Performance

Report

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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 Carseldine Greens Care Community (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

# 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 | | Compliant |
| 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 they were treated dignity and respect, and their individual identity was valued. Consumers’ felt their cultural background and identity were considered and service delivery was culturally safe. Consumers stated they felt the service supported them to make choices which helped them remain independent, this included choosing when they got out of bed or had a shower. Consumers said they could maintain relationships and decide who participated in their care. Consumers said they were supported to take risks of their choice and be independent and were confident their privacy was respected.

Staff considered consumers were treated well with some saying the service has a family-like atmosphere. Staff described how consumer’s culture impacted on the care and services offered by the service, such as celebrating days of importance including Greek Orthodox Easter and ANZAC Day. Staff demonstrated an understanding of the importance of allowing consumers to make decisions and respecting their right to take risks. Staff described how they supported consumers to retain autonomy when the consumers goals differed to their representative by providing information about risks and benefits of their choices and facilitating discussions with representatives. Staff described different methods of communication used for consumers with varied language and communication needs, including leaning sign language to communicate with hearing impaired consumers.

Care planning documents included details of consumers’ identity, preferences, and cultural practices including their religious and spiritual needs. Care planning documents contained risk assessments and included mitigation strategies. Information was provided to support consumers to make daily choices regarding their care needs, meals and lifestyle activities. The lifestyle schedule and menu were displayed, and supported consumer choice.

Staff were observed interacting with consumers in a respectful and supportive manner, knocking on doors, asking for permission before entering and closing doors when providing care. Confidential information was secured and restricted to relevant staff, handovers were conducted privately and the nurses’ station was locked.

The service had a cultural safety, diversion and inclusion procedure and policy which provided guidance to staff about actively understanding the diverse interests, life experiences, needs and preferences of each consumer, ensuring they felt valued and part of the services community.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning commenced when consumers entered the service and addressed consumers’ current needs and preferences, including advance care and end of life planning. Care planning documents reflected involvement of consumers, representatives, staff, medical officers and other allied health professionals with strategies and recommendations captured. Care planning documents were individualised and contained information about potential risk to the consumers health and well-being as well as mitigation strategies. Care planning documentation reflected 3 monthly reviews or sooner when deterioration or changes to consumers’ health and well-being were identified. Where advance care and end of life planning had been completed, it was included in the consumer’s care planning documentation.

Representatives were happy with the care and services provided to the consumer and said staff supported the consumer’s health and well-being. Consumers and representatives described having an ongoing partnership with staff, their medical officer, specialists, podiatry and other services involved in their care assessment and planning processes, and they understood and had access to care plans. Consumers and representatives said care and services were regularly reviewed when the consumer’s circumstances changed, there was a deterioration of condition or incidents impact their needs, goals and preferences.

Staff said they were guided by the consumer’s preferences about who they wished to be involved in their care and planning. Staff advised the outcomes of assessments were documented in care plans and involved discussion with the consumer and representative. Staff described relevant risks and mitigation strategies implemented, consistent with care planning documents and how incidents or changes in a consumer’s condition led to reassessment by the medical officers and/or allied health professionals. Referrals were recorded in the consumer’s file and any recommendations or directives were incorporated into care plans.

Handover meetings were observed where outcomes of assessment and planning were communicated and discussed, including changes in consumer’s needs, goals and preferences. The service had policies and procedures to guide staff when undertaking assessment and planning.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 stated they received care, which was safe, right for them, and met their individual needs and preferences. Representatives said they were notified when consumers experienced a change in condition or an incident occurred. Consumers reported they were as free as possible from pain and when they experienced pain, staff were prompt to provide appropriate treatment such as massages, heat, repositioning or pain relief medication. Consumers expressed confidence when they needed end of life care, the service would support them to be free from pain and to have those important to them with them. Consumers and representatives felt consumers needs and preferences were accurately communicated between staff resulting in consumers receiving the care and services they required.

Care planning documents reflected consumers’ preferences, and showed the service provided end of life care which maximised consumers’ comfort and dignity. Care plans showed individualised care which were safe, effective and tailored to the specific needs and preferences of the consumer. Documentation included strategies to minimise high impact and high prevalence risks to consumers’ safety and well-being. Care planning documentation demonstrated how deterioration and changes in physical function, capacity and condition were recognised and responded to in a timely manner. Care planning documents for consumers who were subject to chemical restraint, contained the required information including: behaviour management plans, medical officers’ prescription with the reason why the restraint was required, consumer’s informed consent or authorisation, and regular restraint usage monitoring and evaluation by registered nurses. Staff monitored skin integrity, and had access to registered nurses who had been educated on wound care and had the knowledge skills and equipment to provide safe and effective wound care when required.

