Performance

Report

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| Name: | Everard Park Care Community |
| Commission ID: | 6884 |
| Address: | 34 Norman Terrace, EVERARD PARK, South Australia, 5035 |
| Activity type: | Site Audit |
| Activity date: | 6 March 2024 to 8 March 2024 |
| Performance report date: | 13 April 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 4301 Everard Park 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 Everard Park Care Community (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others; and
* the provider’s response to the Assessment Team’s report received 29 March 2024.

# 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Overall, consumers and representatives said consumers were treated with dignity and respect and understand their backgrounds. The Approved Provider’s response included actions taken to address feedback about dignity of care for one consumer as preferences for gender of staff to provide personal care had not previously been communicated. Staff demonstrated awareness of consumer identity through understanding their life history and backgrounds outlined in care planning documentation. The cultural and diversity policy explained each consumer’s right to be treated with dignity, with care tailored to needs and preferences.

Consumers said the care they received was tailored to consider cultural needs and preferences. Management explained actions taken to improve cultural awareness of staff, following deficiencies identified within internal quality audits, reflected in continuous improvement activities and mandatory training topics.

Staff explained how they supported consumers make choices, including about engaging in relationships, and maintain their independence. Care planning documentation outlined consumer choices on delivery of care, who was involved, and supports to maintain relationships. Policies and procedures supported consumer decision making, and consumers said their choices were known and respected.

Consumers said decision making processes enabled them to take risks if desired, and could explain discussion of risks and safety strategies. Staff explained how they supported consumers take risks whilst ensuring mitigating strategies were developed for safety. The Approved Provider’s response included evidence of actions taken in response to identifying a consumer’s decision to reduce medical monitoring without demonstrating through documentation that this was an informed choice made by the consumer. The Dignity of risk policy informed staff responsibilities to support consumers take risks.

Staff explained methods of communication to share information with consumers in line with needs and preferences documented within care and services plans. Consumers and representatives said they received sufficient written and verbal information to make informed choices in a timely manner. Display included the activities calendars and information on daily services.

Consumers said their privacy was respected, with staff knocking and seeking permission before entering their rooms. Staff explained processes to maintain confidentiality of consumers, ensuring information is not discussed in public areas. Personal information was secured within the password protected electronic care management system, and nurses’ stations were locked. Staff received annual mandatory training on privacy and confidentiality.

For the reasons outlined above, I am satisfied all Requirements in Standard 1 Consumer dignity and choice are Compliant.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Staff explained how assessment and planning processes were used to develop and inform the delivery of care and services, captured within a care and services plan. Care planning documentation demonstrated use of processes to identify consumer needs and associated risks and develop mitigating strategies. The Approved Provider’s response outlines actions taken to ensure all consumers with a diagnosis of diabetes have directives for management of abnormal blood glucose levels, following identification of an omission in one consumer’s management plan.

Consumers verified staff consult with them on needs, goals, and preferences, and supported outcomes of these discussions within delivery of care and services. Staff explained how they approached discussions to capture goals and wishes for end-of-life care. Policies and procedures informed advance care planning.

Staff outlined how they partnered with consumers and others involved in care within assessment and planning processes. Consumers and representatives described their engagement and input within assessment, planning, and review processes. Care planning documentation included details of who was involved in decision making, with input from Allied health staff and other providers.

Consumers and representatives said changes to care and services were communicated, staff took time to explain things if needed, and a copy of the care and services plan was offered following review. Care planning documentation recorded summary of communication provided to consumers and/or representatives, including during case conferences or following change of needs. Staff explained how they ensured consumers and representatives were kept informed through conversations and emails. The Approved Provider’s response outlined actions taken in response to feedback from one representative raising concerns at an occasion of lack of timely communication of information, with clarification of communication preferences discussed, recorded, and shared with staff.

Staff described the process for reviewing care and services, including through schedules and following change of circumstance or incident. Representatives confirmed regular reviews of care and services, verified through consultation and communication processes. Care planning documentation demonstrated consideration of effectiveness of strategies following incident and monitoring processes were used to identify requirement for review. The Approved Provider addressed feedback from the Assessment Team relating to assessment of wounds, explaining procedures for assessment and documentation with reminders provided to clinical staff on where changes to wound classification should be recorded.

For the reasons outlined above, I am satisfied all requirements in Standard 2 Ongoing assessment and planning with consumers are Compliant.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives explained consumers received personalised care to meet needs. The Approved Provider’s response explained actions being undertaken to ensure best practices were used to minimise use of environmental restraint, included within continuous improvement activities developed prior to the Site Audit. Care planning documentation demonstrated application of best practice care through tailored strategies, including those developed by specialist providers, and staff demonstrated understanding of consumer care requirements. Whilst one representative raised concerns about tailored personal care strategies for continence management, this had not previously been communicated with the service, however, actions outlined within the Site Audit report and Approved Provider’s response demonstrate appropriate understanding and remedial actions.

