Performance

Report

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| Name of service: | Burpengary Gardens Care Community |
| Service address: | 149 - 163 Rosehill Drive BURPENGARY QLD 4505 |
| Commission ID: | 5478 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 9 January 2023 to 11 January 2023 |
| Performance report date: | 6 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Burpengary Gardens 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 staff treated them with dignity and respect and that they felt valued as individuals. Staff spoke about and interacted with consumers respectfully, and they were familiar with consumers’ individual background and preferences. Care planning documents showed the service documented consumers’ culture, backgrounds and personal preferences. The service had policies on creating a diverse and inclusive culture.

Consumers said the service recognised their diverse backgrounds and that their care was consistent with their preferences and cultural traditions. Staff knew which consumers had culturally diverse backgrounds and helped provide care according to their unique preferences.

The service supported consumers to make choices about their care, including choosing who should be involved in their care. The service supported consumers to maintain their friendships and intimate relationships. Consumers chose when they received care, and service staff respected their choices. Care planning documents showed consumers’ individual choices about when they received care, who was involved in their care, and how the service supported them to maintain important relationships.

The service supported consumers to take risks and live how they chose. Staff knew the risks consumers took, and supported their chosen lifestyles. Consumers confirmed this, saying the service supported them to take risks. Care planning documents included dignity of risk forms that detailed consumers’ chosen risks, such as smoking and leaving the service independently.

Consumers said the service supported them to make choices about their care by communicating with them about their options, including providing extra support to understand information as appropriate. Staff communicated with consumers in line with the consumers’ needs and preferences. The service displayed information throughout the facility, to inform and support consumers’ choices.

Consumers said the service respected their privacy and they expressed no concerns about the service mishandling their personal information. Service staff protected consumers’ privacy during care and the service's policies and procedures reflected good practice concerning privacy and confidentiality.

# 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 care planning considered risks to consumers’ health and well-being. Consumers said they helped plan their care and they received the care they needed. Staff knew the care planning process in detail, including how it informed care delivery. The service had a clear consumer admission pathway, ensuring it completed assessments for new consumers promptly.

Care planning documents identified and addressed consumers' current needs, goals and preferences, including advanced care planning and end-of-life planning. Consumers said staff involved them in care planning through regular conversations with clinical staff or management. They said the conversations began during admission, and continued throughout the consumer’s care, including during care plan reviews or when circumstances changed. The service ensured that assessment and planning reflected consumers' changing preferences.

The service partnered with consumers to plan their care. Consumers chose which other providers they wanted involved in planning and assessing their care. Care planning documents showed regular care plan reviews, and that consumers’ care involved a range of external providers including medical officers, physiotherapists, dietitians, podiatrists, speech pathologists and others. Staff had a consumer-centred focus, and actively collaborated with consumers, representatives and external providers to ensure quality care.

The service communicated planning outcomes to consumers, and documented them in consumers’ care plans. Consumers and others involved in their care could access care plans easily. Consumers said the service maintained good communication with them, including about, medication, incidents or changes to their care. Consumers also said staff communicated clearly about clinical matters. Clinical staff communicated with family members by telephone and through email.

Care planning documents showed the service reviewed care regularly, and in response to changes of circumstance, such as when a consumer deteriorated or experienced an incident. Consumers and representatives said staff regularly engaged them about consumers’ care needs, and that staff address requests promptly. The service had policies and procedures to guide staff in the assessment and planning process for consumers.

# 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 said their care was consistent with best practice, was tailored to meet their needs and that it optimised their health and well-being. Sampled consumer files included care assessments, care and services plans, progress notes, medication charts and monitoring charts. These documents showed the service’s care was individualised, safe, effective and tailored to the specific needs and preferences of consumers. The service had best-practice policies, procedures and checklists governing restrictive practice, wound management, pain management and other key areas. All service staff could easily access these documents. An onsite clinical nurse educator further supported staff.

The service managed high-impact, high-prevalence risks effectively by monitoring clinical data and trends and implementing appropriate risk mitigation strategies. Management and staff knew how to manage risks such as falls, pressure injuries and weight loss. Consumers said the service managed risks adequately, particularly for falls, skin integrity and weight loss. The service maintained a consumer 'risk register', which outlined various risks to individual consumers, such as those concerning fluid restriction, weight loss, behaviour, pain, oxygen, falls, pressure injuries and others.

