Performance

Report

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| Name of service: | Narraweena Grove Care Community |
| Service address: | 71A McIntosh Road Narraweena NSW 2099 |
| Commission ID: | 2799 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 21 December 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 Narraweena Grove Care Community (**the service**) has been prepared by S. Turner, 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

Consumers and representatives said consumers are treated with dignity and respect and are encouraged to maintain their identity and are supported to make informed decisions about care and services. Consumers described how they are supported to undertake activities of their choosing including those that may involve an element of risk and said staff discuss risks with them.

Consumers said they receive information about activities, outings and meal options. They said they are provided with newsletters and can access feedback forms from the reception area of the service. Consumers were satisfied with the way staff explain things to them and said they are supported to understand the information they receive.

Staff spoke about consumers in a way that was respectful and demonstrated an understanding of the consumers’ personal circumstances and life journey. Staff could describe how they maintain consumers’ personal privacy by knocking on doors, seeking permission to enter and refraining from discussing consumers’ information with those who are not involved in the consumers’ care.

Care planning documentation reflected what is important to consumers and provided the required information to guide staff in delivering care and services tailored to the consumers’ needs and preferences. Care plans included information and details about those people the consumer would like to be involved in their care.

Care plans included information to support consumers who experience communication barriers such as impaired vision, hearing, speech or cognition.

Staff are aware of consumers’ cultural heritage and described how this influences care and service delivery. Staff described the ‘meaningful mates’ initiative where consumers are assigned a staff member who spends quality time with them. Examples were provided of situations where staff share a language with consumers and communicate with ease with those consumers from culturally and linguistically diverse backgrounds.

Staff were able to identify those consumers who are supported to take risks and explained how the service completes a risk assessment, discusses risks with consumers and implements strategies to ensure consumer safety.

Lifestyle staff described the religious and cultural activities and celebrations that occur at the service including Christmas, Easter, Anzac Day and Hispanic Heritage Day.

There are policies and procedures on diversity, inclusion choice and decision making to support staff. Staff have access to interpreters and pictorial cue cards to assist them should this be required.

Staff receive information on the Aged Care Charter of Rights, Quality Standards and Code of Conduct during their orientation to the service and as an element of the mandatory training program.

The Assessment Team observed consumers and families socialising in common areas both inside and in outdoor areas.

# 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

The service demonstrated assessment and planning, including advance care planning is undertaken in partnership with consumers and includes consideration of risks to consumers’ health and well-being.

Care planning documentation demonstrated the needs, goals and preferences of consumers are documented. Additionally, risks related to the consumers’ health and well-being were detailed including for example skin integrity, restrictive practices, and falls risks. Documentation evidenced the involvement of consumers, representatives, medical officers, speech pathologist, physiotherapist and dietitian.

The service’s processes include regular care plan reviews and the Assessment Team found that this was occurring three monthly for all consumers sampled.

Consumers and representatives reported they are involved in assessment and planning processes and that a copy of the consumer’s care plan had been provided. They said staff are responsive when there is a change in the consumer’s condition with one representative providing an example of how a case conference had been conducted when the consumer had deteriorated.

Management and staff said assessment and planning involves consultation with the consumer, representatives and health professionals; other information informs the process such as hospital

discharge information. Staff said end of life planning occurs when a consumer enters the service, at care plan review and when there is a change in the consumer’s condition. Staff were familiar with review processes including following an incident such as a fall and said the physiotherapist would be involved in the review process.

Staff said they can access information about consumers from the electronic care management system and that a hardcopy is available in each consumer’s room. Registered nurses and care staff spoke positively about their ability to access the information they need to meet consumers’ care needs.

There are policies and procedures relevant to Standard 2 to guide staff that include assessment and care planning.

# 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 were satisfied with the personal and clinical care they received and said it was safe and right for them. Consumers and representatives advised consumers have access to medical officers and other allied health professionals including a dentist. They said they were satisfied that staff knew the consumers’ needs and preferences and that communication processes were effective.

For a consumer with complex wounds there was evidence of the involvement of the medical officer and a wound care specialist. The wound was dressed regularly in accordance with care directives and was reviewed on a minimum weekly basis by a registered nurse. Pressure relieving devices were available.

Where restrictive practices are applied there was evidence of assessment and authorisation that was in line with legislative requirements including behaviour support plans and restraint minimisation processes.

Care documentation demonstrated that deterioration or change in a consumer’s condition is identified and responded to in a timely manner. Registered nurses said they engage with the consumer and the representative, assess the consumer, refer to the medical officer or allied health professionals and if necessary, transfer the consumer to hospital. Care staff said they would notify a registered nurse if they have concerns about a consumer’s condition or well-being. The service is supported by a dietitian, speech pathologist, physiotherapist, optometrist, dentist and podiatrist who visit regularly.

