Performance

Report

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| Name of service: | Performance report date: |
| Nambour Gardens Care Community | 25 July 2022 |
| Commission ID: | Activity type: |
| 5994 | Site Audit |
| Approved provider: | Activity date: |
| DPG Services Pty Ltd | 22 June 2022 to 24 June 2022 |

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 Nambour Gardens Care Community (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 | | Compliant |
| 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 are treated with dignity and respect, and their culture and diversity is valued. Staff described consumers’ culture and how it influences care delivery, showed familiarity with consumers’ backgrounds and spoke about consumers in a respectful manner. Care planning documents and lifestyle plans include details of consumers’ identity, cultural practices, and spiritual needs. The service hosts celebrations for cultural events.

Consumers and their representatives said consumers are supported to exercise choice and independence, and maintain relationships (including for married consumers). Staff described supporting consumer choice by providing options, and assisting consumers to maintain contact with those important to them.

Consumers said they are supported to take risks of their choice. Staff described how they assist consumers to understand risks, and complete risk assessments. Consumers were observed to be engaging in activities that include risk, and following the mitigation strategies documented in care plans.

Information is provided to support consumers to make choices regarding their care, lifestyle activities and meals. Staff said they tailor communication to meet consumers’ needs and consider consumers’ non-verbal communication. A regular newsletter is circulated, and noticeboards and menus were on display in common areas.

Staff were observed respecting consumers’ privacy by knocking and seeking permission before entering rooms. Staff said they close privacy curtains or doors during care delivery, seek consumers’ consent for procedures and maintain consumers’ dignity. Confidential consumer information is secured.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning documents demonstrated effective, comprehensive assessment and planning processes occur, including identification of risks to consumers’ health and wellbeing. Care plans include individualised information regarding consumers’ goals, preferences and care needs. Advance care planning and end of life planning is discussed and consumers’ wishes are documented.

Consumers and their representatives said they are involved in care planning, they consider consumers receive personalised care and can access copies of care plans if they wish. Other providers, such as medical officers and allied health professionals, are involved in care planning and reviews.

Care plans are reviewed every 4 months, when consumers’ condition changes or incidents occur. Staff monitor progress notes and escalate any incidents or changes for review.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 their representatives said consumers receive safe personal and clinical care that meets their needs. Care planning documents reflect care delivered is safe, effective and tailored.

Consumers subject to restrictive practices have relevant consent, assessments and behaviour support plans in place, and regular review occurs. Staff monitor skin integrity and deliver suitable wound care. The service uses assessment and monitoring tools to identify pain, and care planning documents reflected consumers experiencing pain receive effective treatment.

Care plans show strategies to manage high impact and high prevalence risks, such as falls and weight loss, are effectively implemented. Staff described how they apply relevant strategies when delivering care and discuss risks at handover and monthly meetings. Clinical indicators are monitored and used to identify risks.

Care documents reflected consumers receive end of life care consistent with their preferences. Staff described how they maximise consumers’ comfort.

Care documents showed staff respond to deterioration or changes in consumers’ condition, including through following changed recommendations from other health professionals. Information is documented and shared through the service’s electronic care system. Staff communicate with each other via handover and notify representatives and other relevant services.

Consumers and their representatives said timely referrals are usually made to other services. Recommendations or directives are included in care plans.

Staff receive infection control training and described how they minimise infection related risks. Antibiotic use is monitored to ensure appropriateness.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 are supported to pursue activities of interest to them, participate in the community and maintain relationships. Staff described consumers’ preferred activities, consistent with care planning documents, and how activities are tailored to consumers’ needs. Consumers were observed engaging in activities and interacting with each other.

Consumers said they are supported if they are feeling low and they can access religious services to support emotional and spiritual wellbeing. Staff described how they support consumers’ psychological wellbeing through helping them maintain relationships. Staff were observed providing reassurance to consumers in a caring and respectful way.

Information about consumers’ dietary needs and lifestyle activity preferences are shared and communicated within the service. Staff access care planning documents, dietary requirements lists and discuss updates.

