Performance

Report

**1800 951 822**

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| Name: | North Lakes Terrace Care Community |
| Commission ID: | 5883 |
| Address: | 2 North Lakes Drive, NORTH LAKES, Queensland, 4509 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 19 September 2023 |
| Performance report date: | 17 October 2023 |
| Service included in this assessment: | Service: 22881 North Lakes Terrace Care Community |

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 North Lakes Terrace Care Community (**the service**) has been prepared by K. Reed, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 13 October 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 5 Organisation’s service environment | Not applicable as not all requirements have been assessed |

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.

# Other relevant matters:

The Assessment contact site visit commenced as a monitoring visit, however, the Assessment Team identified deficiencies in Requirement 5 (3) (b) and began an assessment of performance against this requirement.

In relation to other requirements monitored during the Assessment contact site visit, the following information was gathered;

Staff at the service treated consumers with dignity and respect and consumers’ culture, diversity and individual needs were valued. Consumers confirmed they were treated with respect: their dignity and privacy were maintained, and staff knew their preferences. Staff were observed treating consumers with dignity and respect and could describe consumers’ backgrounds and individual preferences.

Consumers and representatives provided positive feedback with the management of consumers’ clinical care. Inconsistencies and deficiencies in relation to care documentation was identified including of consumers’ care in accordance with their documented diagnosis and ensuring appropriate referrals were actioned to guide staff in providing best practice care tailored to individual needs. Following feedback, management committed to a review of all care plans to ensure the diagnosis was up to date and care staff were provided timely and appropriate guidance to deliver safe and effective personal and clinical care that meets the individual needs of consumers.

The Approved provider in its written response to the Assessment contact report acknowledged deficits in care documentation in relation consumers’ care documentation for high-risk diagnoses and undertook a thorough review of all consumers’ files to ensure appropriate care plans were in place. These deficits were discussed at registered nurse meetings and random spot checks will be completed for new consumers who enter the service, to ensure accurate diagnoses are recorded.

For a named consumer whose representative provided some negative feedback regarding the care and services received by their loved one, the Approved provider in its written response provided information that an apology was provided to the consumer’s representative and staff at the service continue to work with the consumer and their representative to ensure the consumer receives appropriate care and services.

Roster documentation the service demonstrated planning and deployment of the workforce to ensure the delivery of safe and quality care and services. Hospitality, lifestyle and care staff confirmed there was adequate time to provide care and services in accordance with consumers’ needs and preferences, and this was supported by feedback from consumers and representatives to the Assessment Team.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Processes were in place to ensure the environment was clean, safe, well maintained, and comfortable. Consumers and representatives provided positive feedback about the environment and felt it was safe, clean, and well maintained. Consumers could freely access other areas, including outdoor areas in the service when they wanted to. Staff described how they ensured the service remained safe, clean, and well maintained. The service was observed to be clean, well-maintained and free from odour.

Deficiencies were identified in relation to consumers having free access to move indoors and outdoors, as a code and assistance was required by reception staff to enter or exit the service. While most consumers and representatives did not raise any concerns regarding the assistance required to enter and exit the service, the service had not identified this practice as environmental restraint.

Following feedback, management took immediate action to remove the perimeter restraint. The code for the front door was printed and placed on the door to allow visitors and consumers the ability to open the door without staff assistance. An email was sent to all families, representatives notifying them of the code being placed next to the door and consumers were notified at the next consumer meeting and via a letter from management. Management confirmed they will review each consumers’ capacity to use the code and if consumers were unable to use the code independently, the relevant environmental restraint consent will be obtained.

The Approved provider in its written response to the Assessment contact report provided further clarification and actions in relation to deficits relating to environmental restraint at the service. All consumers who have capacity and the ability to use the code for the front door will have this information clearly recorded in their agreed care and service plan. Consumers who require the assistance of staff to use the coded front door will have a restrictive practice assessment and authorisation in place, alongside a behaviour support plan. New consumers who enter the service will be assessed for their ability to use the coded front door, and authorisation for environmental restraint will be completed as required.

In coming to a decision of Compliance in this Requirement, I have taken into account the immediate actions taken by the Approved provider to address the environmental restraint issue following feedback.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)