Performance

Report

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| Name of service: | Maitland Grange Care Community |
| Service address: | 28 Broughton Street RUTHERFORD NSW 2320 |
| Commission ID: | 2711 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 24 May 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 Maitland Grange Care Community (**the service**) has been prepared by M. Nassif, 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.

# 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.

Consumers said they were treated with dignity and respect and their identity and diversity was valued. Staff spoke about consumers respectfully and were observed interacting with consumers respectfully. Care planning documents included details of consumers' backgrounds, identity and cultural preferences and how they wished to be supported.

Consumers confirmed the service recognised and respected their cultural background and provided care that was consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and explained how each consumer received culturally appropriate care, in line with their care planning documents. The service had documented policies to guide staff in delivering dignified and culturally safe care and services.

Consumers said they were supported to maintain relationships, make decisions about their care and services and involve others they wanted to involve. Staff described strategies for supporting consumers to exercise choice, independence and maintain relationships on a daily basis. Staff were observed to offer choices to consumers prior to providing care and services.

Consumers described how the service supported them to take risks to enable them to live their best lives. Staff were aware of the risks taken by consumers and described how they supported each consumer to take risks to live the life they chose. Care planning documents reflected risks were assessed and reviewed regularly.

Consumers expressed satisfaction with the way the service communicated with them and said they received up-to-date information that was timely, clear, easy to understand and allowed them to make informed choices. Staff described different ways information was communicated to ensure it was easy to understand and accessible to consumers, including those consumers with poor cognition, sight or hearing. Documents showed information provided to consumers was current, accurate and provided in a way that met their needs.

Consumers described how their privacy was respected by staff. Staff were observed being respectful of consumers’ privacy and they confirmed that all consumers’ personal information was kept confidential and was not discussed in front of other consumers. Consumers’ files were kept locked, and all computers were password protected with access limited to the level of delegation. The service had written policies and protocols in place to protect consumer privacy.

# 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 described the care assessment and planning process in detail, and how it informed the delivery of safe and effective care. Care planning documents showed the involvement of specialists and allied health professionals in assessing risks and supporting risk taking, in line with consumers’ wishes.

Management explained how assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning, if the consumer wished. Consumers and representatives said assessment and planning addressed consumers’ current needs, goals, and preferences and their end of life wishes. This information was consistent with care planning documents.

Consumers and representatives said they were actively involved in the assessment, planning and review of care and services as were other health professionals. Staff described the service’s processes for partnering with consumers to assess, plan and review their care and services. Care planning documents demonstrated integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers and representatives said they were aware they could access care planning documents and any changes were communicated and discussed with them. Staff described the processes for documenting and communicating assessment outcomes. Care planning documents showed that outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Most care planning documents demonstrated they were reviewed every 4 months and more frequently when needed. Staff provided an overview of the process for reviewing care regularly and when circumstances changed. The organisation had policies and procedures and assessment tools to guide the review of care and services.

# 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 said they are confident consumers’ personal and clinical care needs are met. Staff described the personal and clinical needs of individual consumers. Care planning documents reflected individualised, safe and effective care, tailored to the specific needs and preferences of the consumer. The service had policies and procedures in place to support the delivery of safe and effective care.

Consumers said risks to their health and well-being were assessed and managed to reduce risk. Staff described the processes for identifying, assessing, and managing high-impact or high-prevalence risks to each consumer. Policies and procedures, and clinical protocols guided how the organisation effectively managed high-impact or high-prevalence risks. The service used standardised assessments, charting and care planning tools to manage risks.

Consumers and representatives were confident in the services delivery of end of life care and staff knew what to do if their condition deteriorated. Care planning documents included advance care directives and reflected consumer’s end of life needs, goals and preferences. Staff felt equipped to provide end of life care and there was a local palliative care team available to support the service.

Consumers and representatives said changes in consumers’ care needs were recognised and responded to in a timely manner. This was consistent with what care planning documents demonstrated. Staff provided examples of when a deterioration or change in a consumer’s condition was recognised and responded to promptly.

Consumers and representatives said that care is constant and reliable, and information is communicated well. Staff said information was accessible to them according to their roles and that effective information exchange occurred between staff and others involved in providing care.

Consumers and representatives said referrals to other providers of care and services were timely and appropriate. Clinical staff described how the service had a network of external care providers and organised timely and appropriate referrals to other health services. Care planning documents included input from other services such as medical practitioners, speech pathologists, physiotherapists, and dieticians.

