Performance

Report

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| Name of service: | Killarney Vale Care Community |
| Service address: | 1 Daniel Close KILLARNEY VALE NSW 2261 |
| Commission ID: | 2804 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 May 2023 to 1 June 2023 |
| Performance report date: | 15 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bairnsdale Parklands Care Community (**the service**) has been prepared by D. McDonald 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 providers response to the Site Audit report received on 14 June 2023

# 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 consumers were treated with dignity, respect and their culture valued. Staff were observed interacting with consumers in a respectful manner and in line with consumers’ preferences. Care documentation reflected consumers’ background, personal preferences and identity.

Consumers said their culture, values and backgrounds were respected. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services accordingly. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers and representatives said consumers were supported to make decisions about their care and services, including maintaining important relationships. Staff were knowledgeable of consumers’ choices regarding how and when care is provided. Care documentation reflected consumer choice.

Consumers said they were supported to take risks of their choosing to enable them to live their best life. Staff were knowledgeable of risks consumers wished to undertake and supported consumers to understand potential consequences. Care documentation reflected risk assessments and consumers’ informed consent.

Consumers and representatives said they were provided with timely and accurate information. Staff confirmed information regarding consumer care was provided through meetings or discussions and information about service changes or meals was provided through newsletters, meetings and menus. Brochures and posters on how to accessing support services were current.

Consumers said their privacy was respected and their personal information kept confidential. Staff described practical ways of respecting consumer privacy such as knocking on doors prior to entry and closing doors prior to care delivery. Consumer files were observed to be stored securely within nurses’ stations.

# 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

Representatives confirmed involvement in consumers’ care assessment and planning. Management confirmed interim care assessments and plans were conducted upon entry, which were followed by several comprehensive assessments to reach care plan finalisation. Care documentation evidenced use of validated assessment tools and responsive care.

Consumers and representatives said consumers’ needs and preferences, including end of life care had been sought. Management described capturing consumers’ end of life preferences upon entry, during care plan reviews or when consumer needs changed. Care documentation evidenced consumers’ needs and preferences, including advance care plans.

Consumers and representatives confirmed they were continually engaged in the assessment and planning of consumers’ care and services. Staff confirmed, and care documentation evidenced, involvement of consumers, representatives and allied health professionals throughout the assessment, planning and review processes.

Consumers and representatives confirmed they were informed of assessment and planning outcomes and were offered copies of care plans. Staff described and care documentation confirmed consumers and representatives were updated regularly.

Staff described and consumers confirmed their care is routinely reviewed every 3 months or in response to changes or incidents. Care documentation evidenced reviews and reassessment in response to changes.

# 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 and representatives provided positive feedback regarding personal and clinical care which optimised consumers’ health and wellbeing. Staff were knowledgeable of consumers individual care needs, including for skin integrity and restrictive practices. Care documentation evidenced best practice, safe and effective clinical care.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of individual consumer risks and working with allied health professionals to develop minimisation strategies. Care documentation reflected assessments undertaken to identify risks and responsive mitigations.

Staff described monitoring consumers for deterioration and were knowledgeable of palliative care practices. Care documentation for a recently deceased consumer evidenced appropriate pain management, comfort care and inclusion of representatives. Staff were guided by policies and procedures regarding end of life care.

Consumers and representatives provided positive feedback regarding staff promptly recognising and responding to deterioration in a consumer’s condition. Care documentation evidenced when changes occurred clinical testing and consultation with allied health professionals was commenced. Staff were observed exchanging details of consumers’ deterioration during handovers.

Consumers and representatives said staff effectively communicated information regarding consumers’ condition, needs and preferences. Staff described exchanging consumer information during handovers and through the electronic care management system. Care documentation evidenced the exchange of consumer information between those involved in their care.

Consumers and representatives gave positive feedback regarding referral processes. Staff were knowledgeable of referral pathways and care documentation reflected referrals were made to a range of allied health professionals, including dieticians, speech pathologists and podiatrists.

Consumers and representatives said the service had infection control practices in place to prevent and manage an outbreak. Staff were knowledgeable of antimicrobial stewardship, strategies to minimise infection risk and were guided by an Infection Prevention Lead, policies and procedures.

# 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 said they were supported to engage in activities of interest which promoted their independence and quality of life. Staff described recording consumers’ interests upon entry and through ongoing surveys and supporting consumers to engage in activities. Care documentation reflected services and supports were personalised to each consumers needs and preferences.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described facilitating visits by volunteers who provided individual support and hosted activities, and monthly religious services facilitated by visiting priests. Care documentation evidenced consumer spiritual or religious preferences were identified.

