Performance

Report

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| Name of service: | Performance report date: |
| Springwood Greens Care Community | 26 September 2022 |
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| 2808 | Site audit |
| Approved provider: | Activity date: |
| DPG Services Pty Ltd | 16 August 2022 to 18 August 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 Springwood Greens Care Community (**the service**) has been considered by Kathryn Spurrell, 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.

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 the workforce demonstrated a shared understanding of consumers’ individual identity, culture, and diversity. Staff demonstrated knowledge of consumers’ individual choices and preferences and described how they tailor care to meet those preferences.

The service demonstrated the care and services delivered are culturally safe and support consumers’ unique cultural identities, the Assessment team observed care planning documentation that reflects consumers’ cultural needs and preferences.

Consumers expressed satisfaction with how the service supports them to make connections and maintain relationships of importance to them, both within and outside of the service. Staff provided examples of how they help consumers make choices and assist them to achieve their outcomes and consumers felt that staff understand what matters to them, and they are satisfied with how they are supported in making decisions involving risks.

Consumers expressed satisfaction with the way the service communicates, and said they receive up-to-date information about activities, meals and other events happening in the service. Printed posters of announcements and upcoming activities were observed on noticeboards and in communal areas.

Consumers said they feel confident their information is kept private and staff described how they maintain consumer privacy when providing care. Consumers confirmed staff knock on their doors before opening them and staff close the privacy curtains before they commence a care activity for consumers living in a shared room.

# 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

The service demonstrated that assessment and care planning processes are used to inform the delivery of safe and effective care and services. Staff described their role in the assessment and planning process when a consumer enters the service, and then during periodic reviews.

The assessment and planning process identifies and addresses the consumer’s current needs, goals, and preferences, including advance care planning if the consumer wishes. Staff described what is important to consumers in terms of how their care is delivered. The Assessment Team noted care plans are individualised, and reflect the consumers’ individual needs and preferences.

The service demonstrated assessment and planning is based on a partnership with the consumers and representatives and it includes other organisations or individuals involved in the care of the consumer when required. Staff described the processes for allied health professional referrals. Consumers and representatives advised allied health professionals are regularly involved in care planning, including physiotherapy, podiatry, speech pathology and dietitians.

The service demonstrated that consumers and representatives are engaged in communication regarding the outcomes of assessment and planning. Staff described the processes for documenting and communicating assessment outcomes and consumers and representatives said they were aware of how they could access the consumer’s care plan.

The organisation was able to demonstrate care and services are regularly reviewed for effectiveness every four months and when circumstances change or when incidents impact the needs, goals, and preferences of consumers. Staff described processes for regular review of care and services as well as reviews when circumstances change, which was further supported by consumer feedback.

# 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

Staff demonstrated they understand the individualised personal and clinical needs of consumers and care planning documentation reflects individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service has effective processes to manage high impact or high prevalence risks associated with the care of each consumer, which include weight loss, falls and complex needs management.

Care planning documentation for consumers nearing end of life showed their needs, goals and preferences are recognised and their comfort is maximised. Consumers and representatives expressed confidence that, when consumers require end of life care, the service will support them to be as free as possible from pain and to have people who are important to them with them.

Staff described action taken to recognise and respond to deterioration or changes in a consumer’s condition, including communication within the service. Care planning documents evidenced that staff conduct assessments and observations and make referrals to other relevant providers of care as appropriate. Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information and staff described their responsibility to report when there are changes in a consumer’s condition, or when there is a clinical incident.

Care planning documentation confirms the input of others and referrals where needed, including input from services such as dietitians, physiotherapists, speech pathologists, dementia specialists, mental health specialists and medical officers. Consumers and representatives said referrals are timely, appropriate and occur when needed, and the consumer has access to relevant health professions.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Consumers and representatives interviewed said they were satisfied with the measures the service has in place for the minimisation of infection-related risks.

# 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 confirmed they receive safe and effective services and supports for daily living from staff that demonstrated knowledge of individual consumer’s assessed needs, goals, and preferences to deliver safe and effective services. Documentation confirms services and supports are in line with consumers’ care plans to support consumers to safely maintain their best possible level of independence and function.