Staff demonstrated awareness of high impact or high prevalence risks of consumers and management strategies, aligned with information within care planning documentation. Representatives advised risks were understood and managed. Processes for monitoring and oversight were used to ensure strategies were effective.

Care planning documentation demonstrated focus on monitoring and managing comfort of consumers nearing end-of-life. A representative for a consumer receiving end-of-life care said pain and symptoms were considered and managed well, and staff ensured the consumer maintained their dignity. Policies and procedures informed staff practice in provision of palliative care.

Consumers and representatives said deterioration of consumer health was recognised, and management strategies discussed. Staff explained processes for monitoring for deterioration and management of identified changes, including escalation of concerns. Care planning documentation demonstrated assessment of clinical changes and timely transfer to hospital when required.

Staff described how they shared information about changes to consumer condition or needs, such as through meetings, handover, and care planning documentation. Consumers and representatives said staff worked together to share information, and they didn’t need to repeat their needs. Documentation, including within care and services plans and handover, supported effective sharing of information.

Clinical staff described methods for referrals for providers to meet consumer needs. Care planning documentation and progress notes demonstrated timely referrals made for consumers. Consumers said referrals were made promptly and to suitable providers.

Consumers and representatives described actions of staff to minimise infection related risks, such as washing hands. Staff explained practices to ensure appropriate antibiotic use, such as responding to symptoms and ensuring pathology results. The Infection prevention and control lead was supported by organisational practices and personnel, and policies, procedures, and the outbreak management plan informed staff practice.

For the reasons outlined above, I am satisfied all requirements in Standard 3 Personal care and clinical care are Compliant

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Staff explained assessment and planning processes used to understand consumer likes, dislikes, needs, and preferences and tailor services and supports to the individual.

Consumers said staff supported them when feeling low, and spiritual services were a regular part of the activities schedule. Staff explained how they recognised and responded to low mood.

Staff explained how consumers were supported to participate in the community within and outside the service environment, and activities programs were developed from consumer interests, likes, and skills. Consumers described how relationships were supported, and staff assisted them to attend community activities, such as men’s shed. Consumers were observed spending time with visitors and other consumers.

Information about consumers was communicated through the electronic care management system and verbal processes, with kitchen staff verifying dietary changes were shared in a timely manner. One representative reported an incident where kitchen staff were unaware of requirement for a late mealtime, with management meeting with the family, and the Approved Provider’s response explaining further steps, including communicating with staff the importance of notifying kitchen of meal requirements for consumers who go out for appointments.

Consumers explained referrals made on their behalf for services and supports, describing them as timely and considerate of their needs. Staff explained referral processes for volunteers, evidenced within care planning documentation and emails.

Overall, consumers and representatives expressed satisfaction with the quality, quantity, and variety of provided meals. Meal choices were offered, and salads and sandwiches available as alternate options, with kitchen staff saying they could accommodate special requests not within the menu. One representative considered further efforts could be made to cater to consumers’ cultural backgrounds, with management acknowledging this had been identified and continuous improvement activities developed, and the Approved Provider’s response outlines encouragement for the representative and consumer to participate in the food focus group. The Approved Provider also described further activities and efforts with kitchen staff to develop appropriate meals to celebrate diversity within culturally themed days.

Consumers said equipment was readily available when required, and they felt safe with use. Staff explained cleaning and maintenance processes for personal and shared equipment, including items used within lifestyle activities.

For the reasons outlined above, I am satisfied all requirements in Standard 4 Services and supports for daily living are Compliant

# 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives described the service environment as welcoming and easy to understand, and staff assisted consumers to personalise their rooms. Management explained supports to aid independent navigation, such as maps, diagrams, and markings. Corridors were wide and well lit, with flat flooring and handrails to support independent movement between communal areas and wings.

Staff explained scheduled cleaning processes, and preventative and reactive maintenance activities. Consumers and staff stated the service was clean, repairs promptly attended to, and they could move freely through indoor and outdoor areas. One consumer reported the floor of their room had not been cleaned recently, considered linked with the absence of the usual staff member, and management ensured this was addressed immediately after receipt of feedback. As previously identified, not all consumers could independently open the secured front door, however, the Approved Provider has demonstrated understanding of the potential for this to restrict consumer movement with improvement activities commenced to remedy.

Furniture, fittings, and equipment were clean, and documentation detailed up to date maintenance processes. Staff explained how equipment, furniture, and fittings were cleaned, maintained, and made suitable for consumer use.

