Performance

Report

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| Name of service: | Denhams Beach Care Community |
| Service address: | 269 Beach Road DENHAMS BEACH NSW 2536 |
| Commission ID: | 2801 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 May 2023 to 19 May 2023 |
| Performance report date: | 9 June 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 Denhams Beach Care Community (**the service**) has been prepared by A. Douglas, 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.

# 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

Most consumers said they were treated with dignity and respect. Staff described how they treated consumers with dignity and respect throughout care delivery. For most of the Site Audit, the Assessment Team observed staff attending to consumers’ individual choices and preferences in line with care documents.

Consumers confirmed the service recognised their cultural backgrounds and identities. Staff demonstrated an awareness of how to deliver care and services in a culturally safe way. Care documents showed the service sought and captured individualised information about consumers’ cultural preferences.

Consumers and representatives said consumers were supported to exercise choice and independence, decide who was involved in their care, and maintain relationships. Staff described how consumers were supported to maintain relationships. The service’s policies and procedures outlined consumers’ rights to make choices enabling them to live according to their preferences.

Consumers and representatives said consumers were supported to take risks which enabled them to live their best lives. The service completed risk assessments which supported consumers to make informed decisions. The service also supported consumers to implement safety strategies to help mitigate the potential impacts of their chosen risks.

Consumers said information provided by the service was timely, accurate, and easy to understand. Staff described how they utilised various communication methods to support consumers’ needs. A range of information such as menus, activity calendars, newsletters and notices were observed around the service and in various languages.

Consumers’ privacy was respected, and their personal information kept confidential. The service had protocols in place to protect consumers’ privacy, such as locked staff rooms, password protection of computers, and knocking on consumers’ doors prior to entering.

# 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

Care documents demonstrated a comprehensive assessment and care planning process was undertaken to identify consumers’ needs, goals, preferences, and individual risks. Where risks were identified, risk assessments and risk mitigation strategies were developed and implemented. Advance care and end of life (EOL) planning were included in care plans and updated as the consumer’s care needs changed.

Consumers and representatives were satisfied with the quality of care and services they received and confirmed they had input in care assessment and planning. Care documents evidenced involvement and input from the consumers, representatives, medical officers (MO), and other allied health professionals.

Consumers and representatives were engaged in communication regarding the outcomes of assessment and planning and care plans were readily available. Consumer feedback confirmed changes in care were communicated to consumers and representatives.

Consumers and representatives confirmed care and services were reviewed regularly for effectiveness and when circumstances changed. Care documents were reviewed every 3 months, or earlier if there were incidents or changes in a consumer’s condition.

# 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

Overall, consumers said they received personal and clinical care that was right for them and met their needs and preferences. The service had processes in place to guide staff practice on restrictive practices, skin integrity, and pain management. Restrictive practices were managed in line with legislative requirements. Care documents showed staff utilised individualised strategies to guide and deliver effective care that prioritised the well-being of consumers.

Consumers and representatives expressed satisfaction with how high impact and high prevalence risks were managed at the service. Staff were knowledgeable about risks to consumers and described strategies in place to mitigate risks in relation to falls, weight loss, skin integrity, and pain. The service reported and trended high impact high prevalence risks within the organisation.

Consumers felt confident their needs and preferences would be attended to, and their comfort and dignity upheld during their end of life pathway. Sampled care documents demonstrated care was being provided in line with the consumer’s advanced care directive.

Consumers and representatives felt confident the service responded in a timely manner to any deterioration or changes in condition. Staff explained the processes involved in escalating care for a consumer whose condition had deteriorated. Care documents included information about any change in condition or deterioration and was responded to in a timely manner.

Most consumers and representatives expressed satisfaction with how consumers’ needs and preferences were communicated between staff. Overall, care documents and progress notes provided adequate information to support effective sharing of the consumer’s condition, preferences, and care needs.

Consumers and representatives said referrals were timely, appropriate, and occurred when needed, and consumers had access to a range of health professionals, including the onsite physiotherapist 5 days a week. Staff provided examples of referrals to individuals and other organisations and providers of care.

