Performance

Report

**1800 951 822**

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| Name: | Calamvale Parklands Care Community |
| Commission ID: | 5537 |
| Address: | 8 Raffin Crescent, CALAMVALE, Queensland, 4116 |
| Activity type: | Site Audit |
| Activity date: | 17 October 2023 to 19 October 2023 |
| Performance report date: | 29 November 2023 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 5652 Calamvale Parklands 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 Calamvale Parklands Care Community (**the service**) has been prepared by P.Golledge, 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 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 said staff treated them with dignity and respect, value their culture and diversity and provide culturally safe care. Consumers are supported to nominate whom they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice. Consumers were confident their information is kept confidential and said staff respect their privacy.

Consumers discussed how the service supports them to take risks, such as independently accessing the local community. Staff described how consumers are supported to understand the benefits and possible harm when they make decisions about taking risks, and how consumers are involved in discussions about strategies to manage risks.

Consumers were satisfied with the range of information provided to them by the service and described various topics and formats in which information is provided. They said timely and relevant information provided supported their decision making, including about activities, meals, and special events.

Care documentation was individualised, and reflected what was important to consumers and included information about their backgrounds, personal and community relationships, life experiences, interests, and religious preferences.

The Assessment Team observed staff treating consumers respectfully, conducting shift handover in private areas and ensuring computers were password locked when not in use.

# 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 and representatives reported they are involved in and are satisfied with assessment and care planning processes at the service. They reported the service communicates outcomes of assessment and planning, including during regular care plan reviews, and when changes occur. Consumers said staff discuss their care with them and they have access to their care plan if they wish.

Staff demonstrated an understanding of the service’s assessment and care planning processes and how they review assessments. Care documentation including progress notes identified any emerging concerns and communication with consumers and representatives to ensure consumer needs have been addressed. The service utilises an electronic care management system (ECMS) and organisational policies, procedures, and guidelines are available to guide staff in their practice, including policies detailing consumers assessments, consideration of individual risk and when care plans are completed.

Consumer care documentation identified assessment and planning included the consideration of risk and reflected the consumer’s current needs, goals, and preferences, including advance planning care and consideration of individual consumers’ risks. Consumers’ care and services were reviewed for effectiveness including when circumstances changed or when incidents occur.

# 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 satisfied with the personal and clinical care they received and said it was safe and right for them. Consumers and representatives advised consumers have access to medical officers and other allied health professionals. They said they were satisfied that staff knew the consumers’ needs and preferences and that communication processes were effective.

Staff described the high impact and high prevalence risks for consumers at the service, and how these were monitored and managed for individual consumers. Staff demonstrated an understanding of their roles and responsibilities in recognising and addressing the needs of consumers nearing the end of their life. Staff described the ways they recognised and responded to a deterioration or change in the consumer’s condition and health status; including referring the consumer to the Medical Officer or transferring the consumer to hospital if appropriate. Staff received information on consumers’ changed health care needs via handover at each shift.

Care documentation reflected the identification of and response to, consumer deterioration or changes; and input from Medical Officers and other health professionals was sought and their recommendations were incorporated into care plans.

Staff had access to evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care including in relation to restrictive practices, pressure injury care and prevention, pain, and recognising and responding to consumer deterioration.

The service implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff received training in infection minimisation strategies including infection control and COVID-19. Practices demonstrated the service has planned and was prepared for a potential outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers say they are satisfied the service supports them to do the things they want to do and were able to explain how services and supports for daily living have improved their independence, health, well-being, and quality of life. They say they feel safe in the way services and supports are delivered and that staff are flexible and can modify services and supports so they can continue to do things of interest to them. Care documentation reflects strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers.

Consumers say they feel connected and engaged in meaningful activities that are satisfying to them. They say they can acknowledge and observe sacred, cultural, and religious practices. Staff demonstrated how they support the emotional, psychological, and spiritual well-being of consumers and could give examples of cultural awareness in their everyday practice and how they recognise diversity to provide services that are meaningful to the consumer. Consumers are monitored for emotional well-being and specialist services, and pastoral care is made available to consumers and families where needed.