For the reasons outlined above, I am satisfied all requirements in Standard 5 Organisation’s service environment are Compliant

# 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

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives explained support and options for providing feedback or making complaints. Staff explained feedback and complaints procedures, including verbal escalation, written feedback forms, surveys, or raising through consumer meetings. Feedback forms and boxes were readily available. Documented information was available to consumers within the consumer handbook, meeting minutes, and displayed within the service environment.

Overall, consumers and representatives said they were aware of external supports, including advocacy and complaint services, with those unaware saying it was because they did not feel a need. Management explained advocacy services held information sessions, and information was displayed. Interpreting services were available, although management said they were not required for the current consumer cohort. In response to one staff member being unable to demonstrate awareness of advocacy services, management took immediate action to remind all staff and coordinate toolbox education, verified within the Approved Provider’s response.

Consumers and representatives said complaints were responded to and resolved. Staff described complaint processes, including steps aligned with the open disclosure process. Items within the register detailed actions taken, demonstrating timely and appropriate response. Policies and procedures inform responsibilities to address, investigate, and resolve complaints.

Documentation demonstrated feedback and complaints were analysed and used to make improvements across the service, and activities were recorded in the Continuous improvement plan. Management said if complaints were unable to be immediately resolved, they were recorded and used to identify trends to ensure improvements were made. Staff were not always aware of correct processes to record complaints, and not all complaints described by representatives were recorded within the register. Management considered there may be come confusion relating to introduction of a new system, and the Approved Provider’s response also included evidence of training and reminders, with all staff being provided toolbox training to ensure awareness of obligations and processes.

For the reasons outlined above, I am satisfied all requirements in Standard 6 Feedback and complaints are Compliant

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers, representatives, and staff reported adequate numbers of staff to meet consumer needs in a timely manner. Management explained workforce planning processes, including strategies to address unplanned leave and ongoing recruitment supported by the organisation. Monitoring processes considered the number and needs of consumers within care minutes, enabling adjustment of staffing to ensure consumer needs were met. Sampled rosters demonstrated unplanned absences were covered.

Consumers and representatives described staff as kind, caring and gentle, and this was evidenced within observed interactions. Staff received mandatory training on dignity, respect, and cultural safety, and expectations were outlined within policies, procedures, and the staff handbook, outlining organisational values.

Management explained hiring strategies considered staff qualifications and knowledge, and competencies supported through onboarding and training processes. Staff described required qualifications and responsibilities of their roles in line with documented position descriptions. Documentation demonstrated staff compliance with professional registrations and position requirements, such as police checks.

Consumers and representatives described staff as well trained, knowledgeable, and skilled. Management explained processes to support staff training to effectively perform their roles. Staff outlined mandatory and supplementary training programs to support provision of quality care. Staff training was supported through a training program, which included topics to support outcomes required within the Quality Standards. The Approved Provider’s response reflected actions to improve staff knowledge in areas where deficiencies were identified.

Staff explained the formal performance review process and said this provided opportunities for development. Management explained formal and informal monitoring of workforce performance using observations and feedback as well as the annual review. Processes supported management of under performance by staff. Management explained processes to ensure performance reviews were scheduled and plans to address any overdue.

For the reasons outlined above, I am satisfied all requirements in 7 Human resources are Compliant

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers explained how they were engaged in development, delivery, and evaluation of care through meetings, focus groups, feedback and complaint processes, and evaluation of care. Documentation, such as meeting minutes, demonstrated encouragement of consumer input.

Management described the role and structure of the governing body, inclusive of the Board and subcommittees. The governing body maintained responsibility for the delivery of care and services through monitoring performance through audit reports, clinical indicators, feedback and complaints and training.

Governance systems were evidenced through policies, procedures, reporting processes and monitoring practices, reflected within meeting minutes. Regulatory compliance was ensured through monitoring publications and making and communicating relevant changes, with a standing agenda item within committee meetings.

The risk management framework included policies, procedures, training, and monitoring, such as through the weekly high incident high prevalence risk report, with analysis of information to identify and respond to emerging risks. Staff were aware of responsibilities for reporting incidents, including through the Serious Incident Response Scheme. Management advised the incident management system supported and risk report enable analysis to ensure appropriate action was taken for emerging risks, including provision of staff training. The framework enabled consumers to live their best life, including taking desired risks, free from abuse or neglect.

The clinical governance framework was informed through policies and procedures to inform staff practice, overseen by a clinical governance committee. Management explained monitoring processes relating to antimicrobial stewardship, and measures to minimise use of restrictive practices.

For the reasons outlined above, I am satisfied all requirements in Standard 8 Organisational governance are Compliant.

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)