Performance

Report

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| Name: | Killara Glades Care Community |
| Commission ID: | 2750 |
| Address: | 95 Stanhope Road, KILLARA, New South Wales, 2071 |
| Activity type: | Site Audit |
| Activity date: | 8 November 2023 to 10 November 2023 |
| Performance report date: | 18 December 2023 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 1106 Killara Glades 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 Killara Glades 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
* the Approved Provider’s response to the Site Audit report received on 7 December 2023
* 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

Consumers and representatives said staff valued consumers’ diversity and treated them with dignity and respect. Staff were knowledgeable of consumers’ life histories and cultural backgrounds. Care documentation reflected consumers’ lives prior to entering the service and included tailored information regarding consumers’ preferences, identity, and cultural practices.

Consumers confirmed staff understood consumers’ cultural needs and preferences. Staff demonstrated a shared understanding of the cultural needs and preferences of consumers, and outlined how they ensured the preferences of each consumer was respected. The activity schedule included culturally-specific activities.

Consumers said they were supported to make choices regarding their care and services and those involved. Staff were knowledgeable of consumers’ choices, encouraged independence, and supported relationships consumers’ chose to maintain. Consumers were observed spending time with visiting family and with other consumers.

Consumers and representatives said the service supported consumers to take risks and demonstrated an awareness of the risks associated with their decisions. Staff outlined the supports provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about risks. Care documents showed risks were identified through risk assessments and consumers were provided with information to make informed decisions about their care and services.

Consumers and representatives confirmed they were kept informed of care and services through printed information, verbal reminders, and correspondence via emails and telephone calls. Staff described the various ways information was delivered to consumers, including those with cognitive impairments. Staff were observed adapting their communications appropriately when engaging with consumers who had a sensory or cognitive impairment.

Consumers and representatives said they felt the consumer’s privacy was respected. Staff described the practical ways in which they protected consumers’ privacy and maintained the confidentiality of consumer information. Staff were observed conducting their roles in a way that protected consumer privacy, such as knocking on bedroom doors before 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

Most consumers and representatives confirmed their involvement in assessment and planning to inform tailored care and services. Staff were knowledgeable of individual care needs and managing risks aligned to consumer needs. Care planning documentation mostly evidenced the assessment and planning process considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services.

Consumers’ needs, goals and preferences were identified through assessment and planning, including end of life (EOL) wishes for inclusion in advance care plans. Staff said advance care planning and EOL care was discussed with consumers and representatives on admission, or as care needs changed. Care documents contained an advance care plan for sampled consumers, including EOL care if applicable.

Consumers and representatives said the service involved them in care planning discussions, in collaboration with other health professionals and specialist services as required. Staff described the processes in place to ensure consumers, representatives, and medical officers (MO) were kept informed of changes to the consumer’s care needs. Care planning documentation demonstrated the assessment and planning of care was completed in consultation with consumers, representatives and internal and external providers of care and services.

Consumers and representatives confirmed the service was proactive in communicating changes related to consumers’ care and services. Staff detailed processes whereby they informed consumers and representatives of the outcomes of care planning and assessments. Care documents were readily available to staff, including external staff, via the service’s electronic care management system (ECMS).

Care documents confirmed care plans were reviewed on a regular 4-monthly basis, when consumers’ circumstances changed, or when incidents occurred. Staff provided evidence of how they contributed to reviews and provided an overview of the review process. Management outlined the review process and sampled care plans were up to date.

# 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 care that was best practice, tailored to their needs and optimised their health and well-being. Management and staff demonstrated an understanding of the delivery of best practice care in relation to the management of restrictive practices, skin integrity and pain. Care planning documentation reflected comprehensive care plans which were individualised, safe, effective and tailored to the consumer’s needs.

Consumers said the care provided was safe and confirmed risks were assessed, explained, and managed well. Management described analysing clinical indicators to identify prevalent risks and implement care strategies. Care documentation reflected appropriate risk assessments and interventions tailored to consumer need, including involvement by allied health professionals.

Staff demonstrated an understanding of how they recognised and addressed the needs and preferences of consumers nearing EOL. The service had policies and procedures which outlined the palliative care process and guided staff practice. Consumers and representatives expressed satisfaction with the provision of EOL care.

Care documents evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Consumers and representatives said staff were responsive to consumers’ needs, and representatives confirmed they were kept well informed of changes to the consumer’s health needs. Staff described how changes in consumers’ care and services were communicated in progress notes and at handover, including the identification of consumers whose condition had deteriorated.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated between staff and external providers of care. Staff were knowledgeable of signs of deterioration and care documentation evidenced their prompt response to changes in a consumer’s condition, including, ongoing monitoring. Care planning documentation provided adequate information to support the effective and safe sharing of the consumer’s information to support care.

Consumers and representatives said referrals were timely and appropriate, and consumers had access to the required health care supports. Management advised all referrals were documented to ensure the referral was accepted and responded to in a timely manner. Care documents included timely and appropriately referrals to MO, allied health professionals and other providers of care and services.

Staff and management were knowledgeable of infection control practices and their relevant responsibilities, as evidenced in policies and procedures. Staff were guided by an infection control lead and understood antimicrobial stewardship. Visitors and staff underwent viral screening at entry and staff were observed practising hand hygiene.