Consumers and representatives said they were satisfied with the service’s infection control practices including the management of COVID-19. Management and clinical staff described the strategies used to minimise infection risks and reduce antibiotic use. Staff confirmed they had received training in infection minimisation strategies and steps they could take to minimise the need for antibiotics.

**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.

Consumers and representatives said the services and supports for daily living met their needs, goals, and preferences and optimised their independence and quality of life. Staff knew consumers’ needs and preferences and this was consistent with care planning documents which captured consumers’ life stories and their lifestyle needs and preferences.

Consumers said the service promoted their emotional and spiritual well-being. Staff described the services and supports in place to promote consumers’ emotional, spiritual and psychological well-being. Care planning documents outlined consumers’ emotional, psychological and spiritual needs, with strategies in place meet these needs.

Consumers said they were supported to maintain social and personal relationships, do things of interest and participate in the community, as they chose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents recorded the important relationships, activities of interest and supports needed to participate in the wider community.

Staff described ways they were kept informed of the changing condition, needs and preferences of each consumer. Care planning documents provided adequate information to support effective communication of consumers’ condition, needs and preferences.

Consumers said the service offered to refer them to external providers to support their care and service needs. Staff described how consumers were referred to other providers of care and services and care planning documents showed the service collaborated with various external providers to support consumers.

Consumers and representatives expressed satisfaction with the variety and quantity of food being provided at the service and said there were plenty of choices for each meal and they could request alternatives if they did not like what was on the menu that day. Meals were prepared fresh on site and the service had effective processes in place to ensure consumers’ dietary needs and preferences were met.

Consumers and representatives reported having access to suitable lifestyle and leisure equipment. Staff said they had access to equipment when they needed it and described how equipment was kept safe, clean, and well maintained. Equipment was observed to be safe, generally clean, suitable 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

The Assessment Team recommended Requirement 5(3)(a) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 5(3)(a), the Site Audit report brought forward several deficiencies however not all were relevant. I consider the following relevant to Requirement 5(3)(a):

* Consumers’ rooms were observed to contain minimal personal items to optimise consumers wellbeing and sense of belonging, due to space restrictions. However, one consumer example was brought forward where the consumer was able to display their pictures and no feedback from consumers raising concerns in relation to lack of personal items in their rooms was brought forward.
* Two consumers provided feedback which reflected that they are required to adjust furniture and equipment around the service to be able to manoeuvre around their rooms. However, no consumer examples were brought forward that the service environment impacted on their independence and function.
* The service has a total of 25 rooms: 2 single rooms, 2 double rooms and the remaining are 4-bed room which shares an ensuite with the next 4-bed room. Feedback from some staff and a consumer survey reflected that some consumers wished they did not share a room with other consumers. Management advised there were no plans to reduce the number of consumers per room.

The provider’s response provided clarifying information in relation the deficits identified above:

* The service held discussions with consumers regarding personalisation of their rooms and agreed on strategies to improve this.
* The response directly addressed the 2 consumers who raised feedback regarding manoeuvring around their rooms and clarified that these consumers have been provided with assistance to improve this.
* Consumers were fully aware of the room configuration, design and layout of the service prior to entering the service. The service provided consumers and representatives with a comprehensive description, tour of the service and a trial respite period prior to admission.
* Many consumers, such as bed bound consumers, enjoyed the companionship offered in a shared room environment. It is noted that this was consistent with some feedback from representatives brought forward in the Site Audit report.
* The service maintains a waiting list for single rooms and gave numerous examples of consumers being moved to different rooms to meet their preferences.
* There were alternative aged care offerings in the area and the service liaised with another service for consumers looking for a different service environment.

While I acknowledge the service’s existing building size and configuration, this is well known to consumers prior to deciding to enter the service. The Site Audit report included feedback from consumers which reflected satisfaction with the service environment and staff described aspects of the service environment that optimised consumers’ independence, interaction, and function. I further note the service regularly engages with consumers to meet their preferences.

I consider the provider’s response demonstrated that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Therefore, on the balance of the evidence before me, I find Requirement 5(3)(a) compliant.

I am satisfied the remaining requirements in Quality Standard 5 are compliant.

