Performance

Report

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| Name of service: | Performance report date: |
| Epping Meadows Care Community | 20 June 2022 |
| Commission ID: | Activity type: |
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| Approved provider: | Activity date: |
| DPG Services Pty Ltd | 30 May 2022 to 1 June 2022 |

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 Epping Meadows Care Community (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner).

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, dated 6 June 2022; 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 Approved Provider’s response to the assessment team’s report received 20 June 2022.
* other information and intelligence held by the Commission in relation to the service, including referrals received internally.

# 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 and representatives stated staff treat consumers with respect and dignity, consumers can maintain their identity and make informed choices about their lives, care and services. Consumers and representatives said consumers are supported to remain as independent as possible and take risks, such as eating foods outside their required diet, which allowed them to live their best life. Consumers said they are supported to maintain relationships, they were well informed and consistently received information, which was accurate, current and easy to understand. Consumers said their privacy was always respected.

Staff spoke of consumer in a respectful way and described how the consumer’s culture influences the delivery of care and services, demonstrating an understanding of their individuality, wants, and needs. Staff described how they communicated effectively with consumers from diverse backgrounds using the consumer’s language, communication cards or body language. Staff outlined the practical ways they ensured the personal privacy of each consumer was protected as documentation was filed away or knocking and identifying themselves before entering a consumer’s room. Staff were observed to be interacting with consumers respectfully.

Care planning documentation evidenced consumers specific cultural preferences and choices about care delivery. The service has policies committed to person centred care which incorporated dignity, choice, relationship maintenance, and privacy.

**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

Consumers and representatives stated they participated in the assessment and care planning process upon entry to the service where the consumer’s needs, goals and preferences, including end of life care (EOL), are captured and recorded. Consumers and representatives said the outcomes of assessment and planning are effectively communicated to them and if they wish to see the care plan, they know how to do so.

Care documentation showed comprehensive assessments of consumers’ identified risks were completed and their advance care plans were included. Documents reflected assessment and planning, is a partnered approach involving the consumer as well as medical officers and health professionals whom the consumer wished to be included. Care planning documentation evidenced a 3-monthly review of care is completed and it is updated should a consumer's condition change or incident occur. Staff described the assessment and planning processes including regular review of care and services, could explain how care was altered in response to incidents and gave examples of when others, including the consumer or health professionals are engaged in the process.

**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 and representatives said the service provides safe, effective care which is tailored to individual preferences and needs, and the care delivered supported the consumer’s health and well-being. Consumers and representatives said changes were recognised and responded to in a timely and effective manner with the consumers’ needs and preferences effectively communicated between staff and health professionals. Consumers said they had ready access to other providers of care and services when consumers needed them. Consumers and representatives said risks associated with falls and unplanned weight loss are being managed effectively.

Care documentation reflected consumers were receiving safe and effective personal and clinical care, tailored to their needs and optimising the consumers health. Care planning documentation transferred information about consumers’ conditions, goals, needs and preferences within and between organisations responsible for consumers’ care, including podiatrists, dieticians and other allied health professionals.

Staff gave examples of how high-impact and high-prevalence risks at the service, such as falls and catheter usage, were managed. Staff advised they trend incident data monthly to identify emerging risks and find ways to reduce their impact by addressing any relevant knowledge or skill gaps. Staff were able to describe the practical ways, consumers receiving palliative care are supported to maximise their comfort. Staff said they monitor for redness of skin, sudden changes in behaviour, reduced oral intake or unexplained pain and use an escalation protocol to guide their actions when a deterioration is identified. Staff advised they communicate changes with others through emails, targeted huddles and meetings.

The service had policies demonstrating a commitment to optimising the safety and wellbeing of consumers by ensuring documentation relating to care is accurate, complete, timely and accessible to those who needed it. ‎The service used clinical indicator reports to monitor the prevalence of falls, medication errors, pressure injury, restrictive practice and weight loss. Systems were in place to manage clinical care and restrictive practices, in line with an evidence-based approach.

**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 confirmed consumers are supported to do the things they enjoy. Consumers advised their emotional, spiritual and psychological needs are met through provision of individual support, church services and bereavement support. Consumers said they will call their family or friends for comfort and indicated the service supports them to maintain those connections. Consumers and representatives described there to be plenty of food, it is served hot and fresh with people’s preferences and cultural needs accommodated. Consumers said the equipment they use was, clean and safe.

