Performance

Report

**1800 951 822**

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| Name of service: | Morayfield Grove Care Community |
| Service address: | 69-71 Caboolture River Road MORAYFIELD QLD 4506 |
| Commission ID: | 5346 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 30 January 2023 to 1 February 2023 |
| Performance report date: | 14 March 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 Morayfield Grove Care Community (**the service**) has been prepared by G. Hope-Simpson, 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.
* 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 said they were treated with dignity and respect. Care plans included with information pertaining to a consumer’s personal life. Staff were familiar with consumers’ backgrounds and individual needs. The Assessment Team observed staff greeting consumers with familiarity and interacting in a respectful manner.

Consumers confirmed the service recognised their cultural background. Care documents captured individualised information as it related to consumers’ religious, spiritual, and cultural preferences. Staff were trained to provide culturally safe care.

Consumers said they could make choices about their care. Staff described how the service supported consumers to maintain contact with people important to them. The Assessment Team observed consumers enjoying each other’s company, and families spending time with their loved ones in their rooms, and communal areas.

The Assessment Team reviewed dignity of risk forms which showed the service supported consumers to take risks. Policies in relation to dignity of risk were in place. Consumers were satisfied the service supported them in making decisions involving risk.

Consumers were provided timely information that was accurate, easy to understand and enabled them to exercise choice. Staff described how they facilitated consumers’ choice and varied communication methods to suit their needs. Activity calendars and the service’s newsletters were printed for consumers and emailed to representatives.

Consumers reported their privacy and confidentiality was respected by staff. The Assessment Team observed staff treating consumers in line with their privacy preferences, and using password protected computers to check care documents.

# 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

Assessments for consumers were completed on entry to the service, and reviewed regularly to address consumer care needs. Staff described the initial and ongoing risk assessment, and how this informed the delivery of care and services. Risks were assessed using validated assessment tools, and care planning documents included interventions to mitigate those risks.

Care planning documents detailed the needs, goals and preferences of consumers including advance care planning and end of life care. Clinical staff advised some consumers had advanced care directives or statements of choice on file. The service had however, documented consumers’ wishes on the Resident Resuscitation Status List, and an alert was on the service’s electronic care management system (ECMS). The service planned to have all consumers’ advanced care directives or statement of choices completed within 3 months. The organisation had policies for palliative care and end of life care planning to guide staff practice.

Overall, consumers and representatives confirmed they are involved in care planning when they enter the service, and at regular intervals thereafter. Care planning documents reflected the involvement of consumers and representatives and other health professionals including a Speech Pathologist.

Consumers and representatives said staff explained information about care and services, and they could access a copy of the consumer's care and service plan. Care documents were reviewed every 3 months, or earlier if any changes to a consumer’s condition was recognised or any incidents occurred.

# 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

Overall, consumers and representatives were satisfied with care provided by the service. Clinical staff described processes used to ensure care and support was safe and effective. Care documentation demonstrated timely identification, assessment, effective management and evaluation of skin integrity, wounds, pain, and behaviours of concern.

Care documents identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks. Consumers and representatives were happy with the level of care consumers received. The Assessment Team observed a handover process where information was communicated between staff.

Care planning documents for consumers receiving end of life care demonstrated consumers’ comfort was maximised, and their wishes and needs supported. The service engaged the support of community palliative care services to ensure consumers received end of life care that maintained their comfort, well-being and dignity.

Consumers and representatives were satisfied the service recognised and responded to changes in their health and condition. Staff described practices in place to monitor and respond to changes in a consumers’ condition, including routine vital signs monitoring, observing general behaviour and activity, completing assessments, and providing relevant referrals. The service’s procedure for responding and recognising deterioration included a traffic light system to determine urgency of review.

Information about consumers’ conditions, needs and preferences were documented and communicated with those involved in each consumer’s care. Progress notes and care and service plans provided adequate information to support effective and safe care. This was corroborated with consumer and representative feedback.

Consumers said the service made timely and appropriate referrals, and they had access to relevant health supports and services. Staff demonstrated they could competently refer consumers to other health professionals.

Consumers reported they see staff engaging in hand hygiene and wearing personal protective equipment (PPE). Staff understood infection minimising strategies, including hand hygiene and minimising the use of antibiotics. The service’s Infection Prevention and Control lead collaborated with senior management to oversee infection controls.

# 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 and representatives expressed satisfaction with the services and supports provided for daily living to meet consumers’ needs, goals, and preferences. Staff provided examples of what was important to consumers, and this information aligned with care documents and consumer feedback.

Consumers and representatives felt their emotional, spiritual, and psychological well-being was supported. Staff said they offer support to consumers feeling low and engage in one-on-one discussions with consumers who do not attend activities. Lifestyle activities supported consumers’ emotional, spiritual and psychological well-being. The Assessment Team observed staff reassuring and supporting consumers in a caring and respectful way.