Consumers said they were supported to maintain important relationships and participate in the community. Staff described programs to assist consumers to form relationships within the service and facilitating phone or video contact between consumers and their families. Consumers were observed engaging in activities within the service and going out into the community.

Consumers confirmed care and services were consistent and staff knew their needs and preferences. Staff were knowledgeable of consumers’ individual care needs and confirmed exchanging consumer information during handovers, through discussions or the electronic care management system. Care documentation evidenced up to date information regarding consumers’ needs and preferences which were also shared with relevant care providers.

Consumers confirmed being referred to other service providers. Staff described collaborating with other organisations aligned with consumers’ specific preferences including, religious advocates, pet therapy, volunteers, dementia support and mental health specialists. Documentation evidenced timely referrals were made to a range of services.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed consumers’ dietary requirements, preferences and feedback were considered during seasonal menu development undertaken in consultation with a dietician. Menu options were trialled to measure consumer satisfaction and documented changes to consumer dietary needs were observed to be available to staff.

Staff confirmed ample supply of safe, suitable, clean and well-maintained equipment for consumer use. Staff were knowledgeable of processes to clean equipment and how to request maintenance. Records evidenced preventative and responsive maintenance was up to date and equipment was observed to be clean and 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 said the service was welcoming and easy to navigate. There were multiple functional living spaces, dining and outdoor areas, including gardens with water views, and navigational signage. Management confirmed inclusion of wayfinding features to assist cognitively impaired consumers and welcoming visitor feedback regarding the service environment.

Consumers said, and the service environment was observed, to be safe, clean, maintained and comfortable. Staff were knowledgeable of processes to request additional cleaning and maintenance. Consumers were observed moving freely around the service and surrounds.

Consumers and representatives provided positive feedback regarding the cleanliness of furniture, fittings and equipment and knew how to request maintenance. Management described monthly environmental audits to monitor ongoing cleanliness and maintenance.

# 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 encouraged to provide feedback or make a complaint and were aware of relevant processes. Management described welcoming feedback or complaints in person or through feedback forms or emails. Documentation evidenced registration of feedback and complaints which were routinely discussed at consumer meetings.

Consumers and representatives said they were aware of advocacy services and how to access them. Staff were knowledgeable of how to engage advocacy services and provided such information to consumers in various languages. Information regarding advocacy and language services was detailed in policies, procedures and consumer welcome packs.

Consumers and representatives said prompt action was taken in response to feedback and complaints and apologies provided. Staff were knowledgeable of complaint processes, including the use of open disclosure. Complaints documentation confirmed the use of open disclosure practices, prompt response and a solution focussed approach.

Documentation evidenced consumers’ feedback and complaints were used to inform changes and make improvements, including environmental changes to assist consumer mobility. Management attended consumer meetings to discuss planned improvements and consumers’ feedback and complaints were monitored by the organisation to identify trends and inform improvements across all services.

# 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 generally provided positive feedback regarding the number of staff to provide care. Management described developing rosters that more closely aligned to consumer need and recruitment for additional staff was underway. Rosters evidenced a high proportion of staff coverage, and most call bells were responded to within benchmarked timeframes.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable and respectful of consumers’ needs and preferences and were observed interacting with consumers in a kind and caring manner. Staff were guided by policies, procedures and training regarding dignity, diversity and inclusion.

Consumers and representatives said staff demonstrated knowledge and competency to perform their roles. Management described recruitment screening processes to establish competencies, new staff orientation and pairing with experienced staff upon commencement. The service maintained a database to ensure ongoing validity of professional registrations and security clearances.

Staff confirmed participating in mandatory and elective training including for, but not limited to, pressure injuries, weight management and serious incidents. Management confirmed staff could seek additional training to pursue senior roles and records evidenced a high proportion of staff had completed mandatory training.

Management confirmed staff performance was routinely monitored, assessed and reviewed concurrent to annual formal appraisals. New staff underwent probationary reviews at 3 and 6 months, post commencement. Records evidenced staff performance appraisals were up to date.

# 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 involved in the development and delivery of care and services through meetings, care plan reviews, surveys and feedback. Management confirmed consumer involvement in care development, delivery and review. Meeting minutes evidenced consumer engagement and responsive actions taken to improve care and services.

Management described the organisational structure that supported accountability by the governing body. The service routinely advised the governing body of clinical data which was discussed through a range of governance meetings. Board led committees oversaw the development of safe and inclusive policies and procedures to guide delivery of care and services.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff knew how to identify and respond to consumer abuse or neglect, and their responsibility to report serious incidents. Records evidenced serious incidents had been managed in line with legislative requirements.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Records reflected staff had participated in training regarding minimising the use of restraint and open disclosure. Frameworks, policies and guidelines assisted staff to maintain best practice.

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)