Care documentation demonstrates the service collaborates with other individuals, organisations, or providers to support the diverse needs of consumers. There is evidence that the service has established links with individuals, organisations, and providers to make sure consumers have access to a range of service and supports. The service demonstrated that they regularly reviewed the individuals, organisations, or providers to whom they refer consumers to make sure their services remain safe and effective, and that quality care and services are being delivered.

Consumers expressed satisfaction in relation to the food service and reported having input into the menu. Care documentation reflected consumers’ individual dietary needs and preferences. The service had processes to communicate the dietary needs and preferences of consumers to catering staff.

Equipment provided by the Service to support lifestyle services and to assist consumers with their independence was suitable, clean, well maintained and fit for purpose and meets the needs of consumers.

# 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 feeling at home in the service and felt safe and comfortable in the service environment. Consumers and representatives expressed satisfaction with the service environment and advised the service is safe, clean and well maintained; and consumers are able to move freely within the service both indoors and outdoors.

The service environment was observed to be welcoming, and easy to move around, both inside and outside. Consumers were observed to move freely around communal and courtyard areas of the service; and consumer rooms were personalised and decorated to reflect their individuality.

Staff described the maintenance and cleaning schedules undertaken at the service and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

Maintenance staff ensured the environment was safe and well maintained through scheduled preventative maintenance and reactive maintenance. Maintenance issues were reported and actioned promptly. Consumers said the service environment was welcoming and easy to understand.

# 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 and representatives say they are encouraged and supported to provide feedback regarding care and services and would feel comfortable in raising concerns. Staff and management were able to describe the process available for consumers and representatives if they wanted to provide feedback or make a complaint. The service demonstrated it had a process in place to encourage and support consumers to provide feedback or make a complaint.

Consumers and representatives say consumers are aware of external bodies to help with advocacy, and other methods on how to make complaints. Management and staff demonstrated how to access interpreter and advocacy services for consumers if it is required. The Assessment Team observed posters displayed by the service advising consumers and representatives on how to contact external complaint agencies, translation services, and advocacy services.

Consumers and representatives say management respond to complaints and incidents and takes appropriate action including using an open disclosure process for when things go wrong. The service has policies and procedures to guide staff practice, and electronic systems that automate escalation of complaints and incidents.

Consumers and representatives say feedback is used to improve services. Management could describe processes in place to escalate feedback and complaints, and how they are used to improve the care and services available to consumers. Staff were able to describe improvements, which were driven by consumer feedback. The complaints register and continuous improvement plan were reviewed and were demonstrated how feedback was used to drive improvement.

# 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 received care and services from staff who were knowledgeable, capable and caring. Consumers and representatives were satisfied with the number of staff and the availability of clinical and care staff to meet their care and service needs. Consumers said staff respond quickly to call bell requests.

Observations of staff interactions with consumers demonstrated staff were kind, caring and respectful and staff demonstrated knowledge and understanding of individual consumer needs and preferences.

Consumers said staff performed their duties effectively. Management had a dedicated process for determining whether staff were competent prior to hiring them. The service maintained position descriptions that set out the minimum staff qualifications required for each position within its workforce.

Management advised the organisation had a suite of policies and procedures underpinning the recruitment and management of staff and volunteers. The service demonstrated it had systems to recruit appropriately qualified staff. Training and information were provided to enable staff to perform their roles. The service had planned rosters and staff allocation was based on consumer needs. The service had a mix of skilled staff including registered nursing staff and additional clinical support where required.

The service had processes for assessment, monitoring and regular review of performance of each member of the workforce. Where indicated through incident reporting or feedback staff were performance managed appropriately. The service provided additional staff training where required and an annual training program was in place.

# 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

Overall sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers were engaged in ongoing reviews of care and services and could provide improvement suggestions. Feedback was sought from consumers through participation in monthly consumer meetings, consumer surveys and feedback forms.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The organisational frameworks, including the quality management and clinical governance frameworks identifies a leadership structure which outlines the roles and responsibilities of the governing body. These frameworks outline a shared responsibility and accountability for maintaining compliance with the Quality Standards, with the governing body having overall accountability for consumer safety, quality care delivery and organisation-wide governance.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. Policies and procedures were available to all staff and guidelines and resources were available to support effective risk management systems and practices.

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)