Consumers expressed satisfaction with the service’s promotion of emotional, spiritual, and psychological well-being. The service demonstrated services and supports to consumers to promote a sense of connection and community. Consumers are supported to have an improved quality of life and they are encouraged to do the things they enjoy. Staff described how they support consumers to participate in the service community, as well as the community outside of the service environment.

The demonstrated an effective communication system supports the workforce to deliver safe and effective services and supports for daily living. Consumers sampled expressed satisfaction with how they are kept informed by the service and how they are able to consent to information about them being shared.

Consumers provided positive feedback on the quality and quantity of meals and described having a variety of meals to choose from. The Assessment Team observed that where equipment is provided, it is safe, suitable, clean, and well maintained and that maintenance undertake ongoing monitoring that the equipment is fit for purpose.

# 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 representatives felt the service environment is easy to navigate and is welcoming for all consumers and their visitors. The service environment reflected consumers’ personal character and interests.

The service demonstrated the service environment is safe, clean, well maintained, and comfortable. Consumers said they feel safe and expressed satisfaction with the cleanliness of the service. The Assessment Team observed consumers moving freely around the service environment, indoors and outdoors.

The service demonstrated furniture, fittings, and equipment in the service environment is safe, clean, well maintained, and suitable for consumers’ use. Consumers expressed satisfaction with the range of equipment and furnishings in the service. Staff described how they raise concerns in relation to furniture, fittings, and equipment.

**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 representatives said they feel encouraged, safe, and supported to provide feedback and make complaints. Staff were able to describe the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly.

The service has established processes and systems in place for consumers, representatives, visitors, and staff to provide feedback or make a complaint. Staff described the advocacy services available for consumers and representatives and how they assist consumers who have difficulty communicating.

Consumers and representatives said management addresses and resolves their concerns and complaints providing an apology when a complaint is made or when things go wrong. Management confirmed an open disclosure process is applied following an adverse event and as part of the service’s complaints management and resolution process.

A review of the service’s complaint and incident register and the Plan of Continuous Improvement demonstrates how feedback, complaints and incidents are recorded, actioned, resolved and used to inform continuous improvement. Consumers and representatives were able to describe the changes implemented at the service as a result of feedback and complaints.

**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

Management demonstrated the workforce is planned and has an adequate mix of skills and numbers to deliver safe and effective care to consumers. Staff were visible throughout the service and attended to calls for assistance promptly.

Consumers said staff are skilled and responsive, know their daily routine, and are always very helpful and kind. The service has multiple policies and procedures to emphasise the importance the organisation places on a person-centred approach to the planning and delivery of care and services.

Consumers and representatives said staff perform their duties effectively, and are confident staff are trained appropriately and are sufficiently skilled to meet their care needs. Management described how the service determines whether staff are competent and capable in their role and staff were able to describe the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Management described how the analysis of incidents, clinical indicators, feedback, and complaints identify staff training needs.

The service has processes and systems in place to support new and current staff. The organisation tracks and monitors completion of the online mandatory training modules and competencies for all staff. Staff performance is monitored through self-reflection processes, annual performance appraisals, feedback from consumers and representatives along with input from other staff members.

**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

Management advised consumers and representatives are actively engaged in the development, delivery and evaluation of care and services and they are supported in that engagement.

The organisation has implemented systems and processes to monitor the service’s performance and to ensure the governing body is accountable for the delivery of safe, inclusive, and quality care and services. Management was able to provide examples of changes driven by the governing body as a result of consumer feedback, experience, and incidents.

The governing body uses the information from consolidated reports to identify the service’s compliance, to initiate improvement actions to enhance performance, and to monitor care and service delivery. The service provided the organisation’s documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed. Management and staff described how incidents are identified, responded to, and reported in accordance with legislation, including serious incident reporting through the Serious Incident Reporting Scheme.

The service was able to demonstrate the organisation’s clinical governance framework ensures the quality and safety of clinical care, and promotes antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

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)