Consumers and representatives reported they observed staff adhering to appropriate infection prevention and control (IPC) practices. Staff demonstrated knowledge of key infection control practices relevant to their duties. The service was supported by an IPC lead and a suite of documents to inform and guide staff practice in relation to infection control, appropriate antibiotic use and outbreaks.

# 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 and representatives confirmed they were provided with appropriate services and supports for daily living that met consumers’ needs and preferences. Staff could describe how they supported consumers to maintain a good quality of life in alignment with their preferences. Care documents included information about consumers’ lifestyle interests, preferences, and goals.

Consumers and representatives said they were provided with effective supports that benefit their emotional, spiritual, and psychological well-being. Staff were able to describe strategies they use to support consumers’ emotional and psychological well-being. Care documents identified emotional and spiritual well-being needs.

Consumers confirmed they participated in activities within and outside of the service. Staff were able to describe how they promoted a sense of community within the service and supported consumers to participate in the community. Care documents contained information about consumer interests and personal relationships.

Consumers confirmed staff were aware of their needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences, and where they could access up to date information about consumers. The service evidenced an effective system to manage consumers’ information.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Consumers expressed satisfaction with the quality, quantity, and variety of meals. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service had feedback mechanisms which allowed consumers to provide feedback on the performance of the kitchen.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for their use. Staff confirmed they had a good quantity of clinical and lifestyle equipment to deliver quality care and services. The Assessment Team observed equipment was clean, safe, and suitable for use.

# 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 and representatives said the service environment was welcoming and easy to understand. The Assessment Team observed several communal lounge spaces and library areas which were accessible by consumers.

Consumers confirmed their rooms were clean and well maintained. Staff provided the Assessment Team with an overview of the service’s cleaning systems and processes. The Assessment Team reviewed cleaning logs which demonstrated effective processes were in place to ensure the service was regularly cleaned.

Overall furniture, consumers said furniture, fittings, and equipment were clean, safe and suitable for use. for the main kitchen. Staff confirmed they had suitable equipment to perform their roles. The Assessment Team reviewed up to date preventative and reactive maintenance registers and observed equipment, furniture and fittings to be safe, clean and suitable for consumer use.

# 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 were encouraged to provide feedback and were comfortable to raise any concerns with management or staff. The service provided various methods for consumers and representatives to submit feedback and complaints including speaking with staff or management directly, feedback forms and consumer meetings.

Consumers explained different avenues for raising complaints, including advocacy services and external complaints bodies. Staff said they could access language and advocacy services on behalf of the consumer. The Assessment Team observed information displayed throughout the service relating to advocacy services, language services, and external complaints avenues.

The service had processes to follow when feedback or a complaint was received. These included using open disclosure and providing an apology when things went wrong. Documentation and consumer feedback showed the service acted promptly to respond to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with 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

Most consumers and representatives considered there was enough staff at the service provide safe and quality care. Most staff said there were enough staff to meet the care needs of consumers. Management described the rostering processes to deploy sufficient staff and replace absences.

Overall, consumers and representatives felt staff were kind and respectful when delivering care. Staff demonstrated they were familiar with each consumer's individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff performed their roles effectively. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

All members of the workforce said they were trained, equipped, and supported to deliver safe and effective care. Education records identified staff participated in mandatory training and other training identified as required. Consumers and representatives expressed confidence in the abilities of staff.

At the time of the Site Audit, management advised not all annual staff performance appraisals had been completed due to changes in key personnel at the service over the past 3 months. Management confirmed they would ensure outstanding performance appraisals were completed within the required timeframes and described interim processes for monitoring staff performance. On balance, the Assessment Team were satisfied the service was compliant with Requirement 7(3)(e).

# 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 and representatives were involved in discussions and development of the service through several strategies including, feedback forms, surveys, and resident and representative meetings. Feedback and suggestions made by consumers and representatives were included in the service’s PCI.

Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services. Reports submitted to the board captured information, including but not limited to, clinical indicators, internal and external audits, and complaints trends and incidents.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. The Assessment Team found risks were reported, escalated and reviewed at service level. Members of the workforce had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service demonstrated a clinical governance framework that included policies promoting antimicrobial stewardship, minimising use of restrictive practices and using open disclosure. Staff said they had been educated in these areas and were able to provide examples of how it applied to their work.

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)