# 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

Management and staff described how they partnered with the consumer and their representative to conduct a lifestyle assessment which collected the consumer’s needs, goals and preferences. Care planning documentation identified information regarding the consumer’s needs, goals and preferences. A review of the service’s lifestyle activities calendar evidenced a variety of activities on offer to consumers which catered to their abilities and preferences.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Staff advised the emotional, social and psychological needs of consumers was supported by facilitating connections with people of importance to them and providing access to religious services. Care planning documentation outlined the services and supports provided to consumers to promote their emotional, spiritual and psychological well-being.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. Staff described how consumers were assisted to participate in their community within and outside of the service environment. Consumers were observed engaging with other consumers and visitors in communal areas within the service.

Consumers and representatives felt staff were well informed about consumers’ needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers. All staff had access to the service’s ECMS which contained information regarding consumers’ care needs and preferences and service delivery requirements.

Care planning documentation identified the involvement of other organisations and providers of care and services. Staff described how the service worked with external providers of care and services to meet the various needs of consumers. Consumers and representatives confirmed they were supported by other organisations and providers of other care and services.

Overall, consumers and representatives said the service provided meals which were varied and of suitable quality and quantity. The meal service was observed to be timely and organised, with staff providing assistance to consumers when required. Staff described how they ensured the consumer’s dietary preferences and needs were supported.

Consumers confirmed access to equipment, which was safe, suitable, clean and well-maintained. Staff confirmed availability of lifestyle equipment; and mobility equipment, including wheelchairs and hoists, were observed to be clean. A range of equipment including mobility aids and lifestyle equipment was observed to be safe, suitable, clean and well maintained.

# 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 was welcoming and easy to understand. Management and staff described the various aspects of the service environment which made consumers feel welcome and optimised their sense of independence, interaction and function. The service environment was observed to be welcoming and contained handrails and directional signage to assist consumers to mobilise throughout the service.

Staff confirmed the service environment was cleaned 7 days per week, and a daily cleaning schedule was followed. Consumers and representatives said the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors.

Consumers said the equipment and furniture utilised by staff was clean and safe for use. Care staff advised shared equipment and personal mobility aids, such as wheelchairs and walkers, was cleaned daily. Staff maintained the service’s equipment through various schedules, including proactive and reactive maintenance registers which were up to date.

# 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 and representatives said they were comfortable providing feedback or making a complaint and knew the relevant processes. Management and staff described the processes in place to encourage and support consumers to provide feedback and complaints. The service had policies, procedures and systems to ensure consumers and representatives were encouraged and supported to provide feedback and complaints.

Staff described how they assisted consumers with physical or cognitive impairments to provide feedback or make a complaint. Consumers confirmed they were aware of, and had access to, advocates, language services and other methods for raising and resolving complaints. Various pamphlets and posters relating to the Commission and other external advocacy bodies were observed in multiple languages around the service.

Consumers and representatives said the service took appropriate action in response to complaints. Staff demonstrated an understanding of open disclosure and complaint management processes. Feedback records demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives expressed satisfaction with the service’s feedback and complaints process, including how feedback was used to improve the quality of care and services. A review of service documentation confirmed feedback and complaints were analysed and trended to make improvements to the quality of care and services. Management provided examples of complaints and the actions taken in response, as well as how feedback and complaints had been used to inform continuous improvement across the service.

# 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 were mostly satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Management and staff described how they ensured there were enough staff to provide safe and effective care to consumers. A review of call bell data for a 2-week period evidenced 99% of call bells were responded to within 10 minutes.

Staff were observed interacting with consumers in a positive, caring, and respectful manner throughout the duration of the Site Audit. Consumers and representatives confirmed staff were kind, caring and gentle when providing care and services. The service had various policies and procedures to guide staff practice and behaviour.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. The Assessment Team advised the service had documented policies in relation to the key qualifications and knowledge requirements for each role. Staff advised they had the necessary skills to perform their roles and meet the consumer’s needs.

Consumers and representatives confirmed staff were skilled to meet the clinical and personal care needs of consumers. Staff described the training, professional development, and supervision they received during orientation and on an ongoing basis to support the delivery of outcomes required by the Quality Standards. A review of the service’s mandatory training data evidenced most staff were up to date with their training.

Staff advised they were supported by management during performance reviews and provided with opportunities for improvement. Management advised staff performance was monitored through annual performance appraisals, informal monitoring and observations, and ad-hoc performance management when required. The service’s staff appraisal register evidenced 95% of appraisals had been completed, and management advised the outstanding reviews were due to staff that were currently on extended leave.

# 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 said they were engaged in the development, delivery, and evaluation of care and services. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services. The Assessment Team reviewed records of meeting minutes for consumer meetings, and confirmed consumers and representatives were involved in the development and delivery of care and services.

Management outlined the service’s organisational chart which provided an overview of the service’s structure and executive committees, with clear lines of reporting to the governing body. Multiple communications between the governing body and the service confirmed the governing body retained oversight of the service’s operations. Management advised they regularly attended various meetings with the Board and subcommittees to ensure the Board’s accountability in the delivery of care and services.

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 plan for continuous improvement (PCI), established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. Management described how their risk management system supported the monitoring and management risks to consumers, including abuse and neglect. Staff confirmed they analysed incidents to identify issues and trends, and these were reported at meetings. A review of clinical indicator reports outlined the analysis of high impact risks to consumers.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff described how these policies and procedures were applied in the delivery of care and services. Staff felt safe and supported by management to practice open disclosure, and demonstrated an understanding of open disclosure practices.

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)