Performance

Report

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| Name: | Diamond Creek Care Community |
| Commission ID: | 3988 |
| Address: | 203 Broadgully Road, DIAMOND CREEK, Victoria, 3089 |
| Activity type: | Site Audit |
| Activity date: | 17 April 2024 to 19 April 2024 |
| Performance report date: | 27 May 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 12307 Diamond Creek 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 Diamond Creek Care Community (**the service**) has been prepared by Kate Roulston, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the provider’s response to the assessment team’s report received Monday 13 May 2024; and
* 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

Most consumer said they were treated with dignity and respect, and their culture and backgrounds were valued. However, others said staff treated them negatively, with additional dignity and respect training provided to staff in response to the feedback. Staff were able to demonstrate their understanding of the consumers’ preferences and were observed delivering respectful care. Care planning documentation included information on how care was tailored to each consumer to align with their preferences and cultural needs, whilst preserving and maintaining their identity.

Consumers described how staff valued their background and provided care that was consistent with their cultural preferences. Staff explained how consumers culture influenced the delivery day-to-day care and services. Care planning documentation reflected the consumers’ cultural backgrounds, and evidenced how care delivery was changed to accommodate different needs.

Consumers explained they were supported to make choices about the care and services they received. Furthermore, consumers said they were provided with the opportunity to maintain relationships with people they choose. Staff described strategies for supporting consumer choice and independence. Care planning documentation reflected information about consumers’ individual preferences and detailed how to involve the people important to them.

Consumers said they were supported to take risks, which enabled them to live the best life they can. Staff discussed areas in which consumers wanted to take risks, for example, self-administering their own medication, and how consumers were supported to understand the benefits and possible harm. Care planning and organisational documentation identified risk mitigation strategies were captured to ensure safety for consumers who have chosen to take risks.

Consumers confirmed the service regularly provided information about the care and services available to them, enabling them to make informed decisions in relation to their care needs. Consumers and representatives said they were kept informed of changes via regular emails and phone calls. Staff described the various communication channels with consumers and included strategies to communicate with consumers living with cognitive or sensory impairment. Posters and pamphlets were displayed in the service’s foyer and in each wing, which provided information relevant to consumer needs.

Consumers confirmed the service regularly provided information about the care and services available to them, enabling them to make informed decisions in relation to their care needs. Consumers and representatives said they were kept informed of changes via regular emails and verbally. Staff described the various communication channels with consumers and included strategies to communicate with consumers living with cognitive or neurosensory impairment. However, one consumer, said due to a hearing impairment, they find it difficult when information is communicated verbally, as staff don't speak loud enough. Noticeboards were observed to display information including the lifestyle activities schedule, consumer meeting minutes, newsletters, and complaint avenues.

Based on the evidence above, I find the Approved Provider Compliant with Standard 1 Consumer dignity and choice.

# 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

Staff described the assessment and care planning process, which included the identification of risks, and how this informs the delivery of care and services. An established assessment schedule was followed for new consumers on admission and was utilised until a comprehensive care plan was developed. Care planning documentation demonstrated the consideration of potential risks to consumers’ health and wellbeing. Management detailed how they worked in partnership with consumers and their representatives following the initial admission period, to adjust care plans as required.

Consumers and representatives described how the service involved them in the assessment and planning of care, including advance care planning. Staff described how advance care planning is conducted in partnership with the consumer and their representative during admission, care plan reviews and when the needs of the consumer needs change. Care planning documentation evidenced the inclusion of consumer’s current needs and preferences, including EOL planning.

Consumers and representatives explained how they were involved in assessment and planning discussions, in partnership with other health professionals, where requested and required. Management and staff provided examples of how they access and engage with external providers to support consumer care and described the importance of consumer-centred care planning. Care planning documentation clearly identified an ongoing partnership with the consumer and others involved in their care.

Consumers and representatives said changes relating to their care and services were regularly communicated with them. Staff and Allied Health Professionals were able to describe how they communicate outcomes of assessment and planning to consumers and described the processes in place for communicating the changes with representatives. The outcomes of assessment and planning were observed to be documented in the electronic care management system, and accessible to staff and visiting health professionals.

Consumers and representatives confirmed care is reviewed regularly and when changes occur. Clinical staff described the 3-monthly care plan review schedule and explained what may prompt the reassessment of a consumer. Care planning documentation identified regular reviews occurred in line with organisational policy.

Based on the evidence above, I find the Approved Provider Compliant with Standard 2 Ongoing assessment and planning with 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 they received safe and effective personal and clinical care that meets their needs and preferences. Management and staff demonstrated knowledge on the delivery of best practice principles. Care planning documentation included comprehensive care plans which included assessments, progress notes, medication and other relevant charting that reflected individualised care.

Consumers and representatives were satisfied with how the service effectively manages high impact and high prevalence risks specific to their health and wellbeing. Management and clinical staff described high-impact, high-prevalence risks, how these were managed, and the measures which had been implemented to mitigate the risks to individual consumers. Care planning documentation evidenced consideration of risks and strategies used to manage and minimise risks.