The service supports consumers to receive lifestyle supports from external providers, and engages other organisations and volunteers to supplement the lifestyle program.

Consumers said they liked the meals at the service, portion sizes are sufficient and the service accommodates feedback regarding preferences. Nutrition and hydration assessments are completed, and consumers said their dietary requirements are followed. The kitchen environment was observed to be clean and staff were following safety protocols. Staff were observed assisting consumers during mealtime, as required, in a respectful manner.

Equipment used for activities of daily living was observed to be suitable and clean. Consumers said equipment is safe and well maintained. Staff said sufficient equipment is available and described cleaning and maintenance processes.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 their representatives said the service environment is welcoming and feels like home. The service has artwork and decorations displayed, and consumers are supported to personalise their rooms. There are areas for consumers to spend time indoors, outdoor courtyards, gardens and seating areas.

The service environment was observed to be safe, clean and well maintained. Consumers were observed moving freely, including to outdoor areas, and no obstructions were present. Signage, handrails and suitable lighting support consumers to navigate the environment. Staff described cleaning and maintenance procedures, including preventative maintenance. Documents reflected timely maintenance action occurs and cleaning is completed as scheduled.

Consumers said furniture, fittings and equipment are well maintained, clean and suitable. They said they feel safe when staff provide care using equipment. Equipment, medical items and chemicals were observed to be stored appropriately. Staff said sufficient equipment is provided to meet consumers’ needs.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 their representatives said they understand how to give feedback or make complaints and are comfortable to do so through means such as feedback forms, email, surveys, consumer meetings and speaking to management. Staff described how they escalate feedback and issues raised. Brochures about complaints, feedback forms and a collection mailbox are located in the service’s foyer and nurses’ station.

Consumers and their representatives are aware of advocacy, language and external complaint services. Staff explained how they support consumers to make complaints if language or advocacy services are required. Information regarding advocacy, external complaint services and language support was displayed and is contained in the consumer handbook.

Overall consumers said appropriate action is taken in response to their feedback or complaints and improvements are made. Staff described how they apply open disclosure through providing an apology and addressing the matters raised. The service’s feedback and complaints register records details of feedback, the collection method, and reflected complaints receive an appropriate response. The service has processes for monitoring feedback, and adding items to its plan for continuous improvement.

**Standard 7**

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| Human resources | | Compliant |
| 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 their representatives said sufficient staff are rostered to support delivery of safe and quality care and services. They said staff are kind, caring and gentle. Staff said they have sufficient time to complete their tasks. Staff rosters demonstrated effective workforce planning occurs and call bell records showed most call bells are responded to promptly.

The service reviews credentials and conducts reference checks prior to staff commencing. Position descriptions include key competencies and registrations, and outline whether these are desired or required. The service has recruitment, orientation and onboarding processes to ensure staff have suitable skills.

Staff said they receive adequate training and support to perform their roles well. Staff are required to complete annual training for mandatory competencies and training completion is tracked. The service’s records showed all required staff training was completed.

Staff performance is reviewed through informal monitoring and annual performance appraisals, and performance concerns are addressed by management. Staff described the performance appraisal process.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 their representatives said the service is well run and they are engaged in the development and delivery of care and services. Engagement occurs through monthly consumer meetings, internal audits, surveys and care plan reviews.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. Monthly reporting processes occur to outline clinical issues, risks and audit results. Regular communication occurs between the governing body, management and the service.

The organisation demonstrated effective governance systems for information management, regulatory compliance, workforce and financial governance. Feedback and complaints are used to inform continuous improvement, with initiatives implemented such as updating performance appraisal tracking and courtyard improvements.

The service has a documented risk management framework. Staff described how they apply the framework’s policies to identify and manage high impact and high prevalence risks, respond to abuse or neglect, and support consumers to live their best lives. The service has suitable processes and procedures to prevent, report and manage incidents.

Staff have received training in the service’s clinical governance framework, and described how they promote antimicrobial stewardship, minimise the use of restrictive practices and apply open disclosure.

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-2)