Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Shoalhaven Place Care Community |
| Commission ID: | 2662 |
| Address: | 43 Brinawarr Street, BOMADERRY, New South Wales, 2541 |
| Activity type: | Site Audit |
| Activity date: | 3 April 2024 to 5 April 2024 |
| Performance report date: | 10 May 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 1020 Shoalhaven Place 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 Shoalhaven Place Care Community (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others; and
* the Approved Provider’s response received on 29 April 2024.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives confirmed staff treated consumers with dignity and respect, and made them feel valued as an individual. Care and service plans reflected the diversity, background and preferences of consumers. Staff described how they treated consumers with dignity and respect by understanding and considering their life stories and backgrounds to deliver tailored care.

Consumers and representatives advised consumers received care which was consistent with their cultural preferences. Staff were aware of consumers’ cultures and described how they delivered culturally safe care and services. Care and service plans captured the specific cultural needs and practices the consumer wished to maintain.

Consumers stated they were supported to exercise independence when making decisions about their care and services, when others should be involved in their care and maintaining relationships of choice. Staff were familiar with the decisions of consumers, and described how they supported consumers to maintain personal relationships. Consumers were observed to spend time with visiting family members within various communal areas.

Care planning documentation evidenced dignity of risk forms were completed to identify and assess risks, and inform risk mitigation strategies. Consumers and representatives described how the service supported consumers to undertake activities with associated risks to live their best lives. Staff advised they would respect and support consumers’ choices to take risks, ensuring risks were assessed, discussed, and mitigating strategies applied where possible.

Consumers and representatives confirmed they received timely and current information in alignment with their communication preferences. Staff described how they adapted communication methods for consumers with cognitive and sensory impairments, such as by speaking loudly and clearly. Noticeboards displaying up to date information regarding the lifestyle activities schedule, consumer meeting minutes, and newsletters were observed.

Consumers said they felt staff were considerate of their privacy, and staff knocked on their doors prior to entry. Computers containing confidential information were observed to be secured through password protection when not in use. Staff advised they knocked on consumers’ doors before entering, and closed doors when providing personal care.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described the initial and ongoing assessment process, including during the consumer’s entry to the service whereby assessments were completed to assess the key risks to the consumer’s safety and well-being. Care planning documentation mostly evidenced the assessment and planning process effectively considered the risks to consumers and informed strategies. The Assessment Team reported consumers subject to environmental restraint had behaviour support plans and informed consent, but this did not reference inability to access outdoor gardens at night. This was addressed within the provider’s response, explaining security concerns, measures in place to support free movement, and communication about potential for impact to consumers provided to representatives and documented within restrictive practice authorisations. I am satisfied with the response, demonstrating understanding of obligations, and accordingly find Requirement 2(3)(a) to be compliant.

Consumers confirmed staff knew and respected their current needs, goals, and preferences, and they had discussed their end of life wishes. Care planning documentation evidenced advance care directives were in place which outlined the consumer’s end of life preferences. Staff advised end of life wishes were recorded during the consumer’s entry to the service and described their approach to end of life planning conversations.

Care planning documentation evidenced regular involvement from consumers, representatives, medical officers and allied health professionals. Consumers and representatives confirmed their ongoing partnership in the assessment and planning process, alongside the individuals they wished to be involved in the care of consumers. Staff outlined how the care planning process was completed in collaboration with consumers, representatives and various allied health professionals.

Consumers and representatives advised the outcomes of assessment and planning were communicated to them, and they were offered a copy of their care and services plan. The electronic care management systems was utilised to record and document all care planning documentation relevant to each consumer. Staff described how consumers, their representatives and external stakeholders were kept informed of assessment outcomes through in-person conversations, telephone calls and emails.

Care planning documentation evidenced care and service plans were reviewed and updated on a regular basis, and when changes in condition or an incident occurred. Staff advised regular reviews of care and service plans occurred every 4 months, in alignment with policies and procedures. Representatives confirmed consumers’ care and services were reviewed for effectiveness following an incident and provided positive feedback regarding the interventions put in place.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers advised they received tailored safe and effective personal and clinical care which optimised their well-being. Staff demonstrated an understanding of best practice care in sampled areas and were aware of personalised management strategies for consumers. Care planning documentation evidenced individualised care was provided to consumers in alignment with their care directives.

Representatives provided positive feedback regarding the management and interventions in place to manage consumers’ risks. Staff were aware of the high impact or high prevalence risks to consumers as well as the strategies in place to mitigate these risks. Care planning documentation evidenced the effective monitoring and management of risks through regular observations, monitoring, reviews, and escalation or referrals to providers and medical officers.