Staff demonstrated an understanding of the way the delivery of care changes for consumers nearing end of life and recognised the importance in preserving dignity and focusing on comfort. Care planning documentation included advance care plans and evidenced discussions with representatives regarding palliative care. Organisational procedures guided staff practice in providing end of life care.

Consumers and their representatives stated the service responded to changes in consumers’ health and condition in a timely manner. Staff described how they identified the deterioration of a consumer and detailed the partnerships with Allied Health Professionals, Medical Officers, and other specialists to ensure deterioration is managed appropriately. Policies and procedures guided staff on the monitoring processes and actions required when consumers experience a change in their health status.

Consumers said staff work together to meet consumer care needs and preferences and their conditions, needs and preferences were effectively communicated between those who provide their care. Staff described how information is recorded and shared and were observed to be clearly communicating changes to consumers' health and care needs during a handover. Care documentation identified input from a range of external provider and included referrals to other healthcare professionals.

Consumers said they had access to other health professionals as required and referrals were made in a timely manner. Staff described the referral process used to engage various external health professionals and care planning documentation identified the input of these services in the review and assessment of consumers.

Consumers expressed confidence with the measures in place for the minimisation of infection-related risks. Staff demonstrated an understanding their roles and responsibilities to minimise the need for antibiotics, practice hand hygiene and use personal protective equipment correctly. Policies and procedures guide staff in antimicrobial stewardship and infection control management, including the management of coronavirus (COVID-19) outbreaks.

Based on the evidence above, I find the Approved Provider compliant with Standard 3 Personal care and clinical care.

# 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 explained how services and supports were available to meet individual preferences. Staff demonstrated an understanding of consumer’s needs, goals, and preferences, which aligned to care planning documentation. The activities calendar evidenced various activities were offered to consumers, catering to their different needs and abilities.

Consumers said they were offered emotional, spiritual, and psychological support. Staff described how a change in mental health and/or wellbeing was identified and managed. Staff were also aware of consumers’ religious beliefs and their preferences to attend church services. Care planning documentation contained information about the emotional, spiritual, or psychological well-being of each consumer.

Consumers gave examples of the things they enjoyed doing and explained how they were encouraged to maintain friendships and spend time with people of importance. Staff described how they support consumers to participate in activities in the outside community. Care planning documentation evidenced consumers involvement in the community and maintaining personal relationships.

Consumers explained their conditions, needs, and preferences were effectively communicated within the service, and with others where responsibility for care is shared. Staff explained how they were informed of changes to consumer needs and preferences, through efficient and effective communication channels. A review of care planning documentation identified communication of consumers conditions, needs, preferences between staff.

Consumers said they were supported by and referred to providers of other care, services, individuals, and organisations when required or requested. Organisational documentation evidenced the involvement of external organisations and services such as volunteers and specialist health services. Staff detailed the organisations who work in partnership with the service to ensure appropriate services were available to consumers.

Most consumers explained they were satisfied with their meals, their food preferences were met, and alternative choices were available to them. One consumer said there was lack of variety in relation to diabetic meals options, however suitable alternative options were provided to the consumer in response to this feedback. Staff described the ways they meet consumers’ dietary needs and preferences and were observed aiding those who required assistance. The menu was designed in consultation with consumers and dieticians, and processes were in place for consumers to provide feedback on meals.

Consumers expressed satisfaction with the cleanliness of equipment and confirmed it is readily available for use. Staff detailed how equipment is maintained and cleaned, ensuring safety and suitability for consumers. Equipment was observed to be clean and well-maintained.

Based on the evidence above, I find the Approved Provider Compliant with Standard 4 Services and supports for daily living.

# 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 said the environment was welcoming, easy understand and they felt at home. Consumers rooms were observed to be decorated with personal effects including photos. Staff described how they support consumers to maintain a sense of belonging and were observed engaging in warm and welcoming interactions with consumers, other staff, and visitors. Staff also explained each wing had a corresponding wall colour to assist consumers with wayfinding.

Consumers expressed satisfaction with cleanliness and maintenance of the service environment, and explained how the environment allows them to move around freely indoors and outdoors. Consumers were observed moving throughout the service and leaving the service freely, including consumers requiring the use of mobility aids. Cleaning staff explained daily and deep cleaning occurred on regular basis and a review of the cleaning schedule established regular cleaning occurs as per the schedule.

Consumers confirmed furniture, equipment and fittings were cleaned and maintained regularly. Staff described processes for cleaning and maintaining equipment, furniture, and fittings. Maintenance staff explained preventative maintenance schedule is regularly checked to ensure the service environment, furniture, fittings, and equipment are safe, clean, well maintained and suitable for all consumers. An observation of communal areas identified furniture and fittings were clean and in good condition.

Based on the evidence above, I find the Approved Provider Compliant with Standard 5 Organisation service environment.