Observations showed, consistent with consumer feedback, that the service environment was clean, well maintained and enabled consumers to move around freely. While the Site Audit report recommended Requirement 5(3)(b) as met, the Site Audit report brought forward several deficiencies under Requirement 5(3)(b) and 5(3)(a) that is relevant to Requirement 5(3)(b):

* Consumers stated the communal areas were cleaned to their satisfaction; however, some consumers stated the shared ensuites were often dirty due to the number of consumers sharing the space. Management said they would have cleaning staff commence regular spot-checks of the ensuite bathrooms and showed evidence the cleaners will receive electronic reminders.
* The service has limited storage which resulted in some equipment being stored in 2 hallway bathrooms. The providers response stated the service has commenced a continuous improvement action to review the storage and use of equipment.
* There is a reported SIRS incident about a consumer assaulting another consumer due to the mess in their shared bathroom. However, evidence in the Site Audit report suggests that the 2 consumers have ongoing conflict and it is unclear if this is always in relation to the cleanliness of the bathroom. Therefore, I am unable to form a view on what impacts limited bathrooms have had on consumers and therefore have not considered this example.
* External infectious waste bins were observed to be unlocked and internal bins were full. When informed about the observations, management demonstrated immediate response to address these issues.

Given the limited number of bathrooms available to consumers, having a flow on effect on the cleanliness of those bathrooms, it is acknowledged that using the 2 hallway bathrooms for storage is not appropriate however, the provider had already identified the issue and were developing a solution. I have considered that there was no evidence brought forward in the Site Audit report to suggest that storage location of equipment had an impact on consumers’ ability to move freely around the service and consumers still had access to bathroom facilities in their rooms. Additionally, there was no consumer feedback that reflected there was limited availability of bathrooms. Therefore, on the balance of the evidence before me, I find Requirement 5(3)(b) compliant.

Consumers and representatives said the furniture, fittings and equipment was suitable, clean and well maintained. Furniture, fittings and equipment was observed to be safe, clean, well maintained. Records showed maintenance and cleaning of equipment was timely and effective.

# 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 said they felt encouraged, safe and supported to provide feedback and make complaints. Staff described the avenues available for complaints and how they supported consumers to make complaints. The service had processes and systems in place for consumers, representatives, visitors and staff to provide feedback or make a complaint. Posters and brochures about making complaints were displayed throughout the service.

Consumers and representatives said they were aware of other avenues for raising a complaint. Staff described how they acted as advocates for consumers and knew how to access interpreter and advocacy services for consumers. The service provided information on advocacy, language and external complaint services on the noticeboards throughout the service.

Consumers and representatives said management promptly addressed and resolved their concerns and complaints and provided an apology when a complaint was made or when something went wrong. Management confirmed an open disclosure process was applied following an adverse event. Complaints documentation confirmed complaints are resolved in a timely manner and the use of an open disclosure approach.

Consumers felt their feedback and complaints were used to improve the quality of care and services. Management detailed the processes for using feedback to improve the care and services and provided examples. Records showed feedback and complaints were recorded, reviewed and used to improve the quality of care and 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

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

Consumers said there was an adequate number and mix of staff and call bells were answered promptly. Management described how the roster was developed to ensure a sufficient number and mix of staff, to meet the needs of consumers. Call bell records demonstrated calls were answered promptly.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services. This was consistent with observations. Staff demonstrated how they provide care that is respectful to the consumers’ identity, culture, and diversity.

Consumers felt confident staff were skilled and had the knowledge needed to provide quality care. Management detailed processes for ensuring the workforce was competent and had the qualifications and knowledge to effectively perform their roles. The service maintained an up-to-date register of staff qualifications and reviews the register regularly.

Consumers said staff knew what they were doing, and they could not identify any specific training needs. Staff said they were trained, equipped, and supported by the service to deliver safe and effective care and services in line with the Quality Standards. Records showed staff received a range of mandatory and non-mandatory training.

Management described the processes for regularly assessing, monitoring and reviewing the performance of the workforce. Staff performance appraisals were undertaken by management prior to completion of probation and then annually, with consumer feedback also taken into account. The organisation had a documented policy on staff performance management and staff files evidenced performance appraisals being completed.

# 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 said they had ongoing input into the delivery of care and services and the service had sought their input through various ways, such as consumer meetings, regular surveys and face-to-face discussions. Management detailed how consumers were partners in the development, delivery, and evaluation of the care and services provided.

Management described how the organisation’s governing body promoted a culture of safe, inclusive, quality care and services and was accountable for their delivery. Management described how different committees report to the governing body who ensures the Quality Standards were being met by the service.

Documentation and management feedback demonstrated effective organisation-wide governance systems in relation to continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Various committees support the organisation’s governance systems. The service had policies and procedures detailing processes for each governance system to guide staff practice.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff understood their responsibilities in relation to incident management.

The service had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood their accountabilities and responsibilities under the clinical governance framework.

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)