The service effectively managed high impact, high prevalence risks to consumers. For one consumer who is at high risk of falls, the Assessment Team found a falls risk assessment and falls management care plan were in place outlining strategies to minimise falls that included having the bed on a low setting, using a sensor mat, visual monitoring by staff and adhering to a toileting schedule.

Staff could describe the main risks to consumers including falls and skin tears and the associated risk mitigation strategies they implement address these risks. The Assessment Team reviewed clinical incident data from across a three month period and found that no significant trends were identified and that risks were well managed.

Staff explained the communication processes that include handover, communication diaries, and daily ‘stand-up’ meetings. Correspondence from health professionals was accessible to staff. The electronic care management system includes an alert page where significant information about a consumer is flagged and must be read and acknowledged before staff can proceed.

Management said a palliative care team is available to support consumers who are approaching end of life. Staff described the ways they maintain the comfort of the consumer at this time though hand massage, music as desired and pastoral care. Care documentation for deceased consumers demonstrated that equipment to support pain management was used, that staff closely monitored the consumer and that care included oral and eye care, pain assessments and repositioning.

Management stated they know care is safe and effective because they monitor care delivery and the consumer’s condition, refer to allied health specialists, analyse incidents to identify trends, undertake audits and seek consumer feedback.

The service demonstrated it has effective mechanisms for minimising infection related risks including COVID-19 that includes an outbreak management plan and policies and procedures to guide staff in infection control processes and antibiotic usage. Consumers said they were satisfied with the way the service managed outbreaks and the risks associated with COVID-19. Consumers are provided with information about the appropriate prescribing of antibiotics and registered nurses had a shared understanding of the correct use of antimicrobials. Staff have completed training in infection prevention and control and were familiar with the actions they need to take to manage an outbreak. The service is implementing the Commission’s clinical pathway for the management of urinary tract infections. Infections are reported via an incident form and these are analysed and reviewed through monthly reporting processes. The Assessment Team observed staff, contractors and visitors undergoing entry screening which included a questionnaire, health declaration, temperature check and rapid antigen test prior to entry.

The service has policies and procedures relevant to this standard that guide staff in care delivery including for example, pain management, restrictive practices, skin integrity, falls prevention, and recognising and responding to an acute change in condition.

# 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 said consumers are engaged in a variety of leisure and lifestyle activities that are based on their individual needs and interests. Consumers are involved in activities that include gardening and growing flowers, poetry club, shopping and movies. They said the service promotes their quality of life, independence and well-being.

Consumers expressed satisfaction with the meals provided saying they are varied and of suitable quantity and quality. They said that staff are aware of their needs and preferences in relation to their diet and ensure these are met. Those consumers with dietary allergies said they are provided with ‘plenty of choice’ in relation to what they eat. The Assessment Team observed the chef interacting with consumers about their enjoyment of the meal service. Minutes from food focus groups and consumer meetings evidenced discussion about the menu.

Care related documentation included information about the consumers’ preferences, interests, spiritual needs and emotional well-being and staff could describe how they are kept abreast of any changes in the consumers’ needs and preferences, including dietary preferences. With respect to food services, dietary assessments are completed with dietary information provided to catering staff.

The service has dedicated lifestyle staff who coordinate activity programs for consumers including over weekends. Volunteers support the lifestyle program.

Church services are available and are televised for consumers who wish to participate. A ‘meaningful mates’ program teams consumers and staff members where there are some common interests. The staff member then spends time with the consumer and gets to know them on a deeper level; staff said this assists in identifying concerns relating to the consumer’s emotional, spiritual and psychological well-being. Consumers reported enjoying their interactions with staff. Management staff said that consumers are referred to an external service that provides psychological support for older people if a need is identified.

Staff could describe how consumers are supported to participate in activities. Staff described the ways they support consumers to remain connected with loved ones through visitation, electronic mail, phone calls and video calls. The Assessment Team observed staff assisting consumers with phone calls during the site audit.

Staff said they have the equipment they need to support consumers and that management are responsive should a need for additional equipment be identified.

Consumers were observed in the garden, enjoying outdoor areas with their visitors. Care staff were observed delivering meals in a kind manner to consumers in the communal dining area and in consumers’ rooms. Equipment provided to support consumers in their daily life was 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 were satisfied with the service environment. They said that cleaning and maintenance are well-managed and that consumers feel safe living there.

The service environment was observed to be safe, clean and well-maintained enabling free access both indoors and outdoors. Furniture, fittings and equipment were observed to be suitable to consumers’ needs and in working order. Care staff said they clean shared equipment after use by individual consumers. The call bell system was operational.

The service is single level with a mixture of shared and single rooms and is easy to navigate with signage identifying key areas. The main reception area is friendly and welcoming with photographs and information about key staff displayed.

Consumers were observed moving freely throughout the service and participating in individual and shared activities, socialising and sitting quietly in the well-maintained garden and courtyard areas.