Staff were able to describe how the care provided to consumers reflected best practice, was tailored to the consumers’ needs and provided good outcomes for the consumer’s health and well-being. Staff also demonstrated sound knowledge of restrictive practices for the consumers and described strategies used to minimise the use of restrictive practices. Staff described how they delivered care for consumers nearing end of life, including offering mouth and eye care, hygiene care in line with the consumes wishes and repositioning, pressure care and comfort and maximisation of comfort and dignity. Staff described how they minimised infection related risks and had a shared understanding of the service’s procedures for infection control and minimising the use of antibiotics.

The service demonstrated it collects, trends and analyses monthly clinical incident data to ensure safe and effective clinical and personal care. Information regarding consumers’ needs and condition was documented and shared electronically, including with other providers such as medical officers and allied health professionals. Staff share and monitor information via handover and progress notes and timely referrals to other services occurred.

Hand hygiene facilities and supplies of personal protective equipment were observed as available throughout the service.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 and representatives said consumers were always encouraged to do as much as possible for themselves and said they enjoyed the quality, quantity and variety of meals. Consumers expressed how they were supported and enabled to live their life as they chose including receiving emotional and spiritual care, participating in a range of activities, and engaging with the local community. Consumers said the service also supported them to maintain their wellbeing through contact with family and friends. Representatives said that during lockdowns staff supported facilitated communication with consumers, especially those who had cognitive deficits, by offering video calls. Consumers, representatives and staff said sufficient equipment was available. Consumers reported they felt information about their daily living choices and preferences were effectively communicated and staff who provide daily support understood their needs and preferences and they did not have to repeat themselves.

Staff described how they understood what was important to individual consumers and how the service promoted the consumers quality of life and independence by seeking feedback to ensure activities offered met the consumers’ needs and preferences. Staff said consumers who were experiencing low mood were supported by focusing on more one-to-one connections through lifestyle staff or volunteers and gave examples of talking walks in the gardens with consumers. Staff described how any changes in consumers care and services were communicated verbally at handover and were recorded in handover sheets and was shared with hospitality and lifestyle teams when appropriate.

Staff described how they complied with consumers’ individual dietary needs and preferences and obtained consumers’ feedback through directly through conversations and monthly food focus meetings. The kitchen environment was observed to be clean and relevant food safety protocols were adhered to by staff.

Care planning documents identified how consumers wished to participate in activities, outings, maintain relationships of importance to them and any additional support they receive, such as support through external disability support services, where relevant. Consumer care planning documentation identifies the involvement of other organisations and providers of care, such as dementia and disability support services, to promote the consumer’s well-being.

Consumers were observed participating in group and individual activities, sharing meals together, communicating with family and friends and receiving visitors. Staff were observed interacting with consumers individually and in a group setting, including spending one-on-one time with consumers who were upset or confused. Consumers were seen utilising different areas of the service including activity rooms, the onsite café, and outdoor areas. Meals provided looked appetising and serving size appeared adequate.

The service’s food safety plan, consumer meeting minutes and observations demonstrated the service provides meals which were suitable and specific to the preferences of consumers. Equipment which supported consumers to engage in activities of daily living, such as board games and craft materials, were available and appeared to be suitable, clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said they felt ‘at home’ at the service and said they could navigate the service easily. Consumers reported they found the service environment and all furniture, fixtures and equipment to be clean and well maintained, adding if any maintenance was needed it was completed quickly. Consumers advised their call bells were always placed within reach and if they used them staff answered them promptly.

Staff said consumers were encouraged to personalise their rooms with personal pictures, belongings and furnishings. Staff described how the service environment was designed to support the safe mobility of consumers, and offered the freedom to move in and out of doors on each wing, except for the dementia specific unit where consumers were provided with the door code and for those who needed assistance, staff helped them to go outside. Staff described cleaning and maintenance procedures, including preventative maintenance performed on lifting machines, air-conditioning, call bells, automatic doors, bed pans, wheelchairs and consumer beds. Staff explained how, in-between consumer uses of the hoist, the hoist was cleaned with disinfectant wipes.

Consumers were observed moving between different areas of the service to visit other consumers or participate in lifestyle activities. Outdoor pathways were wide and clear, allowing consumers, including those with wheeled walkers and wheelchairs, to mobilise with ease. Indoor corridors were unobstructed and had handrails. Furniture, fittings and equipment throughout the service were observed to be accessible, well-maintained, clean and suitable for the use and needs of consumers. The service had designated storage areas for equipment.