Care planning documentation for a late consumer that received end of life care evidenced delivery of care focused on comfort and symptom management. Staff described how they delivered end of life care to consumers through maximising their comfort and providing access to spiritual services, with guidance available through palliative care and end of life care policies.

Care planning documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. A policy outlining the recognition of clinical deterioration was available to guide staff practice. Staff described how they identified deteriorations in the health status of consumers by monitoring for changes, and escalation for clinical review.

Consumers and representatives said consumers’ information was effectively and consistently communicated between themselves, staff, and external providers of care. Staff described how information regarding the consumer’s condition was communicated through meetings and shift handover and documented within the electronic care management system. A staff handover was observed, and staff shared information on consumers’ medication changes, incidents and upcoming appointments.

Care planning documentation evidenced prompt and timely referrals were made to allied health professionals in response to changes to the consumer’s condition. Consumers and representatives provided positive feedback regarding the referral process, and confirmed they had access to health professionals when required. Staff described how referrals for providers were coordinated.

Consumers and representatives expressed satisfaction with the management of infection related risks. Staff described how antimicrobial stewardship principles were practically applied to their roles, which included awaiting pathology results or the medical officer’s instructions prior to the administration of antibiotics. Hand washing stations were observed to be located throughout the service, and staff were routinely using them. Policies, procedures, an outbreak management plan, and an Infection prevention and control lead all supported staff practice to minimise the risk of infection.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers were provided with appropriate support to optimise their independence and quality of life. Staff advised processes to partner with consumers to understand preferences and needs. The lifestyle activities schedule included a variety of activities catering to consumers’ various interests and abilities.

Representatives confirmed consumers available religious services to promote their emotional and spiritual well-being, and staff supported them when feeling low. Care planning documentation captured consumers’ information regarding their emotional, spiritual and psychological well-being needs, goals and preferences. Staff were aware of consumers’ religious and emotional support needs, and described how they would recognise consumers’ low mood.

Consumers and representatives confirmed consumers were supported to participate in activities within the internal and external community, and to maintain contact with their family and friends. Care and service plans outlined the relationships of importance to consumers. Consumers were observed to exit the service, both independently and with their families to participate in the external community. Staff explained how consumer interests were used to develop an activities program.

Representatives advised they were regularly kept updated with any changes to the consumer’s condition. Staff were familiar with consumers’ needs and preferences and described how information was shared between staff and others involved in the care of consumers. An electronic care management system was utilised to communicate information about the consumer’s condition, which was accessible to staff and external providers of care.

Care planning documentation confirmed referrals were made to external organisations to support the diverse needs of consumers. Consumers confirmed they were referred to support services when required. Staff described how referrals to a range of external services were used to broaden the supports offered to consumers.

Overall, consumers and representatives mostly provided positive feedback regarding the quality of the meals served to consumers. One representative said vegetables were sometimes not cooked appropriately, with management and kitchen staff taking appropriate actions to understand and address concerns. Staff explained the menu was created using consumer feedback and preferences, with dietitian input, supported by documentation such as food focus group meeting minutes. Consumers were consulted each day for preference of menu options, but could change preferences or seek alternate choices.

Consumers confirmed they had access to mobility equipment to support their daily living activities. A range of mobility, leisure and lifestyle equipment was observed to be clean, suitable and well maintained. Staff outlined their responsibilities to ensure equipment was clean and suitable for consumer use.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives felt the service environment was welcoming and easy to understand, and consumers could personalise their rooms. Staff described how they supported consumers to feel welcomed by orientating them to the service environment and encouraging them to decorate their rooms with their personal memorabilia. The service environment was observed to be welcoming, with sufficient lighting, handrails and directional signage to assist consumers to navigate the service.

Consumers and representatives provided positive feedback regarding the cleanliness of the service environment, and consumers said they could move freely throughout the service, both indoors and outdoors. Maintenance documentation evidenced requests for maintenance were promptly resolved. Staff outlined their procedures to report and record any hazards or maintenance concerns. The Approved Provider has explained security measures for night access to outdoor areas, including locking doors to the garden, with assistance available for consumers subject to environmental restraint, and communications about these practices.

Consumers and representatives confirmed equipment, furniture and fittings were safe, clean, and well maintained. Staff advised monthly audits were conducted to ensure the furniture, fittings and equipment were maintained and suitable for consumer use. The preventative maintenance schedule evidenced various tasks were completed in alignment with the schedule.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives felt safe and comfortable to provide their feedback and complaints to staff. Management and staff described the various mechanisms available to consumers to provide their feedback, including through consumer meetings, feedback forms, surveys or direct conversations. Complaint and feedback forms were observed to be displayed throughout the service in multiple languages.