Cleaning staff were cleaning consumer and communal areas and advised they use a schedule to guide them. Staff advised cleaning occurs seven days per week and includes high frequency touchpoint cleaning.

The onsite laundry manages consumers’ personal items and laundering of linen is contracted out.

The maintenance officer described the preventative and reactive maintenance program and said maintenance staff are on site five days per week. Staff reported maintenance issues are attended promptly.

# 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 are encouraged and supported to give feedback and make complaints and are satisfied management will address any concerns raised. Consumers said while they are aware of formal mechanisms for raising complaints they preferred to speak to management directly and provided examples of when they had done so.

Feedback and complaints can be submitted via the service’s electronic visitor log, through the completion of monthly surveys, feedback forms or through providing feedback at consumers’ meetings.

Consumer meeting minutes and newsletters identified that consumers are provided with information about how to make a complaint through these forums and staff meeting minutes indicated staff are reminded of their responsibility to encourage consumer feedback.

While consumers could not recall how to make a complaint to an external organisation, the service’s written information including the consumer handbook and posters displayed in the service included this information. Staff knew how to access advocacy and interpreter services if this was needed.

Staff demonstrated an understanding of open disclosure and how this relates to complaints resolution and management provided examples of when the principles of open disclosure had been applied.

Complaints are documented and where appropriate are reflected in the service’s plan for continuous improvement. Examples of improvements that have arisen from consumer feedback include the location of the rapid antigen testing area to a more suitable place and increased communication between the chef and consumers with the chef now visiting new consumers to the service and those consumers who have experienced a health change.

The service has policies and procedures relating to feedback, complaints and open disclosure.

# 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

Staff interactions with consumers were observed to be kind, caring and respectful and this was confirmed by consumers and representatives. The service demonstrated effective policies, processes and systems in place to implement recruitment, training and performance management of staff.

Consumers and representatives said staff are available when needed and attend quickly in response to call bells. Consumers said staff and management are kind, caring and treat consumers well. Feedback about management staff included that they were approachable and set a positive example for staff. Consumers and representatives said staff had the knowledge and skills required to provide quality care and services.

There are a mix of registered staff and care staff and the service has access to a casual pool of staff to replace planned and unplanned leave. Agency staff can be utilised if the service is unable to fill shifts from within the organisation.

Staff reported being ‘busy’ but said they mostly have sufficient time to complete their work. Staff said recruitment processes and call bell response times are included for discussion in the monthly staff meetings. Most staff reported having completed a performance appraisal.

Management said they monitor staff interactions to ensure organisational expectations are met. Call bell response times are monitored by the service with delayed responses followed up and discussed with staff via daily meetings. A performance appraisal process is established and management said performance appraisals occur during probation and annually thereafter.

There are position descriptions that establish responsibilities, knowledge, skills and qualifications required for each role. Management said there are processes for monitoring criminal record checks and qualifications with the Australian Health Practitioner Regulation Agency. The service’s criminal record check register was current.

The service provides new staff with an orientation and there is a requirement to complete specific mandatory training on commencement and annually. Staff have access to toolbox education sessions and various training opportunities delivered by the organisation’s learning and development team. Strategies to improve the completion and recording of mandatory training are being considered by the service for completion by January 2023. The education calendar was displayed in the staff room and education records demonstrated staff have been provided with education across a range of topics including fire safety, manual handling, Aged Care Quality Standards, hand hygiene, open disclosure, privacy and dignity, workplace bullying, harassment and the Serious Incident Response Scheme . The service has trained palliative care and wound care champions and is seeking nominations from staff to act as dementia champion.

# 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

A range of governance, risk and incident management systems and processes are in place to ensure the delivery of safe, quality care and services.

Management described various ways consumers are supported to be engaged in the development, delivery and evaluation of care and services. This occurs through feedback and complaints forms, monthly consumer meetings, food focus groups and monthly surveys.

Consumers felt the service is well run and said they are able to provide feedback and suggestions to management. Consumers provided examples of being on interview panels for the recruitment of new staff and appreciated their ability to be involved.

There is a governing body and an executive leadership team supported by several sub-committees including a clinical governance committee, and audit and risk committee. Regular meetings are held and information is reviewed including clinical and incident data, trend analysis, risk reporting; financial and operational matters are discussed. This information is used to ensure the service’s compliance with the Aged Care Quality Standards, to enhance performance and mitigate risk and to monitor and take accountability for care and service delivery.

There are effective systems and processes to support information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The service has policies outlining how to manage high impact and high prevalence risks, abuse and neglect, choice and decision making and the reporting and management of incidents. Staff are aware of these policies and described how they would apply them practically in the course of their work. The service’s incident documentation demonstrated incidents have been reported in a timely manner and in accordance with reporting requirements.

There is a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. Staff have received education across a range of topics including clinical care and this is delivered via the mandatory education program, toolbox sessions, online modules and external provider sessions. Staff were familiar with the relevance of these policies to their roles.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)