Fire evacuation routes and illuminated emergency exit signs were displayed and were in working order, and fire safety equipment was readily available. Unsafe equipment was identified and tagged, and nothing was left unattended which might injure or harm a consumer.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 stated they had no current concerns but if they did, they would feel comfortable providing feedback or making a complaint. Consumers said they were of external complaint services but said they would be happy speaking directly to staff or management in the first instance. Consumers and representatives said those who had made a complaint in the past described how the service responded appropriately and the issue had been resolved. Consumers said the service had used feedback and complaints to improve the food after feedback was provided at monthly resident and representative meetings.

Staff stated the service promotes feedback and described how, when visitors sign out of the facility via an electronic tablet, there was an option to provide comments and how those were monitored regularly for feedback and complaints. Staff advised most feedback was gathered within the consumer meetings where consumers were encouraged to talk to the registered nurse or management if they had any concerns. Staff said they knew about the interpreter and advocacy services and described how this information was available throughout the service. When asked about how they would assist consumers with difficulty communicating to make a complaint staff stated they could use interpreters, cue cards or contact the consumers family to translate. Staff described the process of dealing with feedback and complaints and noted the importance of providing factual information to all parties, making a sincere apology, maintaining open communication and involving the consumer and representatives in devising a suitable resolution.

Feedback forms and feedback box were observed available and posters providing advice of advocacy, interpreter services were displayed.

The service had an open disclosure policy and complaint management policy to guide staff. A review of complaints and feedback register and the continuous improvement plan demonstrated the service used feedback to improve their quality of care and services.

**Standard 7**

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| Human resources | | Compliant |
| 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 and representatives provided mixed feedback regarding staffing levels at the service, with some stating they felt there were not enough staff but they recognised the service was regularly recruiting. Consumers and representatives stated they believed the workforce interacted with them in a kind, caring and respectful way. Consumers and representatives stated staff performed their duties effectively and were confident in the training staff received.

The service had recruitment activities in place, and rostering processes, including the use of agency staff, to fill vacancies due to unplanned leave. New staff were offered buddy shifts, with the number of shifts allocated, dependent on the individual staff member. Each role had a position description which set out the scope of the role, qualifications and skills required. The service monitored the currency of professional registrations, police certificates and ensured mandatory training was completed. Staff competency was evaluated through performance appraisals undertaken at 3 and 6 months for new staff and then yearly. Staff confirmed the service had regular assessment, monitoring and review of the performance of each staff member.

Staff completed mandatory periodic training, including practical sessions. Training needs were identified through observation, team meetings, performance appraisals and monitoring of clinical incidents. Staff stated they had received training in SIRS and incident management and knew what their responsibilities were in relation to reporting and responding to incidents. Workforce interactions with consumers were observed as kind, caring and respectful of each consumer’s identity, culture and diversity. Staff at the service use sign language, cue cards and language charts to support consumers who had barriers to communication.

Documents and training records demonstrated how staff were recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 believed the service was well run, they were involved and engaged in the development, delivery and evaluation of care and services through surveys and meetings.

Management described ways consumers were engaged in the development, delivery and evaluation of care and services and how they were supported in their engagement. Management provided examples of how consumer feedback was directly acted upon, including how the billing system was engineered to generate a billing statement which consumers and representatives could easily understand after concerns about their clarity.

A review of policies, continuous improvement plans, and resident meeting minutes provided evidence of consumers engagement in the development, delivery and evaluation of care and services.

Policy documents evidenced the organisation’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The service had organisational governance mechanisms in place, including a suite of policies and procedures which guided care, information and risk management systems to support care and service delivery and sought consumer, representative and staff feedback.

The service reported the Board had active oversight of the organisation and received regular and direct reports from management in relation to clinical governance, risk management and serious incidents relating to consumers. Opportunities for continuous improvement were identified through continuous improvement checks, monthly quality audits and feedback from consumers and relatives, which were reviewed and entered into the continuous improvement plan.

The governing body communicated changes to legislation as well as procedural changes through weekly management meetings, emails, newsletter, executive messages to all staff, education and training.

The organisation’s documented clinical governance framework included policies regarding antimicrobial stewardship, the minimisation of restraints and open disclosure. Staff were asked about whether these policies had been discussed with them and what it meant for them in a practical way. Staff advised they had been educated about the policies and were able to provide examples of the relevance to their 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-2)