The service preserved the dignity of consumers nearing end-of-life by delivering care according to their needs and preferences. Care planning documents included advanced health directives and other relevant end-of-life care documents. Staff approached conversations about end-of-life care with respect and empathy. They supported consumers through end-of-life by facilitating regular family visits, and by delivering various care such as pressure area care, hygiene, comfort care and pain relief.

The service recognised and responded to changes in a consumer’s condition promptly. Care planning documents demonstrated the service identified and responded to deteriorations or changes. Consumers also confirmed this, saying that the service responded to changes in their condition quickly and appropriately. Clinical and care staff knew the various signs of acute and gradual deterioration. Upon detecting these signs, staff engaged various involved parties, such as external medical officers, consumers’ enduring powers of attorney, the local Rapid Assessment of the Deteriorating Aged at Risk hospital outreach team.

The service documented information about consumers’ conditions, needs and preferences. It also communicated this information to those involved in consumers’ care. Consumers were satisfied with the service’s communication about changes to their condition. Care planning documents showed the service effectively shared consumers’ information, including through progress notes, electronic alerts, and care and services plans.

Care planning documents showed the service had a referral process to govern its referrals to other health care providers. Consumers and representatives advised the service’s referrals were timely and appropriate, and that consumers had access to relevant health supports as needed. Staff knew the process for referring consumers to other health professionals and demonstrated how this informed consumers’ care and services. The service referred all consumers to external providers promptly and had providers attend the service regularly such as physiotherapists, medical officer, dieticians, speech pathologists and podiatrists.

The service was prepared for infectious outbreaks, including for COVID-19 outbreaks. It had an infection prevention and control (IPC) lead in training, with an IPC lead from a nearby service overseeing this training. The service had access to regional contingency plans for extra personal protective equipment supplies if required. Consumers said they were satisfied with the service’s management of COVID-19 precautions and other general infection control practices. The service’s administration of antibiotics was consistent with best practice guidelines.

# 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

Each consumer received safe and effective supports for daily living that met their needs, goals and preferences, and optimised their independence, health, well-being, and quality of life. Care planning documents showed consumers received services catered to their needs and preferences. The service schedules a range of activities for consumers, including exercise, arts and craft, concerts, reading groups and visits by support animals.

The service supported consumers when they were feeling low, including by supporting their emotional, spiritual and psychological well-being. Lifestyle and care staff helped consumers’ emotional, social and psychological needs by facilitating connections with people close to the consumer, and connections with church and religious services, among others. Some consumers also used counselling services, which the service facilitated. Care planning documents identified people important to consumers and the activities consumers liked.

Consumers said the service supported them to participate in their chosen hobbies and activities within and outside the facility. Staff knew which consumers engaged in activities outside the service, and what activities they liked.

Consumers said the service communicates information about their conditions, needs and preferences among its staff and with others responsible for their care. Staff document care using the service’s electronic care management system, and used this for communication and handovers. Care planning documents and care system alerts showed adequate information to support safe and effective support for consumers’ activities of daily living.

Consumers said the service connects them to other organisations, support services and providers of other care. Consumer care planning documents showed the service made referrals to volunteers, hairdressers, entertainers and pastoral care organisations. Staff knew which consumers used external services, and the providers of those services.

Consumers said the service offered meals of suitable quantity, quality, and variety. Staff knew the dietary needs of specific consumers and the service accommodated those needs accordingly. The service offered consumers multiple meal options during meal service, and displayed allergy information for each option. Staff used the service’s electronic care system to record consumer diet preferences, and maintained a quick-access ‘dietary binder’ to refer to as needed. The service had feedback channels including forms, surveys, walk-throughs, and consumer meetings, which allowed consumers to give feedback about the quality of food.

The service’s equipment was safe, suitable, clean, and well maintained. Consumers said they felt safe when using the equipment and that it was available when they needed it. Staff could access equipment easily and knew they were responsible for keeping the equipment safe, 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 was welcoming and easy to navigate. Various aspects of the service made consumers feel welcome and optimised their independence, interaction and function. These included the outdoor areas furnished with chairs, tables and sunshades, clear signage and several indoor seating areas, as well as libraries and lounge areas.