# 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 felt safe and comfortable in providing feedback and complaints and were able to describe the various compliant avenues available to them. Staff described processes which encouraged and supported consumers to provide feedback and complaints. Organisational documentation evidenced a Feedback and Complaints Policy which guided staff in supporting consumers to provide feedback or complaints.

Consumers described the external complaints mechanisms and advocacy services available to them, and staff described how the service promotes access to these services. A review of organisational documentation identified the active promotion of translation services, external complaints, and advocacy services. Pamphlets and posters related to the Commission, other external advocacy bodies and instructions on how to access interpreters and translation services were observed throughout the service.

Consumers and representatives who had provided feedback or raised complaints said they were satisfied with the outcomes. Staff demonstrated an understanding of open disclosure and explained how they took appropriate action in response to complaints. Organisational documentation identified complaints were responded to within a reasonable timeframe and the complaint management policy outlined the best practice application of open disclosure when managing complaints.

Consumers stated feedback and complaints were reviewed, acted on promptly and used to improve the quality of care and services. Management provided examples of complaints received by consumers and representatives and described how the quality of service was improved for those consumers by updating food and drink preferences, and issuing dignity and respect toolbox talks for staff. The Approved Provider's response to feedback given during the Site Audit evidenced the initiation of actions to improve the quality of care and services provided to consumers.

Based on the evidence above, I find the Approved Provider compliant with Standard 6 Feedback and complaints.

# 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 and representatives said there were enough staff to meet consumer needs and staff confirmed there was sufficient coverage to deliver safe and effective care. Roster documentation for a sampled period demonstrated the service met legislative requirements for nursing hours and care minutes, and verified all shifts were filled. Management explained how they considered staffing and outlined processes to cover unplanned leave, including use of casual staff and offering additional shifts or shift swaps to staff.

Most consumers and representatives said staff were kind, caring and gentle when delivering care. However, some consumers said staff treated them negatively and additional dignity and respect training was provided to staff in response to the feedback. Staff described how they respect consumers by door knocking and asking consumers for consent before providing care and services to consumers. A review of policies identified frameworks which guide staff in supporting a consumer’s identity, culture, and diversity.

Consumers said staff performed their duties effectively and expressed confidence in staff competency. Staff confirmed new starters complete an orientation, including participation in buddy shifts and their competency is monitored at 3-5 months post commencement. A review of documentation evidenced staff qualifications, currency of professional registrations and ongoing suitability to work in aged care, which were monitored.

Management detailed how staff were supported and trained to deliver care consistent with the Quality Standards. Staff described the mandatory training they received, including antimicrobial stewardship, dignity and choice and serious incident response scheme. Additionally, supplementary training is provided where required by external organisations. Training records evidenced the mandatory and supplementary training staff received, and confirmed the training was completed within a reasonable timeframe.

Management explained performance reviews were conducted annually and reviews were monitored to ensure all staff underwent a performance review in the 12-months prior. Staff said they were supported by management during performance reviews and were provided with opportunities to request additional support. A review of documentation evidenced staff performance was regularly monitored and reviewed in line with organisational policies.

Based on the evidence above, I find the Approved Provider compliant with Standard 7 Human resources.

# 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 described their engagement in the development and evaluation of care and services through mechanisms such as monthly consumer meetings, food focus meetings, care planning evaluations and consumer advisory groups. Management described ways consumers were involved in decisions about changes within the service, by establishing two types of consumer advisory groups. Five consumers were observed actively participating in a consumer meeting and engaging with management.

Management described how monitoring and reviewing reports and analytics relating to consumer experience and clinical indicators promoted a culture of safe, inclusive, and quality care and services. Clinical indicators were benchmarked within the organisation to support accountability and identify areas of improvement, whilst governance documentation identified mechanisms for reporting to the governing body, and the way the governing body interacts with the service.

Policies and frameworks were in place to guide staff practice and support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff confirmed they had appropriate access to information relating to consumers’ care needs and policies via the electronic consumer file system. Management described the approval and purchase process for additional equipment to meet consumer needs and provided two recent examples of cloud monitoring sensors for beds and walking frames with two wheels, both to assist consumers with high impact high prevalence risks.

Management and staff outlined the process for managing high impact and high prevalence risks to consumers, including systems to manage incidents, prevent neglect and support consumers to live their best lives. Management also detailed their ‘purposeful rounding’ strategy which was used to mitigate risks through anticipating and addressing consumer needs. Policies and procedures guided staff practice and supported consumers engage in activities that have elements of risk and to live the best life they can.

Governance documentation evidenced policies, procedures, frameworks, and guidelines in relation to antimicrobial stewardship, restrictive practice, and open disclosure principles. Management and staff demonstrated knowledge of the organisational clinical governance framework and how to apply their knowledge to the delivery of care and services. Staff described open disclosure principles and described non-pharmacological and diversion strategies used to limit restrictive practice.

Based on the evidence above, I find the Approved Provider compliant with Standard 8 Organisational governance.

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)