Staff interviewed demonstrated an understanding of specific consumers' daily living needs and preferences, and how they could support consumers to do the things they want to do explaining this elevated consumers’ overall wellbeing especially the favourites such as bus trips and pet engagements. Staff described ways they shared information and were kept informed of the changing condition, needs and preferences of consumers. Staff said they had access to the equipment they needed.

Care planning documentation outlined information about consumers' daily living needs and preferences and provided adequate information to support safe and effective care. The lifestyle program provided a range of services for consumers, and documentation evidenced services are tailored to consumers' needs and informed by consumer feedback.

The lifestyle policy describes how the service will support each consumer to live their preferred lifestyle, by determining their interests, goals and aspirations, to participate in community and social activities and supporting them to do so accordingly.

Consumers were observed to enjoy their meals and when staff were assisting, they were interacting respectfully. Equipment for daily living and lifestyle supports were observed to be safe 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 and representatives said they felt safe and at home in the service, and visitors were welcome. ‎Consumers and representatives reported the service environment, including equipment furniture and fittings, were clean, well maintained, they could move freely in the service and had access to outdoor areas. ‎

Staff ensured visitors felt welcomed. Staff described features incorporated to support functioning of consumers with cognitive impairment, such as signage, handrails, natural and optional dimmed lighting, reduced noise levels, and having a sensory room in one of the dementia specific wings. Staff confirmed preventative and reactive maintenance were in place and could describe the process in identifying, actioning and resolving a safety issue. Staff confirmed access to an adequate supply of equipment and described how equipment was cleaned and safe for use.

The service environment was observed to be a welcoming environment with multiple shared areas for consumers to interact and it supported independent navigation by consumers. A range of equipment, aids and furniture was available and well maintained. Staff were observed consistently cleaning and maintaining the service.

**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 and representatives said they were encouraged and supported to provide feedback or make complaints through different avenues and stated their concerns are heard, promptly responded to and used to improve services.

Staff demonstrated they understood the organisation’s complaint handling system and described how they helped and advocated for consumers at the service to make complaints. Staff understood open disclosure, explained how they would apologise when something goes wrong, explain why it happened to the consumer and ensure the consumer was satisfied with the response.

Feedback forms, a lodgement box and multilingual information, including contact details for external bodies was available.

A feedback management system evidenced consumer, representative and supplier compliments, complaints and feedback was noted, responsive actions planned, monitored and evaluated through a continuous improvement plan.

In response to minor deficiencies, identified by the Assessment Team, the Approved Provider’s response included documentation to support the service has undertaken immediate, or has planned continuous improvement actions, which demonstrated feedback is used to delivery of care, services and governance systems.

**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 felt there were sufficient staff and said staff were kind, caring and gentle when providing care. Consumers and representatives stated staff have the appropriate skills and knowledge to ensure the delivery of safe, quality care and services.

Staff said there were, generally, enough staff to complete their daily tasks and they were able to provide quality care. Staff stated the training provided, including an induction and orientation program, has equipped them to be competent to deliver care and services. Staff confirmed their performance is monitored, while on probation and through formal annual performance reviews, which includes opportunities for personal and professional goal setting.

Staff were observed interacting with consumers, and each other, in a kind, caring and respectful manner.

Training records evidenced all staff complete a range of, training and competency assessments, including but not limited to elder abuse, incident management, restrictive practice, infection control, manual handling, privacy and dignity.

**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 and representatives considered the organisation is well run and they are partners in improving the delivery of care and services, such as meals and activities, through their participation in quarterly consumer meetings or regular surveys and confirmed their recommendations were taken seriously. Staff explained the Board members regularly visit the service and provide feedback on their observations.

The organisation’s policies and procedures promote an inclusive and safe culture with the board accountable for the delivery of quality care and services. The Board received regular and direct reports, through clinical and management committees, in relation to clinical governance and risk management including serious incidents relating to consumers.

Effective organisational governance systems, including policies and procedures which guided information sharing, continuous improvement, financial, workforce governance, regulatory compliance, feedback and complaints were evidenced.

Clinical governance and risk management frameworks were understood by staff evidenced by staff describing how potential risks, abuse or neglect is identified, reported and managed. Staff demonstrated knowledge of antimicrobial stewardship, open disclosure and minimising restrictive practice.