Consumers and representatives said they were not always aware of advocacy services but had not needed to use them anyway, as available complaint mechanisms were effective. Staff demonstrated an understanding of the external advocacy and complaint services available to consumers. Management explained access to translation and interpreting services for consumers, if required. Pamphlets and posters promoting access to interpreter and advocacy services, including the Commission, were available throughout the service.

Complaint documentation evidenced appropriate action was taken to resolve complaints and staff followed appropriate open disclosure principles. Staff described how they practiced open disclosure during the management of complaints by providing an apology in response to adverse events, being open and transparent, and offering a resolution to the issue. Consumers and representatives provided positive feedback with the complaints resolution process, and confirmed open disclosure was applied.

The continuous improvement plan and meeting minutes evidenced care and service improvements were identified as a result of feedback and complaints. Feedback and complaint policies and procedures outlined the organisational commitment to identify improvement opportunities. Consumers and representatives advised their feedback and complaints were reviewed to improve the quality of care and services.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed there were a sufficient number of staff to meet consumers’ care needs. Management advised a fortnightly staffing roster was created, with staff from other services within the organisation able to fill shift vacancies when required. Staff said they had enough time to perform their duties and staffing levels were appropriate.

Consumers and representatives mostly advised staff engaged with consumers in a kind, caring and respectful manner. Feedback was provided relating to staff being a little rough during personal care, attributing this to a lack of understanding of pain and individual needs, however, this had not been previously raised with management, who took immediate action to investigate and respond to the issue and ensure staff take extra time and care. Staff were observed to interacting with consumers in a respectful and gentle manner. Management outlined monitoring practices undertaken to ensure the respectful treatment of consumers.

Consumers and representatives confirmed staff were competent and effectively performed their roles. Management advised the qualifications, police checks, registrations and vaccination records of staff were electronically managed and regularly monitored. Staff confirmed they were competent to perform their roles and outlined the required qualifications required for their documented position descriptions.

Staff described the training they received to provide quality care and services to consumers, and felt supported by management to request additional training when required. Management outlined the topics covered by the annual mandatory training, including incident management, infection prevention, elder abuse and antimicrobial stewardship. Training records evidenced the vast majority of staff had completed their mandatory training, with outstanding completions attributed to staff on extended leave.

Staff advised they received a performance appraisal during their first, third and sixth month of their probationary period, and on an ongoing basis thereafter. Personnel records evidenced all staff had a current performance appraisal in place. Management stated the performance of staff was monitored through formal performance reviews, informal monitoring and observations.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives were confident with the management of the organisation, and consumers felt supported to be partnered in their care. Management and staff described how consumers and representatives were engaged in the development and delivery of their care and services through consumer meetings, feedback processes, surveys and care and service plan reviews. Consumer meeting minutes evidenced consumers were encouraged to participate and provide their feedback regarding their care and services. An organisation-wide Consumer advisory body had been formed, with first meeting scheduled for June 2024.

Management outlined the organisational structure and hierarchy which supported reciprocal communication between the governing body and management. The governing body promoted quality care and services through their oversight of the clinical governance committee, feedback from consumers and representatives, internal audits, and monitoring of service practices. The Board included members with clinical experience and was made up of executive and non-executive members.

Effective organisation wide governance systems were in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management advised the senior management team had oversight of feedback and complaints to ensure open disclosure was practices, and effective resolution strategies were implemented. Staff confirmed they had access to the information needed to perform their roles through the electronic care management system and online training platforms. Practices to ensure compliance with regulatory requirements were evidenced within the Site Audit report and Approved Provider’s response.

Policies, procedures, and training guided staff practice in relation to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents. Management advised high impact or high prevalence risks were identified through the analysis of clinical indicators, internal audits and regular reporting. Incidents, including those relating to the Serious Incident Reporting Scheme, were recorded within the electronic system, and staff were aware of responsibilities to report and escalate concerns.

Clinical governance was evidenced through policies, procedures, and training to guide staff practice, and oversight and monitoring processes. Staff demonstrated an understanding of these policies and how they were applied in practice. Management described how antimicrobial stewardship was maintained through ongoing education, pathology testing, and preventative measures, with oversight through monitoring infections through incident reporting and clinical meeting reviews. Restrictive practices were overseen through a tracking tool, ensuring regular review of requirement and relevant documentation.

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)