The service was safe, clean, and well-maintained and consumers could move freely, both indoors and outdoors. Consumers and family members said they thought the service environment was safe, clean, and well-maintained. Staff corroborated this finding, saying that the service environment was regularly cleaned and maintained.

The service’s furniture, fittings and equipment were safe and well-maintained. Consumers said the service checked, cleaned and maintained consumers’ equipment regularly. Maintenance staff worked on a preventative maintenance schedule, involving routine maintenance related to a variety of areas and systems.

# 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 said they knew how to provide feedback or make a complaint through the various available channels, including feedback forms, consumers meetings, direct feedback with staff, and others. Staff encouraged feedback and complaints through various mechanisms, such as by providing flyers, brochures, instructional documents, and locked feedback boxes. The service’s complaint register showed it collects feedback data through feedback form submissions, verbal conversations, consumer meetings, and collated survey results.

Consumers said they were comfortable raising their concerns with staff. They were aware of external advocacy groups that could support them to raise complaints if required. Staff also knew how to facilitate consumers’ access to interpreter services if required. The service increased awareness of the various services available to consumers by reminding them during meetings, and by displaying a range of posters and flyers within the facility.

Consumers said management responded to and resolved their complaints promptly. Staff understood open disclosure principles. They knew how to escalate concerns, and issue apologies in the event something went wrong. The service clearly documented complaints, and kept clear records of communication between management, staff, and complainants. Records showed the service took prompt, appropriate action in response to complaints, and that staff correctly applied open disclosure principles.

Consumers said the service used their feedback to improve its care. Consumers, staff and management could all cite changes driven by consumer feedback, supporting that feedback was an important part of ongoing improvement at the service. The service’s continuous improvement plan showed that it tracked consumer feedback as part of a system used to drive improvements in care.

# 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 said the service had sufficient staff to deliver quality care. Management used a base roster to ensure there were enough staff to provide safe and effective care. Management adjusted the roster with recurring shifts and additional shifts above standard to cover the care needs of consumers.

Consumers said staff were kind, caring and respectful when delivering care and that staff recognised consumers’ identities. Staff interactions with consumers were pleasant and respectful. Staff used each consumer’s preferred names in greeting, documents, and interviews, in line with consumers’ wishes.

Consumers said staff were competent, and that they perform their duties effectively. Consumers were confident staff could meet their care needs. The service maintained position description documents for each role, which required staff to have key competencies and qualifications. It also required staff to complete centrally-monitored, role-based mandatory training.

All staff said the service recruited, trained, equipped and supported them to deliver safe and effective care. Written material and training reports showed that the service trained and supported its staff to deliver the outcomes required by the Quality Standards. Consumers said staff were competent and qualified to do their job and they did not identify any areas in which staff needed more training.

The service conducted staff performance reviews at 3 and 5 month intervals after staff commenced, and then annually thereafter. Sampled staff said their most recent performance appraisal was within the past year and that it was useful for identifying improvement opportunities. The Assessment Team’s review of the service’s performance appraisal records showed that all active staff were up to date with their appraisals, with no staff being performance managed at the time of the site audit. As part of the audit, the Assessment Team reviewed records of a completed performance appraisal. These showed the service’s performance evaluation was comprehensive, with input from both the staff member and 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

The service actively engaged consumers in developing, delivering and evaluating their care. Consumers said they were engaged through a variety of mechanisms including meetings, surveys and feedback pathways. Staff said the service used consumer suggestions to drive improvement and design suitable services. Meetings minutes and the service’s continuous improvement plan reflected that the service used feedback to improve services.

The service had policies and procedures that promoted a culture of safe, inclusive, and quality care. The approved provider’s organisational structure facilitated appropriate governance controls, which involved meetings at different managerial levels and interrogation of data derived from the service’s electronic management systems. Meeting minutes reflected that management regularly reviewed care data.

The service had effective organisation-wide governance systems for information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Service staff correctly applied the service’s policies and procedures into their day to day care.

The service had effective risk management systems and practices. This included systems for managing high-impact or high-prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents using an incident management system. Clinical staff understood the high impact and high prevalence risks associated with the care of consumers, and how to safeguard against them in line with best practice.

The service had frameworks, policies, and guidelines governing antimicrobial stewardship, use of restrictive practices and open disclosure. Staff applied these policies in their day-to-day work.

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)