure there is sufficient staff rostered across all shifts to meet consumer needs.

Consumers/representatives said staff respond to calls for assistance in a timely manner. Staff considered there were sufficient staff to deliver care and services in accordance with the consumers’ needs and preferences, including time for dedicated one on one conversation.

The service monitors call bell response times and investigates response times as necessary. The service has a base roster, ongoing recruitment processes and processes to ensure staff allocations are in accordance with consumer needs and occupancy levels.

Consumers/representatives consider consumer’s received respectful care and services when they need them from staff who were knowledgeable, caring, kind and helpful. Staff interactions with consumers was observed to be respectful. Management said they use various methods, including consumer and representative feedback to monitor staff behaviour.

Consumers/representatives said the workforce is competent and staff have the knowledge to deliver care and services that meet the needs and preferences of consumers. Staff said they are provided with the support and training needed to perform their roles. The service ensures staff competency through various methods, including through monitoring professional body registrations, criminal history information, onboarding processes for new staff and ongoing professional development opportunities.

Management described how they determine whether staff may require specific education, such as by review of clinical indicator information may flag particular areas of increased educational opportunity. The service has systems and processes to monitor staff compliance with attendance of mandatory training modules.

The service has systems to regularly assess, monitor and review staff performance. Staff reported they are regularly engaged in professional development and have opportunities to request specific training relevant to their role.

Management advised staff performance is informed by observations, analysis of clinical data and by consumer/representative feedback. Performance issues identified through these monitoring mechanisms are addressed promptly and may trigger a performance review.

# 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/representatives said they were confident in the management of the service, that feedback is used to improve care and services, they feel comfortable to approach management directly with suggestions and to attend consumer/representative meetings.

The service was able to demonstrate it supports consumers/representatives to be involved in the development, delivery and evaluation of care and services. Consumers/representatives said they are engaged in the development and evaluation of care and services and expressed satisfaction with the care and services provided to consumers.

Staff described how consumers are supported to be engaged in the development, delivery and evaluation of care and services through consumer meetings, focus groups, surveys, audits and by providing direct feedback to management. The service demonstrated how improvements have been implemented as a result of consumer feedback.

The organisation’s governing body promotes a culture of safe, inclusive quality care and services. The organisation is led by a Board and executive leadership team which includes members with experience in business, training, human resources, quality and clinical governance, financial expertise, property and investments, as well as registered health practitioners.

The Board is informed by various meetings and reports by the service. The service has established governance frameworks, policies and procedures that support the provision of care of consumers.

Staff advised they were able to access the information they needed to perform their roles and demonstrated an understanding of consumers with high-impact or high-prevalence risks. Consumers/representatives said they were satisfied with the management and provision of information regarding care and services.

Continuous improvement was demonstrated at a service level and by the demonstration of quality improvement principles identified through feedback, audit and survey results, and the analysis of clinical indicators. The service maintains a continuous improvement plan which identifies planned and completed improvement actions in relation to various areas of care and service delivery.

The service has a financial governance policy and systems and demonstrated how additional expenditure approval is sought for specific projects.

The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care.

The organisation monitored changes to legislative requirements through correspondence received from national peak bodies, external agencies and regulatory bodies. Changes to legislative requirements are disseminated to staff through meetings and electronic methods.

The service has systems in place to manage feedback and complaints and to ensure appropriate and proportionate action is taken. The service is guided by policies and procedures relating to feedback and complaints. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

The service demonstrated how established governance frameworks, policies and procedures support the management of risk associated with the care of consumers. The service utilises the electronic care management system where risks and incidents are recorded, monitored, and alerts initiated to management for investigation and reporting via the serious incident response scheme. Incidents are discussed at clinical and management meetings, and trends reported to the board.

The organisation has a clinical governance framework with policies, procedures and activities relating to antimicrobial stewardship, open disclosure and minimising the use of restraint to guide staff practices. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how they are implemented within their daily practise.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)