Consumers said they were supported to participate in activities within the service and in the outside community as they chose. The service supported consumers to maintain social and personal connections that were important to them. Care documents identified people important to consumers, and the activities of interest to those consumers.

Information about each consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared. Consumers felt confident information was adequately communicated. The Assessment Team observed shift handovers where relevant information related to services and support, monitoring requirements and changes in consumer’s health was communicated.

Care planning documents evidenced timely and appropriate referrals were made to individuals, other organisations and providers of other care and services to support consumers’ lifestyle and emotional needs. Lifestyle staff confirmed they used volunteer organisations to connect consumers to their community. Consumers confirmed they were supported by other organisations, support services and providers.

Overall, consumers expressed satisfaction with the quality and quantity of the food, and said the service accommodated any dietary preferences. Hospitality staff confirmed the service had a four-week rotating seasonal menu which consumers provided feedback on. Observations by the Assessment Team evidenced the kitchen was clean and hospitality staff followed appropriate food safety and hygiene practices.

Consumers said the equipment at the service was clean and suitable for their needs. Staff said they had access to equipment when they needed it, and could describe how equipment was kept safe, clean and well-maintained. During the Site Audit, the Assessment Team observed most chairs were 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 confirmed the service environment was easy to navigate, welcoming and homely. Management described how the service optimised consumers’ sense of belonging and supported ease of navigation with environments that reflected dementia enabling principles of design. The Assessment Team observed corridors were wide and well-lit, with handrails for support, and consumers moving around with ease.

Consumers said the service was safe, clean and well-maintained. Staff described how the service environment was cleaned and maintained, including what steps to undertake when they identified a hazard or safety issue. Maintenance requests were addressed quickly to ensure consumers had a comfortable and safe environment.

Consumers felt safe when staff used equipment with them, and call bells were accessible in their rooms. The service had a preventative and reactive maintenance program. Documentation reviewed identified lifters, hoists and/or slings were checked regularly. Furniture, fittings, and equipment were observed to be safe, clean, and suitable for the use and needs of the consumers.

# 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

The service had multiple methods for consumers to provide feedback and make complaints including feedback forms, speaking with management and consumer meetings. Consumers confirmed they were encouraged and supported to provide feedback and make complaints and would have no issue raising concerns with staff or management. Suggestion boxes were observed throughout the service.

Consumers and representatives were aware of other complaints avenues but were comfortable raising concerns with management. Though no consumers required language or advocacy services to resolve complaints, consumers and staff were aware of these services. Posters were displayed and brochures available regarding complaints, language and advocacy services.

Staff described the feedback and complaints handling process and understood open disclosure. Documentation reviewed, and consumer feedback confirmed the service generally acted in response to complaints and an open disclosure process was applied. The Assessment Team found however, comments or suggestions raised through the monthly survey process were not followed up. In addition, summaries from the surveys had not been transferred to the complaints register or itemised on the service’s Plan for Continuous Improvement (PCI). Upon raising this information with management, immediate corrective actions were undertaken, and an item created on the PCI for comments and/or suggestions from monthly surveys since June 2022 to be reviewed and followed up.

Feedback and complaints were mostly reviewed and used to improve the quality of care and services and generally incorporated within the service’s PCI. Management advised the resolution rate for complaints at the service was 14.5 days.

# 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

The service’s workforce planning ensured the allocation of staffing was adequate to meet the care and service needs of consumers. Consumers and representatives felt there was sufficient staff to meet their needs, and said staff responded promptly to consumers when assistance was required. Management advised a talent pool was used for unexpected shift vacancies, and there was a succession plan in place for planned absence.

Consumers said staff were kind, caring and respectful. Staff were observed being kind and respectful to consumers. Staff were assigned to a consumer and volunteered 5 to 10 minutes of their worktime to talk to consumers, provide emotional support, and share resources.

Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements. The service had implemented systems and processes to ensure appropriately trained and skilled staff were recruited and supported to deliver quality care and services.

Education records identified staff participated in mandatory training and other training as required. In addition to mandatory sessions, the service provided toolbox training sessions, 1 on 1 training, and refresher courses on relevant topics. The service’s educator monitored mandatory training to ensure all staff had completed within required timeframes.

Management outlined how the performance of staff was monitored through formal performance appraisals and informal monitoring and review. Staff described the annual performance appraisal process and confirmed they were supported to access additional training.

# 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 were confident the service was well run and were complimentary of how the management team interacted with them. Management and staff explained consumers and representatives were engaged in a variety of ways, including meetings, surveys, audits, care planning consultations, feedback forms, and directly with the service’s workforce.

The organisation’s governing body promoted a culture of safe and inclusive care. Various sub committees and subject matter experts used information from consolidated reports to identify the service’s compliance with the Aged Care Quality Standards, initiate improvement actions to enhance performance, and to monitor care and service delivery.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management confirmed the governing body was engaged with an external industry body to keep abreast of regulatory changes in aged care.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. Members of the workforce had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff used practice examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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)